

**ST. DOROTHY PREP REGISTRATION**  
**NEW STUDENT FORM 2023/2024**

OFFICE USE ONLY FEE _____ CHECK # _____ DATE _____
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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 2023: \_\_\_\_\_

School your child will attend as of September 2023: \_\_\_\_\_

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

Afternoon Classes \_\_\_\_\_ 4:30pm to 5:45pm

Evening Classes \_\_\_\_\_ 6:15pm to 7:30 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, 2023

One Child - \$135.00

Two Children – \$195.00

Three or More Children - \$220.00

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