



Mary, Mother of the Redeemer Pre-School

1321 Upper State Road, North Wales, PA 19454

Phone 215-412-7101

www.mmrschool.org

Pre-School Application

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*)

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

Student Ethnicity: _____ Hispanic _____ Non-Hispanic

Please note your program choice: _____ Three Year Olds _____ Four Year Olds

Please note your session choice: _____ Three Day (Monday, Wednesday and Friday 8:15am-3:15pm)

_____ Five Day (Monday through Friday 8:15am-3:15pm)

Are you currently registered at MMR Parish? Yes No (If no, in what parish is your family registered?) _____

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

Has your child received auxiliary services (Speech, O/T, P/T, etc.)? No Yes If YES, please detail _____

Does your child have any known allergies? No Yes If yes, please specify _____

Photo Release Form

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)

Walk to MMR Main School Permission

I give my permission for my child to walk to the main school for enrichment activities such as, but not limited to, assemblies and computer lab or gymnasium usage. I understand my child's class will be escorted by both the teacher and aide for visits to the main building.

Yes No

(Signature of Parent/Guardian)

Transportation Permission

Please list those persons, other than parent or guardian listed above, who are permitted to pick up your child from Pre-School.

1. Name _____ Relationship _____

2. Name _____ Relationship _____

3. Name _____ Relationship _____

4. Name _____ Relationship _____

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: _____

For Kindergarten – Grade 8

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.)

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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 ___

(continued on page 2)

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 and Fee Schedule
2020-2021

Pre-School		
Session	Tuition	Registration, Stationery and Technology Fee (Non refundable/Not applied to tuition)
Three or Four Year Olds M, W and F full days	\$4650	\$235
Three Year Olds Monday through Friday full days	\$6150	\$235
Four Year Olds Monday through Friday full days	\$5850	\$235

Kindergarten		
Session	Tuition	Registration, Stationery and Technology Fee (Non refundable/Not applied to tuition)
Full Day – first child	\$5075	\$235
Full Day with sibling in Gr. 1-8	\$4575	\$235

Grades 1-8			
Number of Students	Parish-subsidized Tuition	Non-subsidized Tuition	Registration, Stationery and Technology Fee (Non refundable/Not applied to tuition)
1	\$4575	\$6100 per student	\$235
2	\$7950		\$470
3+	\$10,300		\$705 + \$235 for each additional student

Additional Fees: Grade 8 - \$325 (provides all graduation expenses, class trips, yearbook, etc.)
 This amount will be added to your tuition account and is not due with registration.

Please note: Each family receiving the reduced parish-subsidized tuition must be active participants registered in our parish. An active participant is one who attends Mass regularly, works to support parish ministries, and contributes a minimum of \$780 annually to the parish collection via weekly envelope or on-line giving during the prior fiscal year (ending June 30).

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.



Mary, Mother of the Redeemer Parish School
Tuition and Fee Contract
2020-2021

<u>Student Name(s)</u>	<u>Grade in 2020-2021</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

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. A \$10 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. A \$45 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**
- **Bring your registration fee of \$235 per student to the school office**
- **Set up your family's [FACTS](#) account**

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