

ST. MADELINE PREP REGISTRATION ~ RETURNING STUDENT FORM

REGISTERED FAMILY NAME _____ CHILD'S NAME _____
ADDRESS _____ HOME PHONE _____
WORK PHONE (FATHER) _____ CELL PHONE (MOTHER) _____
WORK PHONE (MOTHER) _____ CELL PHONE (FATHER) _____
EMERGENCY CONTACT (OTHER THAN PARENT) E-MAIL _____
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 ()
 - 5) DOES YOUR CHILD HAVE AN IEP? YES () NO ()

PLEASE INITIAL BELOW

PARENTAL RESPONSIBILITY

I UNDERSTAND THAT AS THE PRIMARY EDUCATOR OF MY CHILD IN THE CATHOLIC FAITH, I WILL 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 AND THAT SIX OR MORE ABSENCES WILL REQUIRE SUMMER MAKE-UP WORK PRIOR TO PROMOTION TO THE NEXT GRADE LEVEL.

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

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.