Registration Checklist

Student’s Name: ________________________________

Grade: ________________ School Year: ____________

You fill out these:

_____ Contract
_____ Registration Form
_____ Loan of Textbooks Form
_____ Agreement for Admission
_____ Health History Form
_____ Health Permission Form
_____ Early Childhood Form (PreK 3, 4 and K)
_____ Handbook Agreement *
_____ Technology Agreement *
_____ Photo Release Paper

Doctor/Dentist fills out these:

_____ Physical Form (All new students K-8)
_____ Copy of Immunizations (All new students)
_____ Dental Form (All new students K-8)

We need copies of these:

_____ Copy of Birth Certificate
_____ Copy of Social Security Card
_____ Copy of Baptismal Certificate
_____ FACTS enrollment confirmation

*policies posted on our website

Office use only

_____ Registration Fee Paid Date ____________ Check # __________________________ Cash ____


<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Religious</strong></td>
<td><strong>Father</strong></td>
<td></td>
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</tr>
<tr>
<td>Catholic</td>
<td></td>
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<td></td>
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<tr>
<td>Non Catholic</td>
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<td></td>
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<tr>
<td>Contributing Catholic</td>
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<tr>
<td><strong>Parent's Name</strong></td>
<td><strong>Father</strong></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>Relationship</strong></td>
<td><strong>Parent</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>Birth</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>Religion</td>
<td>Phone (if different)</td>
<td>Address</td>
<td></td>
</tr>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

**FAMILY BACKGROUND**

If no, please specify party

---

**Are you a registered member of our lady of peace parish?**

**Social Security Number**

**Phone No.**

**Count of Residence**

**City**

**State**

**Zip**

**Address**

---

**NOTICE: DAME DE LOURDES SCHOOLS - REGISTRATION FORM**

Please print all information.

Note Deme de Lourdes School

Archdiocese of Philadelphia-Elementary School Permanent Record Form
Dear Parent/Guardian:

State legislation authorizes the loan of textbooks, instructional material and equipment by the Secretary of Education to Pennsylvania children enrolled in kindergarten through grade 12 in nonpublic and private schools. Our school is now in the process of requesting specific textbooks, materials and equipment to be loaned to your child(ren). It is required, however, that a parent/guardian of each child attending the non public or private school individually request a loan of textbooks, instructional materials and equipment. We are, therefore, enclosing the individual request form. Please sign the form, date it and return it to school immediately.

Thank you for your continued assistance and cooperation.

Very truly yours,

Mrs. Diana Pileggi
Principal

CERTIFICATE OF INDIVIDUAL REQUEST
FOR LOAN OF TEXTBOOKS
AND INSTRUCTIONAL MATERIALS

I hereby request the loan of textbooks and instructional materials in accordance with the Pennsylvania School code of 1949 for my child(ren) attending Notre Dame de Lourdes School.

Student Name ____________________________________________
(Please Print)

Date: ___________________________ (Signed) ___________________________

Parent/Guardian Signature

This program is available only to Pennsylvania residents.
(This form is to remain on file at the school.)

Enter to Learn . . . Leave to Serve.
Agreement for Admission

Family Name ___________________________________________ PLEASE PRINT

It is our (my) wish that our (my) child (children) attend Notre Dame de Lourdes School. We (I) understand that our (my) child (children) is (are) obligated to attend classes in Religion and fulfill the requirements for this subject; also, to attend all religious functions offered as part of the school program.

We (I) assume the obligation to pay the specified tuition and school fees and agree to support the philosophy, goals, objectives, and regulations of the school.

Mother's Signature ___________________________________ DATE

Father's Signature ___________________________________ DATE

01/10

Enter to Learn . . . Leave to Serve.
HEALTH HISTORY PERMISSION FORM (INITIAL HISTORY)

STUDENT NAME ________________________ GRADE _____ DATE __________

THE NATURE OF THIS HEALTH HISTORY

I understand that the information I give to the School Nurse is important for the school staff to know and that it will help them to promote the health and education of my child. I understand that the information will be kept confidential by the school Health Staff, and will be shared with other professionals in the school only when the School Nurse/Nurse Practitioner/School Physician believes that it is in the best interest of my child’s health and education.

Copies of this health history will be sent to other agencies that request it only with my written permission.

Signature of Parent/Guardian ________________________ DATE __________

Name of Parent/Guardian (printed) ________________________

EXPLANATION OF HEALTH SERVICES

The following health services are provided to every student in the Ridley School District in compliance with Pennsylvania State Law:

- Every year every student: Height, weight, vision screening, BMI
- K, 1, 2, 3, 7 and 11th Grade: Hearing screening
- K, 1, 3, and 7th Grade: Dental-by school/family dentist
- K or 1, 6, and 11th Grade: Physical-by school/family doctor
- 6th and 7th Grade: Scoliosis screening

I understand the above screening and examination results will become a part of my child’s permanent health record.

Signature of Parent/Guardian ________________________ DATE __________

It is the mission of the Ridley School District to create a caring environment that gives all students the opportunity to achieve their fullest personal and academic potential in order to become productive and responsible citizens.

Revised 1/20/11

PLEASE COMPLETE OTHER SIDE
HEALTH HISTORY

Child's Name ___________________________ Date of Birth ___________________________
Street Address ___________________________ Home Phone (Area Code) ________________
City, State, Zip ___________________________ Work Phone (Area Code) ________________
Father's Name ___________________________ Cell phone (Area Code) ________________
E-mail address ___________________________ Work Phone (Area Code) ________________
Mother's Full Maiden Name ___________________________ Cell phone (Area Code) ________________
e-mail address: ___________________________

Do parents live together? Yes or No _______________________________________________

Adults with whom child lives (if other than parents): ___________________________________

Were there any significant pre-natal or birth factors such as RH factor, pre-maturity? Yes or No __________
If yes, indicate the factor(s) __________________________________________________________

<table>
<thead>
<tr>
<th>Does Your Child Have:</th>
<th>Please Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent colds</td>
<td>yes no</td>
</tr>
<tr>
<td>Frequent sore throats</td>
<td>yes no</td>
</tr>
<tr>
<td>Diabetes</td>
<td>yes no</td>
</tr>
<tr>
<td>Asthma</td>
<td>yes no</td>
</tr>
<tr>
<td>Speech problem</td>
<td>yes no</td>
</tr>
<tr>
<td>Earaches</td>
<td>yes no</td>
</tr>
<tr>
<td>Frequent nightmares</td>
<td>yes no</td>
</tr>
<tr>
<td>Vision loss</td>
<td>yes no</td>
</tr>
<tr>
<td>Hearing loss</td>
<td>yes no</td>
</tr>
<tr>
<td>Poor eating habits</td>
<td>yes no</td>
</tr>
<tr>
<td>Emotional problems</td>
<td>yes no</td>
</tr>
<tr>
<td>Emesis (bedwetting)</td>
<td>yes no</td>
</tr>
<tr>
<td>Difficulty sleeping</td>
<td>yes no</td>
</tr>
<tr>
<td>Allergies (list)</td>
<td>yes no</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has Your Child Had:</th>
<th>Please Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>A blood transfusion</td>
<td>yes no</td>
</tr>
<tr>
<td>Tonsillectomy/Adenoidectomy</td>
<td>yes no</td>
</tr>
<tr>
<td>Head injury (unconscious)</td>
<td>yes no</td>
</tr>
<tr>
<td>Convulsions/seizures</td>
<td>yes no</td>
</tr>
<tr>
<td>Chicken Pox</td>
<td>yes no</td>
</tr>
<tr>
<td>Scarlet Fever</td>
<td>yes no</td>
</tr>
<tr>
<td>Tuberculosis (self/family)</td>
<td>yes no</td>
</tr>
<tr>
<td>Rheumatic Fever</td>
<td>yes no</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>yes no</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>yes no</td>
</tr>
<tr>
<td>Heart problem</td>
<td>yes no</td>
</tr>
<tr>
<td>Epilepsy or other seizure disorder</td>
<td>yes no</td>
</tr>
</tbody>
</table>

Developmental Patterns:
Did your child crawl? yes no
Is your child on medication? yes no
Does your child stumble, fall or bump into things frequently? yes no
Age child talked (words) __________ yrs. _______ months
Age child spoke (sentences) ______ yrs. ______ months
Age child walked __________ yrs. _______ months

Is your child presently under medical treatment? yes no
If yes, indicate the reason ____________________________________________________________
Is your child easily understood by others? yes no
Please comment below on any "yes" answers from above. Also list hospitalizations, surgeries, serious accidents, or other illnesses or conditions which you feel that the school should know. All information will remain confidential except in cases where the classroom teacher would need to know about a student's medical condition for the benefit of the student ____________________________________________________________

Parent Signature ___________________________ Parent name (printed) ___________________________ Date ______

It is the mission of the Ridley School District to create a caring environment that gives all students the opportunity to achieve their fullest personal and academic potential in order to become productive and responsible citizens.

Revised 1/20/11

PLEASE COMPLETE OTHER SIDE
Early Childhood Information Sheet
Pre K & Kindergarten

Child's Name ____________________________

Date of Birth ________________  Home Phone # __________________

Address
________________________________________
________________________________________

Parent's Name __________________________________________

1. Has your child attended a Nursery School prior to Notre Dame?
   If so, please name _______________________________________

2. Has your child attended a Library Story Hour? ___________________

3. Is a language other than English spoken at home? ________________

4. Does your child have playmates his/her own age? _________________

5. Does your child have a hobby or some special interest? _____________

6. Does your child have any physical problems that we should be aware of?
   For example, an allergy, hearing, speech or vision problem?
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

7. Does your child have any fears we should be aware of? _______________
   _______________________________________________________
   _______________________________________________________

8. Does your child have an older brother or sister at this school? __________
   If yes, please list the names and grades of the siblings...
   _______________________________________________________
   _______________________________________________________

9. Do you have an occupation, hobby or pastime that you would be willing to share with our children? ________________

   _______________________________________________________

10. Please list additional comments or information about your child that you think might be helpful.
    _______________________________________________________
    _______________________________________________________
    _______________________________________________________
    _______________________________________________________
    _______________________________________________________


Notre Dame de Lourdes School  990 Fairview Rd  Swarthmore, Pa 19081  610-328-9330
HANDBOOK ACKNOWLEDGEMENT

I understand that the Notre Dame de Lourdes School Handbook is available for me to read on Option C as well as the school website. I understand that it contains important information on school policies, procedures, rules, and regulations. I understand that it is my responsibility to familiarize myself with the material in this handbook.

I further understand that Notre Dame de Lourdes/Our Lady of Peace Parish reserves the right to modify, revoke, suspend, terminate, or change any and all such rules, regulations, plans, policies, and procedures, in whole or in part, at any time, with or without notice.

Parent/Guardian Signature ___________________________ Date ________________

Parent/Guardian Printed Name ____________________________

Student(s) Names __________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Enter to Learn . . . Leave to Serve.
ACCEPTABLE USE POLICY
FOR TECHNOLOGY
Catholic Schools of the Archdiocese of Philadelphia

Student Internet Access Contract

I understand that when I am using the Internet or any other computer/telecommunications device, I must adhere to all rules of courtesy, etiquette, and laws, regarding the copying of information as prescribed by either Federal, State, or local laws, and the Archdiocese of Philadelphia and Notre Dame de Lourdes School.

My signature below and that of my parent(s) or guardian(s) signature means that I agree to follow the guidelines of this Acceptable Use Policy for Technology for the Catholic Schools of the Archdiocese of Philadelphia.

Student Name

Student Signature ______________ Date ______________

Graduation Year ______________

Grade ______________

Parent or Guardian: We ask that you review this policy with your child and sign below:

Student Access Contract

I hereby release Notre Dame de Lourdes School and the Archdiocese of Philadelphia, its personnel and any other institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child’s use of, or inability to use, the Internet Access, including but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing materials that are outlined by The Acceptable Use Policy for Technology for the Catholic Schools of the Archdiocese of Philadelphia. I will emphasize to my child the importance of following rules for personal safety.

As the parent or guardian of this student, I have read The Acceptable Use Policy for Technology for the Catholic Schools of the Archdiocese of Philadelphia for Notre Dame de Lourdes School. I hereby give my permission for my child to use the Internet and will not hold Notre Dame de Lourdes School or The Archdiocese of Philadelphia liable as a result of my daughter’s/son’s use of the Internet on school premises.

I understand that my child has agreed not to access inappropriate materials on the internet.

Parent/Guardian Signature ______________ Date ______________

Enter to Learn . . . Leave to Serve.
Notre Dame de Lourdes School
990 Fairview Road • Swarthmore, Pennsylvania 19081 • 610.328.9330 • info@notredamedelourdes.net

Parental Permission Form
General Technology Use
Including Web 2.0, Online Collaboration, Photos and Media Release

Permission is granted by the Parent/Guardian for the following:

- For my child to sign up for a personal account on approved educational sites and in accordance with the site and school guidelines.
- For my child to use his/her school created student email address or a teacher created class account when signing up for accounts.
- For my child to use his/her email to communicate with teachers, moderators, and/or other students regarding academics or other school related activities.
- For my child’s work to be published on the school website, the classroom wiki, and/or on other student classroom sites as prescribed by the teacher.
- For my child’s photo to be published on the school website, the classroom wiki, and/or on the other classroom sites as prescribed by the teacher. When photos are used in almost all cases names are not included. Names will be included with photos rarely and only in cases where there is special recognition such as with academic or sport awards.
- For my child’s photo to be published in the school newsletter, in the local newspapers, on school brochures, printed materials, and the Archdiocesan website.
- I give permission to the school to permit my child to participate in supervised interviews with the news media concerning events related to the school and its programs.
- I give permission for my child’s photo to be posted on the school or Archdiocesan website or social network page associated with the work of the classroom.

Permission is granted by the student for the following:

- For my work to be published on the school website, classroom wiki, and/or on other classroom sites as prescribed by the teacher.
- For my work to be published in the local newspaper and on school promotional materials.

I have read, understand, and agree to all of the above.

Student’s Name ___________________________________________               Grade ________

Student’s Signature _____________________________________               Date __________

Parent’s/Guardian’s Name ________________________________               Date __________

Parent’s/Guardian’s Signature ____________________________               Date __________

Enter to Learn . . . Leave to Serve.
PRIVATE PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE

DATE ____________ 20________

NAME OF SCHOOL _____________________________ GRADE _____ HOMEROOM ______

NAME OF CHILD _____________________________ DATE OF BIRTH _____ SEX _____

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

ADDRESS

No. and Street _____________ City or Post Office _____________ Borough or Township _____________ County ______ State ______ Zip Code ______

MEDICAL HISTORY

IMMUNIZATIONS AND TESTS

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>Enter Month, Day, and Year each immunization was given</th>
<th>BOOSTERS &amp; DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD</td>
<td>1 / / 2 / / 3 / /</td>
<td>4 / / 5 / /</td>
</tr>
<tr>
<td>Polio (Circle): OPV, IPV</td>
<td>1 / / 2 / / 3 / /</td>
<td>4 / / 5 / /</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>1 / / 2 / /</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>1 / / 2 / / 3 / /</td>
<td></td>
</tr>
<tr>
<td>HIB</td>
<td>1 / / 2 / / 3 / /</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>1 / / 2 / /</td>
<td>Varicella Disease or Lab Evidence Date:</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ MEDICAL EXEMPTION  The physical condition of the above named 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 the parent/guardian)

If Applicable:

<table>
<thead>
<tr>
<th>Tuberculin Tests</th>
<th>Date Applied</th>
<th>Arm</th>
<th>Device</th>
<th>Antigen</th>
<th>Manufacturer</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date Read</td>
<td>Results (mm)</td>
<td></td>
<td></td>
<td></td>
<td>Signature</td>
</tr>
</tbody>
</table>

Follow-Up of significant tuberculin tests:
Parent/Guardian notified of significant findings on ________________________

Result of Diagnostic Studies:
Preventive Anti-Tuberculosis — Chemotherapy ordered. ☐ No ☐ Yes Date ________
### Significant Medical Conditions

If Yes, Explain:

- [ ] Allergies
- [ ] Asthma
- [ ] Cardiac
- [ ] Chemical Dependency
  - Drugs
  - Alcohol
- [ ] Diabetes Mellitus
- [ ] Gastrointestinal Disorder
- [ ] Hearing Disorder
- [ ] Hypertension
- [ ] Neuromuscular Disorder
- [ ] Orthopedic Condition
- [ ] Respiratory Illness
- [ ] Seizure Disorder
- [ ] Skin Disorder
- [ ] Vision Disorder
- [ ] Other (Specify)

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify:

#### Report of Physical Examination

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Abnormal</th>
<th>Not Examined</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height (inches)</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Weight (pounds) BMI</td>
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<tr>
<td>Pulse (</td>
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</tr>
<tr>
<td>Blood Pressure</td>
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<tr>
<td>Hair/Scalp</td>
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<tr>
<td>Skin</td>
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<tr>
<td>Eyes/Vision</td>
<td></td>
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<tr>
<td>Ears/Hearing</td>
<td></td>
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<tr>
<td>Nose and Throat</td>
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<tr>
<td>Teeth and Gingiva</td>
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</tr>
<tr>
<td>Lymph Glands</td>
<td></td>
<td></td>
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<tr>
<td>Heart – Murmur, etc</td>
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<tr>
<td>Lung – Adventitious Finding</td>
<td></td>
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<tr>
<td>Abdomen</td>
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<tr>
<td>Genitourinary</td>
<td></td>
<td></td>
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<tr>
<td>Neuromuscular System</td>
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<td></td>
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<tr>
<td>Extremities</td>
<td></td>
<td></td>
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<tr>
<td>Spine (Presence of Scoliosis)</td>
<td></td>
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</tr>
</tbody>
</table>

Date of Examination

Signature of Examiner

PRINT Name of Examiner

Address

Telephone Number
Dear Parents:
The Pennsylvania School Health Law requires dental screenings for children--one upon entrance into school, one in third grade and one in seventh grade. These grades were selected because they represent critical periods of growth and development in a child’s life.
We recommend you take your child to your private dentist before February 1 and return the following form to the school nurse.

If the school nurse has not received the completed form by **October 1st**, the school dentist or school dental hygienist will schedule your child for a dental examination.

Thank you for your interest and cooperation.

---

**FAMILY DENTIST REPORT**
*(Please print all information)*

School District ___________________________ County ___________________________
 Student’s name ___________________________ Birth date ___________ Male or Female
 Home Address ___________________________ City ___________ State ______ Zip ______

The above named child last visited my office on ________________ (mm/dd/yr)

At that time, all necessary dental corrections had been made. Yes No

If the answer is No, please complete the following:

This child is in need of treatment for one or more of the following:

- Primary Teeth Filings Extractions
- Permanent Teeth Filings Extractions
- Diseases of the supporting tissues
- Gross Malocclusion, which is producing a facial deformity or is interfering with function
- Cleft Palate and/or Cleft Lip
- Other Congenital Malformations
- Prosthetic Replacements for Lost or Missing Teeth

This child is currently under treatment Yes No

Signature of dentist ___________________________ Date ___________

Name of dentist (printed) ___________________________

Phone number for dentist’s office ___________________________

Address of dental practice ___________________________

Student’s current grade ___________ Homeroom teacher ___________________________

Rev. 5/27/09  RHS 5