

St. Maximilian Kolbe - Parish Religious Education Program
RETURNING STUDENT REGISTRATION 2018-19

CONTACT INFORMATION

Last Name _____

Our contact information has not changed (skip to Student Information)

Updated Address	Street:		
	City:		Zip Code:

Updated Phone(s): Home
 Cell –Mother
 Cell-Father

Updated E-Mail Address _____

STUDENT INFORMATION (List only returning students)

SESSION REQUEST: Tue. 4:45–6:00 PM Tue. 6:30–7:45 PM
** We cannot guarantee session request after June 1st*

STUDENTS FIRST NAME	PREP Grade 2018-19	SCHOOL ATTENDING	CLASS ASGMT. (Leave Blank)

There are custodial/legal issues (please provide any pertinent restrictions on access to student or records)

You **DO NOT** give permission for your child/children’s picture to appear on the parish website, bulletin, newspaper articles, etc

VOLUNTEERING Name: _____

Teacher Aide Substitute Car-line assistant Office assistance

(Volunteers are required to complete mandated background safety checks and Safe Environment training)

<p>TUITION DUE per FAMILY</p> <p><input type="checkbox"/> 1 student / \$230</p> <p><input type="checkbox"/> 2 students / \$430</p> <p><input type="checkbox"/> 3 students / \$610</p>	<i>(Office Use Only)</i> Tuition Paid: _____	<i>(Office Use Only)</i> Balance Due: _____	<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
	<i>(Office Use Only)</i> Date: _____	<i>(Office Use Only)</i> Check No.: _____	

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 2018-19

LAST NAME: _____

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

Name: _____ Relationship: _____

Phone (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:

Student 1: First Name: _____	
Allergies <input type="checkbox"/> Insect Bite <input type="checkbox"/> Food <input type="checkbox"/> Other (Comments): _____ <input type="checkbox"/> Student requires gluten-free host	Other Medical or Educational Needs <input type="checkbox"/> Asthma <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism Spectrum Student has an IEP for: _____ <input type="checkbox"/> Other: _____
Student 2: First Name: _____	
Allergies <input type="checkbox"/> Insect Bite <input type="checkbox"/> Food <input type="checkbox"/> Other (Comments): _____ <input type="checkbox"/> Student requires gluten-free host	Other Medical or Educational Needs <input type="checkbox"/> Asthma <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism Spectrum Student has an IEP for: _____ <input type="checkbox"/> Other: _____
Student 3: First Name: _____	
Allergies <input type="checkbox"/> Insect Bite <input type="checkbox"/> Food <input type="checkbox"/> Other (Comments): _____ <input type="checkbox"/> Student requires gluten-free host	Other Medical or Educational Needs <input type="checkbox"/> Asthma <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism Spectrum Student has an IEP for: _____ <input type="checkbox"/> Other: _____
Additional Comments: 	