St. Anthony of Padua Parish School LatchKey Registration Form 2020-2021

Child/Children	S	ex	Date of Birth			
	M	F	Month	Day	Year	Grade
		1	l			1
Custodial Parent(s) Name		Address				
Telephone		City			Zip	
home						
work						
cell						
Billing Information		check if same as above				
Name		Address				
Telephone		City		7	Zip	
home						
work						
cell						
I have read and agree to the 2020-2021 LatchKey Guide	lines. I under	star	nd that the	failure		
to keep my financial obilgation current will result in late	fees and sus	pen	sion of La	tchkey s	ervices.	

Parent/Legal Guardian Signature