

Guardian Angels Catholic School

521 East Fourteen Mile Road, Clawson, Michigan 48017

Telephone: (248) 588-5545 Fax: (248) 589-7356

Website: www.gaschool.com

LATCHKEY REGISTRATION 2020-2021

Student's Last Name Student's First Name Date of birth

Date \$20 Deposit Paid (per family) Grade

Parent/Legal Guardian's Name Cell phone Alt. Phone

Parent/Legal Guardian's Name Cell phone Alt. Phone

Emergency Contact and Release of Child

Name _____ Relationship _____

Phone _____ Alt. Phone _____

Name _____ Relationship _____

Phone _____ Alt. Phone _____

Name _____ Relationship _____

Phone _____ Alt. Phone _____

Involvement in Program: Please place an X in days and times for each day of use.

	Monday	Tuesday	Wednesday	Thursday	Friday
6:45am – 7:45am					
3:10pm – 4:00pm					
4:00pm – 5:00pm					
5:00pm – 6:00pm					

If my child will be released to a teacher or coach for a special event or practice I will complete the back of this form and the teacher or coach will sign as well.

Please initial the following:

_____ I have received and read the Latchkey Parent Handbook.

_____ I know there is a Licensing Notebook available for my review in the Preschool/Latchkey Director's office.

_____ My child has a current health appraisal form on file and/or my child is in good health.

_____ I understand the billable procedure for the Latchkey Program.

_____ I am aware of the Pest Management program.

Parent/Legal Guardian's Signature Date

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LATCHKEY EXTRACURRICULAR ACTIVITIES

My child may be involved in extracurricular activities throughout the school year. I will update this form as needed and add additional pickup/release people as necessary, such as teachers and/or coaches.

STUDENT NAME: _____ **DATE:** _____

SERVICE SQUAD ASSIGNMENT: _____

DATES AND TIMES OF ACTIVITY: _____

TEACHER/COACH SIGNATURE: _____ Date: _____

ACADEMIC SUPPORT: _____

DATES AND TIMES OF ACTIVITY: _____

TEACHER/COACH SIGNATURE: _____ Date: _____

ACADEMIC SUPPORT: _____

DATES AND TIMES OF ACTIVITY: _____

TEACHER/COACH SIGNATURE: _____ Date: _____

ACADEMIC SUPPORT: _____

DATES AND TIMES OF ACTIVITY: _____

TEACHER/COACH SIGNATURE: _____ Date: _____

CLUB/ACTIVITY: _____

DATES AND TIMES OF ACTIVITY: _____

TEACHER/COACH SIGNATURE: _____ Date: _____

CLUB/ACTIVITY: _____

DATES AND TIMES OF ACTIVITY: _____

TEACHER/COACH SIGNATURE: _____ Date: _____

CLUB/ACTIVITY: _____

DATES AND TIMES OF ACTIVITY: _____

TEACHER/COACH SIGNATURE: _____ Date: _____