

**ST. JOAN OF ARC LATCH-KEY INFORMATION SHEET
2018-2019**

REGISTRATION:

Every child must register to be part of the Latch Key Program. **The registration fee is \$25.00 PER FAMILY and is NON-REFUNDABLE.** The registration fee is applicable to Latch Key payments for September.

Registration for 2018-2019 will be taken by mail (22415 Overlake St. Clair Shores, MI 48080) by Drop-off at the Parish Center (all summer) or school office (after August 6); or on the first day of school, August 28, 2018. The registration form is available at www.stjoan.net or in the School Office. The \$25.00 fee must accompany the registration form. An emergency card must be on file before attendance starts.

The Latch Key Director, in consultation with the school Administration, may need to refuse admittance to the program due to past history of behavior problems, or delinquent payments.

All Latch Key tuition must be paid before the month starts; with the monthly calendar being turned in with payment at the beginning of each month.

A calendar sign-up is sent from Latch Key with your child a week before the due date for families to schedule the next months use of the program.

FEES FOR 2018-2019

MORNING SESSION:	\$6.00 per child (7:00-8:00 a.m.)	
AFTERNOON SESSION: (Dismissal - 6:00 p.m.)	1 child	\$ 6.00 per hour
	2 children	\$10.00 per hour
	3 or more	\$14.00 per hour

We offer flexibility as to which days and how many days you would like to schedule your child/ren; however we do require that you schedule for your child/ren's attendance one month in advance.

Key Fob Policy All Latch Key families will receive a Fob at the beginning of the 2018-2019 school year. A \$10 deposit fee is required upon receiving the Fob. The Fob must be returned at the end of the school year; and then your deposit will be returned. If you lose your Fob another \$10 will be required to obtain another one.

LATCH-KEY REGISTRATION FORM FOR 2018-2019

Child's Last Name _____ Phone No. _____

Child's First Name _____ Room _____ Grade _____

Child's First Name _____ Room _____ Grade _____

Child's First Name _____ Room _____ Grade _____

Child's First Name _____ Room _____ Grade _____

Parent's Name _____

PLEASE CHECK THE FOLLOWING TENTATIVE SCHEDULE YOU PLAN FOR YOUR CHILD/CHILDREN TO ATTEND:

____ Morning (7:00-8:00)

____ Part-Time Use (1-2 Days weekly)

____ Afternoon (3:15-4:15)

____ Full-Time Use (3-5 Days weekly)

____ Afternoon (1+ hrs.)

MY CHILD IS INVOLVED IN EXTRA-CURRICULAR ACTIVITIES SUCH AS SPORTS, FORENSICS, BAND, ETC.

THE ACTIVITY IS: _____ FOR _____.

CHILD NAME

THE ACTIVITY IS: _____ FOR _____.

CHILD NAME

Office Use

____ Paid Registration

____ Amount

____ Emergency Card