



Saint Mary of the Immaculate Conception Catholic School
_____ School Year

LATCHKEY STUDENT INFORMATION

Family Name: _____

Student/s Name and Grade: _____ Grade: _____
_____ Grade: _____
_____ Grade: _____

Name of pick-up person/s:

- 1. _____ 5. _____
- 2. _____ 6. _____
- 3. _____ 7. _____
- 4. _____ 8. _____

EMERGENCY INFORMATION

Parent's Name: _____

Phone: (H): _____ (C): _____ (W): _____

Other Parent's Name: _____

Phone: (H): _____ (C): _____ (W): _____

Alternate Name (someone we can call if we cannot reach either parent) :

Phone: (H): _____ (C): _____ (W): _____

Any pertinent information: _____

Date: _____

We agree to read and abide by the policies and regulations of the latchkey program as outlined in the St. Mary School Handbook. We understand that statements and reminders are not routinely issued regarding fees and that it is our responsibility to check the posted billing and pay fees in a timely manner.

Parent signature: _____