

# St. Paul Lutheran His Little Lambs Latchkey Registration

Child's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Nickname (if any): \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ State of Birth \_\_\_\_\_ Marital Status: \_\_\_\_\_

Father's Social Security Number (required): \_\_\_\_\_

Father's Address (if different than child): \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Mother's Social Security Number (required): \_\_\_\_\_

Mother's Address (if different than child): \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Current Email Address: \_\_\_\_\_

4 Digit Code for Parent Portal \_\_\_\_\_

## **Please check yes or no to each question below**

\_\_\_\_ Yes \_\_\_\_ No I fully understand my child may not arrive prior to 6AM and must be picked up no later than 6PM.

\_\_\_\_ Yes \_\_\_\_ No My child is in good health and has no health restrictions.

\_\_\_\_ Yes \_\_\_\_ No My child is in good health but has restrictions.

EXPLAIN: \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Allergies EXPLAIN: \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No My child takes medicine for their allergies.

List Allergy Medication needed: \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No My child's immunizations are up to date.

\_\_\_\_ Yes \_\_\_\_ No My child's immunization record or waiver is on file with the child's school.

\*\*\*\*\***SEE REVERSE SIDE**\*\*\*\*\*

Please list two other emergency contacts and their phone numbers

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Persons authorized to pick up the child (besides parents): \_\_\_\_\_

\_\_\_\_\_

Persons who may NOT pick up the child: \_\_\_\_\_

Are there any situations that might affect your child's mental or physical attitude or behavior? (i.e. divorce, death, adoptions, illness, etc.)

\_\_\_\_\_

List any special food or eating instructions: \_\_\_\_\_

\_\_\_\_\_

To what types of discipline does your child best respond: \_\_\_\_\_

\_\_\_\_\_

Is there any other information that you feel will help in our care of your most precious gift, your child?

\_\_\_\_\_

\_\_\_\_\_

From time to time we would like to take photos of students participating in a variety of activities. We would like to feel free to publish them in the school or church newsletter or display them around the school. For us to do that, we need to have your permission in writing. If you would be willing to allow us to do this, please sign below. If you do not give your child permission, they will need to be left out of photographs. I give permission to St. Paul Lutheran School, Millington, MI to photograph my child(ren) and to use the photograph in school or church publications or in local or area newspapers or in school promotional project during the school year as deemed appropriate by the St. Paul staff. This includes still photography as well as video

\_\_\_\_\_ Initial for photos.

By signing below, I/we agree to be financially responsible for the cost of Latchkey for my child(ren). Presently that cost is \$4.50 per hour/\$36.00 daily rate for one child and \$3.37 per hour/\$28.13 daily rate for additional children in the same family. I/We understand that failure to meet this requirement could result in the removal of the child(ren) from childcare and possible legal action. I/We understand that any costs and/or fees required to enforce this contract will be my/our responsibility. Any check presented with non-sufficient funds will be assessed an initial charge of \$25.00 in addition to any and all other fees.

I/We have received and read the St. Paul Lutheran His Little Lambs Childcare/Latchkey Handbook.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_