

St. Maximilian Kolbe - Parish Religious Education Program
NEW STUDENT REGISTRATION 2017-18

CONTACT INFORMATION			
Last Name _____			
<input type="checkbox"/> We have other students currently registered, there is no change to our contact information (skip to New Student information)		Registered in St. Max Parish <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	Street: _____		Zip Code: _____
	City: _____		
Mother's Name _____		Maiden Name: _____	
Father's Name _____		Home Phone _____	
Cell –Mother _____		Cell-Father _____	
E-Mail Address _____			
<input type="checkbox"/> There are custodial/legal issues (please provide any pertinent restrictions on access to student or records)			
<input type="checkbox"/> You DO NOT give permission for your child/children's picture to appear on the parish website, bulletin, newspaper articles, etc			
NEW STUDENT INFORMATION			
NAME: (First) _____		(MI) _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____	School: _____	
SESSION CHOICE *	<input type="checkbox"/> Tuesday 4:45 – 6:00 P.M. (K-6 th available) <input type="checkbox"/> Tuesday 6:30 – 7:45 P.M. (1 st -6 th available)	PREP Grade 2017-18 _____	CLASS ASSIGNMENT (Office Use Only)
RELIGIOUS EDUCATION HISTORY (if applicable) – Transferring From <input type="checkbox"/> PREP Program <input type="checkbox"/> Catholic Grade School			
Parish/School Name _____		Last Grade Completed: _____	
SACRAMENT RECORD : Dates MUST be filled in. if NOT baptized at St. Maximilian Kolbe Church please attach a copy of Baptismal Certificate			
	Date of Sacrament	Church Name and Address (City, State)	
Baptism			
Reconciliation			
First Eucharist			
Confirmation			
VOLUNTEERING Name: _____			
<input type="checkbox"/> Teacher <input type="checkbox"/> Aide <input type="checkbox"/> Substitute <input type="checkbox"/> Car-line assistant <input type="checkbox"/> Office assistance (Volunteers are required to complete mandated background safety checks and Safe Environment training)			
TUITION SCHEDULE per FAMILY 1 student / \$220 2 students / \$430 3 students / \$610 4 students / \$770	Amount Due: _____	(Office Use Only) Tuition Paid: _____	(Office Use Only) Balance Due: _____
	(Office Use Only) Date: _____	(Office Use Only) Check No.: _____	(Office Use Only) <input type="checkbox"/> Book <input type="checkbox"/> Bill <input type="checkbox"/> Card <input type="checkbox"/> Rectory <input type="checkbox"/> Database <input type="checkbox"/> E-Mail <input type="checkbox"/> Mailing

Checks payable to: St. Maximilian Kolbe Parish

Mail to: St. Maximilian Kolbe PREP, 300 Daly Drive, West Chester, PA 19382

St. Maximilian Kolbe - Parish Religious Education Program
EMERGENCY AND MEDICAL INFORMATION FORM

LAST NAME: _____

EMERGENCY CONTACT INFORMATION If parent/guardian cannot be reached, contact:

Name: _____ Relationship: _____

Phone Numbers (home) _____ (cell) _____

CONSENT FOR MEDICAL CARE:

I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program's programs and activities at St. Maximilian Kolbe Parish.

Signed (Parent/Legal Guardian): _____ Date: _____

MEDICAL/EDUCATIONAL NEEDS:

Child's First Name: _____	
Allergies <input type="checkbox"/> Insect Bite <input type="checkbox"/> Food <input type="checkbox"/> Other (Comments): _____	Medical or Educational Needs <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism Spectrum <input type="checkbox"/> Asthma <input type="checkbox"/> Other: (Comments) _____
<input type="checkbox"/> Student requires gluten-free host	Student has an IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes
Comments:	

Child's First Name : _____	
Allergies <input type="checkbox"/> Insect Bite <input type="checkbox"/> Food <input type="checkbox"/> Other (Comments): _____	Medical or Educational Needs <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism Spectrum <input type="checkbox"/> Asthma <input type="checkbox"/> Other: (Comments) _____
<input type="checkbox"/> Student requires gluten-free host	Student has an IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes
Comments:	