

ST. DOROTHY PREP REGISTRATION
NEW STUDENT FORM 2021/2022

OFFICE USE ONLY FEE _____ CHECK # _____ DATE _____

Registered Family Name _____

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

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

Name of Stepparent (IF APPLICABLE) _____

Emergency Contact (Other Than Parent)

Name _____ Relationship to Child _____ Phone _____

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 _____

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

List Any Child's Medications, Medical Conditions/Allergies

PLEASE SEE REVERSE SIDE

List Any Child's Disability/Learning Support Services

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.

**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, 2021

One Child - \$125.00 Two Children - \$185.00 Three or More Children - \$210.00 (\$30.00 Late fee after June 1, 2021)

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)