

**ST. MADELINE PREP REGISTRATION**  
**NEW STUDENT FORM 2018**

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 _____
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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/GUARDIANS: [ ] 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 \_\_\_\_\_

**ALL INFORMATION WILL BE KEPT CONFIDENTIAL.**

LIST ANY CHILD'S MEDICATIONS

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LIST ANY CHILD'S MEDICAL CONDITIONS/ALLERGIES

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LIST ANY CHILD'S DISABILITY/LEARNING SUPPORT SERVICES

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DOES YOUR CHILD HAVE AN IEP? (CIRCLE ONE)    YES                    NO

**IF YES**, PLEASE GIVE DETAILS TO ASSIST YOUR CHILD'S CATECHIST WITH RELIGIOUS INSTRUCTION & EVALUATION.

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**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 or preprus@comcast.net) 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.***

~AND~

***THAT SIX OR MORE ABSENCES WILL REQUIRE SUMMER MAKE-UP WORK PRIOR TO PROMOTION TO THE NEXT GRADE LEVEL.***

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

***I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED AND TO HAVE THE PHOTO DISPLAYED IN CHURCH AND ON PARISH SOCIAL MEDIA.***

**\*\*\*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.***

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