

ST. MADELINE PREP REGISTRATION ~ RETURNING STUDENT FORM

REGISTERED FAMILY NAME _____
CHILD'S NAME _____ HOME PHONE _____
ADDRESS _____ CELL PHONE (MOTHER) _____
WORK PHONE (FATHER) _____ CELL PHONE (FATHER) _____
WORK PHONE (MOTHER) _____ E-MAIL _____
EMERGENCY CONTACT (OTHER THAN PARENT)
NAME _____ PHONE _____
RELATIONSHIP TO CHILD _____
IN SEPTEMBER, MY CHILD WILL BE IN GRADE _____ IN _____ SCHOOL
IN PREP LEVEL _____.

OFFICE USE ONLY
FEE _____
CHECK # _____
DATE _____

HAS ANY OF THE FOLLOWING **CHANGED** SINCE LAST YEAR? **PLEASE EXPLAIN ON REVERSE.**

- | | | |
|--|---------|--------|
| 1) PARENTS' MARITAL STATUS? | YES () | NO () |
| 2) CHILD'S MEDICAL CONDITIONS/ALLERGIES ? | YES () | NO () |
| 3) CHILD'S MEDICATIONS? | YES () | NO () |
| 4) CHILD'S DISABILITY/LEARNING SUPPORT SERVICES? | 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.
