/ST. ANNE'S PRE-SCHOOL

375 HICKORY ST.
BETHLEHEM, PA. 18017
(610) 868-7513

REGISTRATION FORM

Please return (non-refundable) $35.00 registration fee and $50.00 activity fee to the address on the top of this form or to the Pre-School Classroom. All fees should be paid by check or money order. Please-no cash payments. (Checks and money orders should be made payable to St. Anne's Pre-School.)

St. Anne's Pre-School Programs:

(Please check the program you are interested in having your child attend.)

Extended Care Needed

Before Pre-School / After Pre-School

____ Little Learners Class *(Tuesday, Thursday, 8:45-11:15)*
(Child must be turning 3 by December 31, 2013 and must be partially potty-trained.) _____/_____

____ Explorers Class *(Monday, Wednesday, Friday, 8:45-11:15)* _____/_____

(Child must be turning 3 by June 30, 2013 and must be able to use the bathroom independently.)

____ AM Pre-K Class *(5 days/week, 8:45-11:15)* _____/_____
(Child must be turning 4 by Oct. 15, 2013 and must be able to use the bathroom independently.)

STUDENT INFORMATION

Child's Name_____ Likes to be called _____
(first) (last)

Child's Birthday_____ Home Phone_____

Address_____

Child's Interests_____ Child's Fears_____

Child's Pets_____ Child's Religion_____

Child's Allergies, Chronic Conditions:_____

Child's Siblings (Names & Ages)_____

Reasons for choosing St. Anne's Pre-School:_____

_____

Additional Information about your child you feel we should know:

PARENT INFORMATION

Father's Name _____ Occupation _____

Home Address _____ Employer _____

_____ Home Phone _____

Church Affiliation _____ Work Phone _____

Mother's Name _____ Occupation _____

Home Address _____ Employer _____

_____ Home Phone _____

Church Affiliation _____ Work Phone _____

Parents: Married ___Divorced ___Separated ___Widowed ____Single____

Divorced or separated parents please indicate here the parent with legal custody:

Name _____

Stepparent or guardian (if applicable):

Name _____ Occupation_____

Address _____ Home Phone _____

_____ Work Phone _____

In case of an emergency, contact:

Name _____ Phone _____

Relationship to student_____

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MEDICAL RECORD

Date_____

Child's Name_____
Address_____
Name of child's Doctor_____Phone_____
Name of child's Dentist_____Phone_____
Serious Accidents_____
Serious Illnesses_____
Operations_____
Hospitalization_____
Handicaps (eyes, ears, feet, etc.)_____
Conditions _____
Communicable Diseases: Please check the diseases your child has had.

_____Chicken Pox
_____Mumps
_____German Measles
_____Other
_____Infectious Hepatitis
_____Whooping Cough
_____Rheumatic Fever

IMMUNIZATIONS

Tuberculin Test: Type_____Date_____Result_____
DPT: 1st_____2nd_____3rd_____Boosters_____
Polio Vaccine: 1st_____2nd_____3rd_____Boosters_____
Type
Measles: (Regular) Date_____Mumps: Date_____
Rubella: (German) Date_____Hepatitis B:Date_____
HIB: Date_____Varicella: Date_____
Other: _____

Physician's Signature_____
Parent's Signature_____

_____MEDICAL EXEMPTION (The physical condition of the above child is such that immunization would endanger life or health.)
_____RELIGIOUS EXEMPTION (includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from parent)

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EMERGENCY MEDICAL FORM

Please complete and return this form to Pre-School. Any changes during the current school year should be reported immediately.

Child's Name:_____Birthdate:_____
Address:_____
Home Phone:_____
Mother's Work Phone:_____Cell:_____
Father's Work Phone:_____Cell:_____

If unable to reach parents in case of illness, contact:
Name_____Address_____
Phone:_____Relationship_____

Part 1

In case of an emergency involving my/our child _____, and no contact as indicated above can be reached, I/We give permission to the school personnel to arrange for my child to be taken to the _____ Emergency Room and I/We
(Name of Hospital)
authorize the hospital medical personnel to administer any necessary medical care.
Date_____Signature of Parent/Guardian_____

Part 2

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school personnel to take no action or to:_____

_____

Date_____Signature of Parent/Guardian_____

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DAILY RELEASE AUTHORIZATION

The following individuals are authorized to pick up my child at the end of class each day:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I hereby understand that, for the protection of my child, he/she will not be given permission to leave the Pre-School with anyone not included on the above list. I also understand until the staff becomes familiar with all authorized individuals, it may be necessary to ask for identification such as a driver's license, etc. It is my responsibility to notify the staff of any deletions or additions to this list.

_____
Child's Name

_____
Parent /Guardian's Signature

_____
Date

Video Image/Photograph Permission Form

Student Name:_____

Student Address:_____

Phone:_____Age:_____Sex:____

I/we, give permission for St. Anne's School, Preschool or the Allentown Diocese to video tape, photograph, make slides, audio tapes or any other visual reproductions of my/our son or daughter. All of these materials will be used for promotional purposes including recruitment and fund-raising efforts or general publications. (Promotion may include slide presentations, photo displays, internet promotions, electronic multi-media or billboard displays.)

I/we agree that all photographs, images shall be free for use and release St. Anne School, Preschool and the Diocese of Allenton from any liability connected with the use of photographs or images.

_____YES, I/we give permission for my/our son or daughter to be photographed for the purpose of promoting St. Anne's School and Preschool.

Parent/Guardian Signature(s)_____Date_____

_____NO, I/we do not give permission for my/our son or daughter to be photographed for the purpose of promoting St. Anne's School and Preschool.

Parent/Guardian Signature(s)_____ Date_____

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OUTSIDE ACTIVITY PERMISSION FORM

Child's Name _____

I hereby give my son/daughter _____ permission to participate in short walks and to engage in other outside activities held near to or on St. Anne's property. I realize these activities will be organized by St. Anne's Pre-School personnel and safety will be their chief concern as they plan and carry out all outside activities. I hereby release and save harmless St. Anne's Pre-School and any and all of its employees from any and all liability for any and all harm arising to my child as a result of any outside activity.

_____Parent/Guardian _____Date

PHOTOGRAPHY PERMISSION FORM

I hereby give my permission for my son/daughter to be photographed by St. Anne's Pre-School personnel during the school year. I understand all photos will be used for the sole enjoyment of my child and family. Photos will only be used to enhance art projects, decorate rooms and halls or be included in student booklets. I understand photos will not be released to anyone outside our students' immediate families.

_____Parent/Guardian _____Date

PHONE NUMBER RELEASE PERMISSION FORM

I hereby give my permission for my home phone number to be sent home as part of a class list or phone chain so I may be contacted in the event of sudden school closings not announced on the radio or TV or of other special circumstances occur during the school year, etc.

_____Parent/Guardian _____Date

PARENT INVOLVEMENT

Please let us know if you are able to help us throughout the year in any of the following areas:

____I would like to read books to the children during assigned "library" times.

____I am willing to provide special snacks and treats for special parties and holiday celebrations.

____I am willing to send in needed supplies for classroom baking and cooking projects.

____I am willing to help with any outside activities.

____I am willing to share information about my occupation or hobby with the children

_____Occupation/Hobby

____I am willing to be "Santa" or the "Easter Bunny" for holiday parties.

____I am willing to be part of a phone chain for my child's classroom.

Child's Name_____
Class_____
Parent's Name_____

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AUTHORIZATION TO RELEASE CHILDREN IN AN EMERGENCY

St. Anne's Pre-School is updating its emergency plan in the event of an act of terrorism. This is done for your child's safety, and on the advice of the Pennsylvania Department of Education. The emergency play is devoted to the welfare and safety of your child during school hours.

We are requesting your assistance at this time. Should there be an emergency, such as major fire, tornado, explosion, or act of terrorism, your child may be required to remain in the care of the school until it is deemed safe by an Emergency Services authority that the child can be released. At that point, children may be released only to properly authorized parents/ guardian and /or designees. Therefore, please list as many names, (with local telephone numbers and addresses) as possible, those persons to whom you would allow your child's release in the event of an emergency. Be sure to notify those persons listed that you have authorized their supervision in case of emergency. In the event that you should be unable to come to school, it is essential that others be designated to care for your child. We appreciate your cooperation in this matter. Please return this form as soon as possible.

Child_____

Name	Phone/Cell Phone	Address	Relationship to child

Parent/Guardian Signature_____Date_____
Home Phone_____ Cell Phone_____ Work Phone_____

St. Anne Pre-School

BACKGROUND CHECK

Dear Parents,

The Diocese of Allentown requires all volunteers who will be working with children within the Diocese to have a background check done. This is to ensure the safety of your child when he/she is here at St. Anne's.

Background Check Forms are available in your child's classroom. Please ask your child's teachers for the number of forms you need. Each person in your family who expects to be volunteering in St. Anne's Pre-School sometime during this school year will need to have a background check done. These forms will be processed on-line and all information given and received will be kept confidential.

If you have recently had a background check done for your job or as a volunteer, please let us know. You will not need a new background check now. Background checks are valid for approximately five years.

Please return the authorization forms as soon as possible so we can begin processing all forms. This year each background check will cost *$10.00.* Please attach either cash or a check made out to *St. Anne School* to each background check form submitted.

We appreciate your understanding in this matter. This is just one more step we are taking to ensure the safety of your child while he/she is with us each day.

Sincerely,

St. Anne's Pre-School Staff

DIOCESE OF ALLENTOWN
BACKGROUND CHECK
Effective September 1, 1997

THIS FORM MAY BE REPRODUCED

Parish/School _____
City_____

To safeguard the youth of the Diocese of Allentown, I understand that investigative background inquiries will be made on me by the Diocese of Allentown Insurance Department. These inquiries will be similar to those made for teachers seeking employment in our Catholic Schools and the Public Schools in the Commonwealth of Pennsylvania.

I consent to the diocese making these inquiries.

Signature_____
Date _____

. . . . . .
. . . . . .

To aid in the proper identification of my files and to facilitate the process of inquiry, I furnish the following information.

Print Full Name _____

Current Address _____

City/State/Zip _____

Social Security Number _____
Date of Birth _____

Driver's License Number _____
State of License _____

Previous Address _____
(Within the past five years)
City/State/Zip _____
Previous Address_____
(Within the past ten years)
City/State/Zip _____

Any questions regarding this form should be directed to the Insurance Coordinator at (610) 797 – 2811.

Complete and return to:

Insurance Coordinator
Diocese of Allentown
Diocesean Office Annex
2222 S. 12th St, Suite D
Allentown, PA 18103