Guardian Angels Catholic School

Kids Club Registration

There is a \$30.00 family registration fee billed to your FACTS account upon receipt of this form.

Please fill out 1 form for each child.

Student Name:			Grade:			
Involvement in Pro	ogram:					
Please note: You a Indicate on which						
	Monday	Tuesday	Wednesday	Thursday	Friday	
End of school day – 6:00pm						
My child is participate teacher/coach pethe program. Athletics Musical Taste the wall Robotics Tutoring Other: Other:	rmission to	sign them			_	
I have re	ceived the L	atchkey Pare	ent Handboo	k. (online)		
	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.					
l unders	I understand the billable procedure for the Latchkey Program.					
Parent/Legal Guardia	ın's Electronic	: Signature		Date		