

John XXIII Catholic Elementary School Latchkey Program

Family Name: _____
Parent (s): _____
Work Phone(s): (____) _____ (____) _____
Home Phone(s): (____) _____
Cell Phone(s): (____) _____ (____) _____
Pager Phone(s): (____) _____
E-mail _____

The following children will participate in the John XXIII Latchkey Program:

Name _____ Grade _____
Name _____ Grade _____
Name _____ Grade _____
Name _____ Grade _____

Days and Hours your child/children will be attending: please circle

Monday Tuesday Wednesday Thursday Friday
AM only PM only AM & PM

The following person(s) are approved by me to be my substitute when I am not able to pick up my child(ren).

Name	Cell Phone	Home Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree to all the regulations and procedures of the Latchkey Program as described in the information sheet.

Signature _____ Date _____

This form must be returned to the John XXIII School Office before the first day of school.

LATCHKEY STUDENTS WEEKLY SCHEDULE

Child(ren) Name(s) _____

Teacher (s) _____
Room (s) _____
Date _____
For the week of _____

Dear Latchkey parents,

Please indicate, on the schedule below, what you wish your child(ren) to do on any given day. If there are any changes after this schedule has been given to your child's teacher, please notify Ms. Stewart and your child's teacher by either sending a note or leaving a message at the school office at 513 424-1196.

Please use the initial key below to complete this week's schedule.

CR: Car Rider

LK: Latchkey

BR: Bus Rider

W: Walker

ASA: After School Activity

	AM	PM
Monday:	_____	_____
Tuesday:	_____	_____
Wednesday:	_____	_____
Thursday:	_____	_____
Friday:	_____	_____

Parent's Signature: _____

Please return this form to the Latchkey director on or before the Monday of this schedule week. It will be forwarded to the appropriate teacher(s).

Thank you in advance, Karen Stewart