

ST. DOROTHY PREP REGISTRATION
RETURNING STUDENT FORM 2022/2023

Office use only Fee _____ Check # _____ Date _____

Registered Family Name _____

Child's Full Name _____ Date of Birth _____ Male [] Female []

Address _____ Home Phone _____

Mothers Name _____ Fathers Name _____

Cell Phone _____ Cell Phone _____

Work Phone (Mother) _____ Work Phone (Father) _____

Mother E-Mail _____ Father E-Mail _____

Parents/Guardians' Marital Status: (PLEASE CIRCLE ONE) Married Divorced Separated Single Parent Remarried Widowed

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

Emergency Contact (Other Than Parent)

Name _____ Phone _____ Relationship to Child _____

List Any Child's Medications, Medical Conditions/Allergies

List Any Child's Disability/Learning Support Services (Will Be Kept Confidential)

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.

PLEASE SEE REVERSE

**PREP classes will be offered two different times on Mondays
Please Indicate First Choice and Second Choice**

Afternoon Classes ____ 4:30pm to 5:45pm Evening Classes ____ 6:15pm to 7:30 pm

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 1, 2022

One Child - \$135.00 Two Children - \$195.00 Three or More Children - \$220.00 (\$30.00 Late fee after June 1, 2022)

**REGISTRATION WILL BE ON FIRST COME FIRST SERVE BASIS.
WE WILL HAVE NO CLASS SIZE LARGER THAN 20 STUDENTS.**

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**

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 _____
(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)

*****Permission for Picture Display*****

I give permission for my child to be photographed and to have the photo displayed in church & on parish social media & I give permission to have their name listed in the church bulletin if they are receiving a sacrament or for any other acknowledgements. _____
(initial)

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. Dorothy PREP classes and activities _____
(initial)