



Mary, Mother of the Redeemer School

1321 Upper State Road, North Wales, PA 19454

Phone 215-412-7101

Fax 215-412-7197

www.mmrschool.org

New Student Application – Kindergarten through Grade 8

Name of Child: _____
(Last) (First) (Middle) (Country of Birth) (Date of Birth) (Gender)

Student Address: _____
(Street) (City, State, Zip) (County of Residence) (Home Phone) (Public School District)

Father: _____
(Name) (Address if different) (Phone if different) (Religion) (Country of Birth)

Mother: _____
(Name) (Address if different) (Phone if different) (Religion) (Country of Birth)

Guardian: _____
(Name) (Address if different) (Phone if different) (Religion) (Country of Birth)

Relationship of Guardian to Student: _____ Language Spoken at home if not English: _____

Mobile: (Mother) _____ (Father) _____ (Guardian) _____

Work: (Mother) _____ (Father) _____ (Guardian) _____

Email: (Mother) _____ (Father) _____ (Guardian) _____

Child lives with: _____ both parents _____ one parent _____ grandparent _____ guardian _____ sibling/s

Is there a custody agreement concerning your child? _____ No _____ Yes (*If so, please submit a copy with this application*)

Expected Grade in September: _____ School your student currently attends: _____

Expected Mode of Transportation for your student: _____ Request Busing from Public School District _____ Car _____ Walk

Student Race: _____ Native American/Alaska Native _____ Asian _____ Black/African American _____ Hawaiian/Pacific Islander _____ White _____ Multi- Racial

Student Ethnicity: _____ Hispanic _____ Non-Hispanic

Has your student received auxiliary services? _____ Speech _____ Reading _____ Math _____ Guidance _____ None

Educational Evaluation _____ No _____ Yes (If yes, submit a copy with this application) Other services received?: _____

Has your student ever been in a special education program? _____ No _____ Yes

Are you registered at MMR Parish? _____ Yes _____ No If no, in which parish is your family registered? _____

Sacramental Information:

Church of Baptism: _____ City, State: _____ Date: _____

Church of 1st Penance: _____ City, State: _____ Date: _____

Church of 1st Eucharist: _____ City, State: _____ Date: _____

Church of Confirmation: _____ City, State: _____ Date: _____

Photographic Release

I hereby give the Archdiocese of Philadelphia, its successors and assigns and those acting with its authority, the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use any school pictures of my child produced by the Archdiocese of Philadelphia. This authorization and release covers the use of said school pictures in any published form and any media of advertising publicity.

I also understand that our school may be identified by name and I fully understand that this is a complete release of all claims against the Archdiocese of Philadelphia or any other person, firm or corporation by reason of any such use of such school pictures. I hereby warrant that I am free to give this permission. I further warrant that the information I have provided is, to the best of my knowledge, true and accurate.

_____ Yes _____ No

(Signature of Parent/Guardian)

Request for Use of State Funded Text Books

I hereby request of the Secretary of Education of Pennsylvania the loan of instructional materials and textbooks in accordance with Act 90 (1975), Act 195 (1972), and Act 88 (1975), for my child(ren) attending Mary, Mother of the Redeemer School in North Wales, PA.

(Signature of Parent/Guardian)

Nurse and Electronic Notification Information

Student Name: _____

Date of Birth: _____

Nurse:

List up to three adults who may be contacted if parent(s) or guardian(s) cannot be reached:

Name: _____ Relationship: _____ Phone: _____ Alt Phone: _____

Name: _____ Relationship: _____ Phone: _____ Alt Phone: _____

Name: _____ Relationship: _____ Phone: _____ Alt Phone: _____

Physician: _____ Phone: _____ Dentist: _____ Phone: _____

If your child has any health concerns, allergies (medication, food, insects, environmental) or takes any medication, list below:

For Kindergarten – Grade 8, if medication will be administered at school, list it below & click [here](#) to print required authorization form:

(Please note no medication is dispensed in Pre-School):

The Nurse's Office keeps the follow medications in stock for students as indicated. Consent to administration by checking below:

Acetaminophen **(Gr. K-8)**

_____ 325 mg – 6 to 12 yrs. _____ 650 mg 13+

Ibuprofen **(Gr. 6-8 only)**

_____ 200 mg <100 lbs _____ 400 mg >100 lbs

Electronic Notification:

We use a web-based service to communicate with our families. List your contact(s) for general school communication below:

Phone: _____ Text: _____ Email: _____

Phone: _____ Text: _____ Email: _____

Choose your child's method of transportation home in case of an emergency school closing. _____ BUS _____ CAR _____ WALK

(This must be consistent across all days of the week.)

ELEMENTARY STUDENT HEALTH HISTORY

STUDENT'S NAME _____ DATE _____

A. PREGNANCY AND BIRTH

(Check Answer)

1. Was the mother's pregnancy accompanied by any special problems (required medications, exposed to toxic substances, etc.)? _____
No ___ Yes ___
2. Was the baby carried full term? _____
No ___ Yes ___
3. Was the birth accompanied with any difficulties? _____
No ___ Yes ___
4. What was the baby's birth weight? _____
5. Did the baby have any trouble following birth (require oxygen, incubator, extended stay, etc.)? _____
No ___ Yes ___

B. EARLY CHILDHOOD HISTORY

1. Would you describe the baby as average, quiet, or active? _____
2. Did the baby have any special problems in the first six months? _____
No ___ Yes ___
3. At what age did the child sit alone without support? _____
4. Did the child crawl? _____
No ___ Yes ___
5. At what age did the child walk alone without support? _____
6. At what age did the child begin to say two or three words together? _____
7. If the child has stopped wetting the bed, at what age did he or she stop? _____

C. HEALTH HISTORY

1. Has the child ever been in a hospital or had an operation? _____
When? _____ What for? _____ Name of hospital _____
No ___ Yes ___
2. Does the child have a history of hypoglycemia, diabetes, bronchitis, pneumonia, or any other illness? _____
Onset: _____
No ___ Yes ___
3. Has the child ever had any serious accidents or broken bones? _____
When? _____ What was the problem? _____
No ___ Yes ___
4. Is the child taking any medicines or vitamins now? What for? _____
No ___ Yes ___

D. ANSWER THE FOLLOWING QUESTIONS:

1. Has the child ever had chicken pox? If yes, date _____ 1. No ___ Yes ___
2. Has the child ever had scarlet fever? 2. No ___ Yes ___
3. Has the child had more than six colds or throat infections accompanied by a fever within a year? 3. No ___ Yes ___

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ELEMENTARY STUDENT HEALTH HISTORY

D. ANSWER THE FOLLOWING QUESTIONS (continued):

(Check Answer)

- 4. Has the child had any trouble with ears or hearing? 4. No ___ Yes ___
- 5. Has the child had any trouble with eyes or seeing? 5. No ___ Yes ___
- 6. Has the child ever had any trouble with teeth? 6. No ___ Yes ___
- 7. Has the child ever had a convulsion or fit? 7. No ___ Yes ___
- 8. Has the child ever had a fainting spell? 8. No ___ Yes ___
- 9. Has the child ever had a head injury? 9. No ___ Yes ___
- 10. Has the child ever been unconscious? 10. No ___ Yes ___
- 11. Does the child complain of headaches? 11. No ___ Yes ___
- 12. Has a doctor ever said the child had a heart murmur? 12. No ___ Yes ___
- 13. Does the child become tired easily? 13. No ___ Yes ___
- 14. Do any foods disagree with the child? 14. No ___ Yes ___
- 15. Does the child often have diarrhea? 15. No ___ Yes ___
- 16. Has constipation ever been much of a problem for your child? 16. No ___ Yes ___
- 17. Does the child complain of bellyaches? 17. No ___ Yes ___
- 18. Does the child have any problem with urination? 18. No ___ Yes ___
- 19. Does the child have any skin problems? 19. No ___ Yes ___
- 20. Has the child ever had eczema or allergy? 20. No ___ Yes ___
- 21. Has the child ever had asthma or wheezing? 21. No ___ Yes ___
- 22. Has the child ever had an allergy or reaction to any medicines or injections? 22. No ___ Yes ___
What was the medicine or injection? _____
- 23. a) Does your child have an insect allergy? 23 (a). No ___ Yes ___
b) Is medication required? 23 (b). No ___ Yes ___
- 24. a) Is your child currently receiving speech/language services? 24 (a). No ___ Yes ___
If "Yes" state where services are provided. _____
b) Has your child previously been seen by a Speech/Language Pathologist? 24 (b). No ___ Yes ___
If "Yes" please explain: _____

- 25. Is your child's speech easily understood by others? 25. No ___ Yes ___
If not, check areas of difficulty: ___ ARTICULATION (sounds)
___ LANGUAGE (sentence patterns, vocabulary use, ability to understand
directions, commands, ability to hold a conversation) ___ VOICE
___ FLUENCY (stuttering)

COMMENTS TO ANSWERS:

Mary, Mother of the Redeemer Parish School Tuition & Fee Schedule Kindergarten Early Enrollment 2020 – 2021 School Year

Student Name(s)

Grade in 2020-2021

1. _____

2. _____

Person Responsible for Tuition: _____

Address, City, State, Zip: _____

Cell Phone: _____ Email: _____

I will use [FACTS](#) to choose the following tuition payment option:

_____ **Full Tuition Payment** (and graduation fee if applicable) by check or cash on or before August 1st

- This is the only option to pay MMR directly.
- You must still [register for a FACTS account](#) for invoicing purposes

_____ **Two Installments** (tuition & graduation fee if applicable) paid through the FACTS Tuition Payment Plan in August and December. An annual fee is charged by FACTS for this option.

_____ **Ten Installments** (tuition and graduation fee if applicable) paid monthly through the FACTS Tuition Payment Plan beginning in August. An annual fee is charged by FACTS for this option.

You will receive an email from FACTS in July prior to the withdrawal of any annual fee.

To complete your family's registration, please return this signed form with your application paperwork and registration fee of \$225 per student to the school office.

I agree to abide by the policies and procedures, including the Student Handbook, of Mary, Mother of the Redeemer School. I understand tuition and fees will be assessed at the unsubsidized rate if subsidy requirements are not met by June 30, 2020, and all financial obligations must be met by May 20, 2021.

Responsible Party Signature

Date

Session	Tuition	Registration, Stationery and Technology Fee (Non refundable/Not applied to tuition)
Kinder Full Day – first child	\$4950	\$225
Kinder Full Day w/ sibling in Gr. 1-8	\$4450	\$225

Tuition assistance is available for eligible families.
Please visit FACTS.com.
Please contact our Advancement Director, Monica Quarrie, at
215-412-7101 x 509 for more information.