

Sacred Heart Academy Latchkey Enrollment Form

Child's Name: _____

Parent/Guardian Information:

	Mother:	Father:
Name:	_____	_____
Place of employment:	_____	_____
Address:	_____	_____
	_____	_____
Home phone:	_____	_____
Work phone:	_____	_____
Cell phone:	_____	_____

Emergency Contact Information:

Please name someone else who may be contacted if you cannot be reached:

Name: _____
Phone: _____
Relationship: _____

Name: _____
Phone: _____
Relationship: _____

Days of the week that you are requesting after-school care (please circle all that apply):

Monday Tuesday Wednesday Thursday Friday

Days of the week that you are requesting care in the event of a snow day:

Monday Tuesday Wednesday Thursday Friday

Please include a \$15.00 enrollment fee. Checks may be made out to Sacred Heart Academy.

If your child has special medical needs, please request a copy from the office of any medical plans, medication permission forms, or medical release forms that you have filled out for the school, and include them with this enrollment.

First time users must fill out a Child Information Card as required by the State of Michigan, as well as a health statement. Repeat users may initial the Child Information Card to ensure that it is up-to-date. These will be made available upon enrollment. Thank you.

Signature of parent/guardian