

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

<b>CONTACT INFORMATION</b>			
Last Name _____			
<input type="checkbox"/> <b>Our contact information has not changed</b> (skip to Student Information)			
Updated Address	Street:		
	City:		Zip Code:
Updated Phone(s): <input type="checkbox"/> Home <input type="checkbox"/> Cell –Mother <input type="checkbox"/> Cell-Father			
Updated E-Mail Address _____			
<b>STUDENT INFORMATION</b> (List <u>only</u> returning students)			
SESSION CHOICE: <input type="checkbox"/> Tue. 4:45–6:00 PM <input type="checkbox"/> Tue. 6:30–7:45 PM <i>* We cannot guarantee session request after June 1<sup>st</sup></i>			
STUDENTS FIRST NAME	PREP Grade 2017-18	SCHOOL ATTENDING	CLASS ASGMT. <i>(Leave Blank)</i>
<input type="checkbox"/> There are custodial/legal issues (please provide any pertinent restrictions on access to student or records)			
<input type="checkbox"/> You <b><u>DO NOT</u></b> give permission for your child/children's picture to appear on the parish website, bulletin, newspaper articles, etc			
<b>VOLUNTEERING</b> 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)			
<b>TUITION SCHEDULE per FAMILY</b>  1 student / \$220 2 students / \$430 3 students / \$610 4 students / \$770	Amount Due:	<i>(Office Use Only)</i> Tuition Paid:	<i>(Office Use Only)</i> Balance Due:
	<i>(Office Use Only)</i> Date:	<i>(Office Use Only)</i> Check No.:	<i>(Office Use Only)</i> <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

**PLEASE RETURN FORMS AND TUITION PAYMENT by MAY 15, 2017**

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): _____  <input type="checkbox"/> <b>Student requires gluten-free host</b>	Medical or Educational Needs <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism Spectrum <input type="checkbox"/> Asthma  <input type="checkbox"/> Other: (Comments) _____  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): _____  <input type="checkbox"/> <b>Student requires gluten-free host</b>	Medical or Educational Needs <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism Spectrum <input type="checkbox"/> Asthma  <input type="checkbox"/> Other: (Comments) _____  Student has an IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes
Comments:	