

ST. MADELINE PREP REGISTRATION
NEW STUDENT FORM

REGISTERED FAMILY NAME _____

CHILD'S NAME _____ DATE OF BIRTH _____ MALE [] FEMALE []

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ E-MAIL ADDRESS _____

IS YOUR FAMILY REGISTERED IN ST. MADELINE PARISH? YES [] NO [] IF NO, WHERE? _____

IN SEPTEMBER, MY CHILD WILL BE IN GRADE _____ IN _____ SCHOOL
IN PREP LEVEL _____.

LIST OTHER CHILDREN IN FAMILY:

NAME _____	AGE _____
NAME _____	AGE _____
NAME _____	AGE _____

OFFICE USE ONLY

FEE _____
CHECK # _____
DATE _____

BIRTH FATHER'S NAME _____ [] LIVING [] DECEASED
RELIGION _____ WORK PHONE _____ CELL PHONE _____

BIRTH MOTHER'S NAME _____ [] LIVING [] DECEASED
MAIDEN NAME _____ RELIGION _____
WORK PHONE _____ CELL PHONE _____

PARENTS: [] MARRIED [] SEPARATED [] DIVORCED [] REMARRIED [] SINGLE PARENT

NAME OF STEPPARENT (IF APPLICABLE) _____

EMERGENCY CONTACT (OTHER THAN PARENT)

NAME _____ RELATIONSHIP TO CHILD _____ PHONE _____

HAS YOUR CHILD EVER ATTENDED CATHOLIC SCHOOL? YES [] NO [] IF YES, WHERE? _____ GRADES _____

HAS YOUR CHILD EVER ATTENDED ANOTHER PREP? YES [] NO [] IF YES, WHERE? _____ GRADES _____

WRITTEN VERIFICATION OF SACRAMENTS FROM PARISHES OTHER THAN ST. MADELINE MUST ACCOMPANY THIS FORM.

BAPTISM

PENANCE

HOLY EUCHARIST

CHURCH _____
DATE _____

MEDICAL/LEARNING DATA

PLEASE LIST BELOW ANY OF THE FOLLOWING THAT APPLY TO YOUR CHILD AND GIVE DETAILS IN THE APPROPRIATE SPACES.
ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

MEDICAL
CONDITIONS/ALLERGIES _____

PRESCRIBED
MEDICATIONS _____

DISABILITY / LEARNING SUPPORT
SERVICES _____

DOES YOUR CHILD HAVE AN IEP (INDIVIDUALIZED EDUCATION PROGRAM)? YES [] NO []

PLEASE INITIAL BELOW

****PARENTAL RESPONSIBILITY****

I UNDERSTAND THAT AS THE PRIMARY EDUCATOR OF MY CHILD IN THE CATHOLIC FAITH, I SHOULD ATTEND SUNDAY MASS WITH MY FAMILY AND SHOULD REINFORCE RELIGIOUS INSTRUCTION INITIATED IN WEEKLY PREP SESSIONS.

***** ST. MADELINE PREP ATTENDANCE POLICY *****

I UNDERSTAND THAT ALL ABSENCES MUST BE REPORTED TO THE PREP OFFICE (610 583-6120) ON THE DAY OF THE ABSENCE

~ OR ~

A SIGNED NOTE EXPLAINING THE REASON FOR THE ABSENCE MUST BE SENT TO THE PREP OFFICE UPON MY CHILD'S RETURN TO PREP CLASS.

~ AND ~

MY CHILD MUST COMPLETE ANY MISSED WORK GIVEN TO HIM OR HER BY THE PREP TEACHER UPON RETURN TO CLASS.

*****PERMISSION FOR PICTURE DISPLAY*****

I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED AND TO HAVE THE PHOTO DISPLAYED IN CHURCH OR SCHOOL.

*****CONSENT FOR MEDICAL CARE*****

I GIVE PERMISSION THAT, IN MY ABSENCE, MY CHILD MAY RECEIVE EMERGENCY MEDICAL CARE FOR INJURIES AND ALL SITUATIONS THAT SHOULD OCCUR WHILE PARTICIPATING IN ST. MADELINE PREP CLASSES AND ACTIVITIES.
