

**ST. MADELINE PREP REGISTRATION ~ RETURNING STUDENT FORM 2018**

REGISTERED FAMILY NAME \_\_\_\_\_

CHILD'S FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE (MOTHER) \_\_\_\_\_

CELL PHONE (FATHER) \_\_\_\_\_

WORK PHONE (MOTHER) \_\_\_\_\_

WORK PHONE (FATHER) \_\_\_\_\_

PARENT E-MAIL \_\_\_\_\_

PARENTS/GUARDIANS' MARITAL STATUS: (PLEASE CIRCLE ONE) MARRIED DIVORCED SEPARATED SINGLE PARENT REMARRIED

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

EMERGENCY CONTACT (OTHER THAN PARENT)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

LIST ANY CHILD'S MEDICATIONS, MEDICAL CONDITIONS/ALLERGIES

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LIST ANY CHILD'S DISABILITY/LEARNING SUPPORT SERVICES (WILL BE KEPT CONFIDENTIAL)

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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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Office use only

Fee \_\_\_\_\_

Check # \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE SEE RESERVE**

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.**

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

**I UNDERSTAND THAT ALL ABSENCES MUST BE REPORTED TO THE PREP OFFICE (610 583-6120 or [preprus@comcast.net](mailto: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 TO EIGHT ABSENCES WILL REQUIRE SUMMER MAKE-UP WORK PRIOR TO PROMOTION TO THE NEXT GRADE LEVEL.**

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

**I GIVE PERMISSION FOR MY CHILD'S PHOTO TO APPEAR AND TO BE POSTED ON ST. MADELINE PARISH SOCIAL MEDIA AND CHURCH BULLETIN BOARDS.**

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**\*\*\*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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