

ST. DOROTHY PREP REGISTRATION
RETURNING STUDENT FORM 2025/2026

OFFICE USE ONLY FEE _____ CHECK # _____ DATE _____

Family Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____

Is Your Family Registered in St. Dorothy Parish? Yes ☐ No ☐ If No, Where? _____

In September, My Child Will Be In Grade _____ in _____
(Name of School)

Birth Father's Name _____ ☐ Living ☐ Deceased

Religion _____ Work Phone _____ Cell Phone _____ E-Mail _____

Birth Mother's Name _____ ☐ Living ☐ Deceased Maiden Name _____

Religion _____ Work Phone _____ Cell Phone _____ E-Mail _____

Parents/Guardians: ☐ Married ☐ Separated ☐ Divorced ☐ Remarried ☐ Single Parent ☐ Widowed

Custody: Are there any custody/legal issues? _____ Yes _____ No – (if yes, please provide a complete copy of the latest court order)

☐ I have read the Family Handbook and agree to the requirements and expectations of the St. Dorothy Parish Religious Education Program.

☐ I give permission for my child's name and/or image to appear on the parish and archdiocesan websites, bulletin boards, newspaper articles, parish bulletin, synchronous remote learning which may be recorded and posted on the parish and archdiocesan website, and live-streamed and/or recorded liturgies and events associated with the parish religious education program.

Signature: _____ Date: _____

Relationship to Child/ren: _____

Emergency Contact (if unable to reach you who should we contact?) Name: _____ Relationship: _____

Phone Number: _____

Consent for Medical Care: I give permission that, in my absence, my children whose names appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at St. Dorothy Parish.

Signature: _____ Date: _____

****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 _____(initial)

***** St. Dorothy PREP Attendance Policy *****

I understand that ALL absences must be reported to the PREP office (610.853.1499 or email ssauk@stdots.org) _____(initial)~ **AND** ~My child must complete any missed work given to him/her. The work that is missed will be sent home via email from the PREP office _____(initial)
~AND~ **That six or more absences WILL REQUIRE SUMMER MAKE-UP WORK prior to the promotion to the next grade level** _____(initial)

Page 2 – Must be completed for each child separately

Child's Full Name (first, middle & last) _____ Date of Birth _____ Male [] Female []

Grade Level as of September 2025: _____

School your child will attend as of September 2025: _____

Has Your Child Ever Attended Catholic School? Yes [] No [] If Yes, Where? _____ Grades _____

Has Your Child Ever Attended Another PREP Program? Yes [] No [] If Yes, Where? _____ Grades _____

WRITTEN VERIFICATION OF SACRAMENTS FROM PARISHES OTHER THAN ST. DOROTHY MUST ACCOMPANY THIS FORM.

Baptism

Penance

Holy Eucharist

CHURCH _____
DATE _____

Ethnicity: ____ Hispanic/Latino ____ Non-Hispanic/Latino

Race: ☐ American Indian/Native Alaskan ☐ Native Hawaiian/Pacific Islander
☐ Asian ☐ White
☐ Black/African America ☐ Two or more races
☐ Other ☐ Prefer not to answer

Medical/Learning Data

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Medical Conditions or Allergies (please describe below if yes) Yes ☐ No ☐

Prescribed Medications Yes ☐ No ☐

Learning Support Services or *Disability (see IDEA definitions below) Yes ☐ No ☐

IEP Individualized Education Program Yes ☐ No ☐

**Immunization Are your child's vaccinations up to date? Yes ☐ No ☐

This question does not refer to COVID; rather, child & adolescent immunizations

If no, has he/she received an exemption from your current school district? Yes ☐ No ☐

Please complete information here or add any other information about your child that should be communicated? _____

PREP classes will be offered two different times on Mondays

Please Indicate First Choice and Second Choice –

No one will be able to switch sessions once the school year begins – no exceptions.

Afternoon Classes _____ 4:30pm to 5:30 pm

Evening Classes _____ 6:15pm to 7:15 pm

REGISTRATION WILL BE ON FIRST COME FIRST SERVE BASIS - WE WILL HAVE A LIMITED NUMBER OF STUDENTS PER CLASS.

I am able to be a volunteer in the St. Dorothy's Parish Religious Education Program _____ YES _____ NO

PREP TUITION FEE - Due Date: no later than June 15, 2025

One Child - \$150.00

Two Children – \$210.00

Three or More Children - \$235.00

PAYMENT MUST BE SENT WITH REGISTRATION FORM

(please either mail or drop off) St. Dorothy Church c/o Sue Phelan 4910 Township Line Road Drexel Hill, PA 19026