

## **REGISTRATION PROCESS FOR PREK-3, PREK-4, KINDERGARTEN AND GRADE 1**

All registrations must be submitted with ALL of the items listed below. No registration will be accepted without all of the necessary documents. Your child will not be considered for acceptance into Immaculate Heart of Mary School until all forms have been received and approved.

Pre-K3:	Child must be 3 years of age on or before September 1, 2019
Pre-K4:	Child must be 4 years of age on or before September 1, 2019
Kindergarten:	Child must be 5 years of age on or before September 1, 2019
Grade 1:	Child must be 6 years of age on or before September 1, 2019

All incoming Kindergarten students and 1<sup>st</sup> Graders will be scheduled for testing in the Spring of 2019. Registered families will be notified of this date after Monday, April 15, 2019.

Once your child's application is complete, please contact Traci Kovach, Director of Finance and Development, for an appointment to enroll your child and provide your registration materials. Appointments are scheduled on Tuesdays, Wednesdays or Thursdays between 9:00 am and 2:00 pm. Please email [tuition@iheartmary.org](mailto:tuition@iheartmary.org) or call 215.483.1103 for your appointment. Immaculate Heart of Mary enrolls on a "rolling application" process. Please note that preference is given to current Immaculate Heart of Mary students.

### **DOCUMENTS WHICH MUST BE ATTACHED TO YOUR APPLICATION:**

\_\_\_\_\_ Non-refundable Registration Fee in the amount of \$330.00.

\_\_\_\_\_ Birth Certificate for your child.

\_\_\_\_\_ Baptismal Certificate, if applicable. If baptized at Immaculate Heart of Mary Church, only baptismal date is needed on the application.

\_\_\_\_\_ Current Immunization Form from your child's pediatrician, along with the completed Health History Form, which is attached to the application.

\_\_\_\_\_ If you are divorced or separated, attach a copy of the most recent court order pertaining to custody arrangements.

\_\_\_\_\_ Test Results, if applicable. This includes any psychological testing, educational disability testing, IEP/504.



**IMMACULATE HEART OF MARY SCHOOL**  
**APPLICATION FOR ADMISSION 2019/2020 SCHOOL YEAR**  
**PreK 3 through Grade 1**

Applications for Admission to Immaculate Heart of Mary School are considered without regard to race, color, gender or national origin.

Date of Application: \_\_\_\_\_ Applying for Grade \_\_\_\_\_ for 2019/2020 school year

PK 3 Students only: \_\_\_\_\_ 5 day program \_\_\_\_\_ 3 day program (Tu/W/Th only)

Student Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Home or Cell (please circle)

Religion: Catholic \_\_\_\_\_ Parish in which you are registered: \_\_\_\_\_

Non-Catholic: \_\_\_\_\_ What denomination: \_\_\_\_\_

Is Bus Transportation required (for Grade 1 only)? (please circle) Yes No

Student lives with (please circle): Both Parents Father Only Mother Only Joint Custody  
Other: \_\_\_\_\_

Father's First and Last Name: \_\_\_\_\_ Living or Deceased

Religion: \_\_\_\_\_

Address (if not the same as child): \_\_\_\_\_  
\_\_\_\_\_

Cell Number: \_\_\_\_\_ Spouse's Name (if other than mother): \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_  
\_\_\_\_\_



Mother's First and Last Name: \_\_\_\_\_ Living or Deceased  
 Religion: \_\_\_\_\_

Address (if not the same as child): \_\_\_\_\_  
 \_\_\_\_\_

Cell Number: \_\_\_\_\_ Spouse's Name (if other than father): \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Siblings:**

Name: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade in Fall 2019: \_\_\_\_\_  
 Name: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade in Fall 2019: \_\_\_\_\_  
 Name: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade in Fall 2019: \_\_\_\_\_

**Any other relatives presently attending Immaculate Heart of Mary School?**

Name: \_\_\_\_\_ Grade in Fall 2019: \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade in Fall 2019: \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade in Fall 2019: \_\_\_\_\_

**Sacramental Information**

Sacrament	Date Rec'd	Church	City	State
Baptism				

**Education Information**

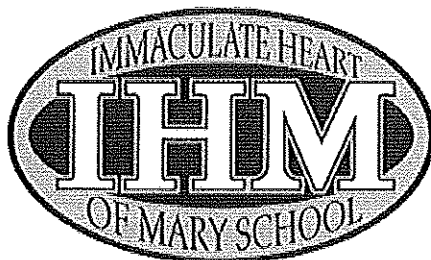
**Previous School(s) Attended (beginning with current school):**

1. \_\_\_\_\_  
 (Current school) (Address) (City and State) (Phone) (Current Grade)

2. \_\_\_\_\_  
 (Previous school) (Address) (City and State) (Phone) (Grades Attended)

3. \_\_\_\_\_  
 (Previous school) (Address) (City and State) (Phone) (Grades Attended)





Parental Agreement for Admission

(to be completed for Non-Catholic Students only)

It is our (my) wish that our (my) child(ren) attend Immaculate Heart of Mary Parish Elementary School. I (we) understand that our (my) child(ren) is (are) obligated to attend classes, study and actively participate in Religion class and to fulfill the requirements for this subject, and also, to attend all religious functions offered as a part of the school curriculum. I (we) agree that I will not request that my child(ren) be removed from Religion class or liturgical functions nor will I (we) remove them from these functions.

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

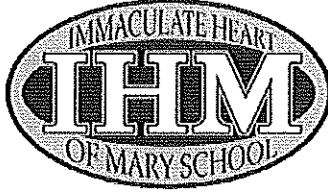
I (we) understand and agree that failure to comply with the terms of this agreement and its tenets, may result in a request to withdraw my child(ren) from the school.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



Emergency /Medical Information

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student lives with (please circle) Mother Father Both  
If student lives with a Guardian, please name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Emergency Contacts

<u>Name</u>	<u>Phone Number</u>	<u>Relationship to Child</u>
1.		
2.		
3.		

**Medical History:**

1. Does your child have any allergies? (please circle) Yes No  
If yes, please detail below:

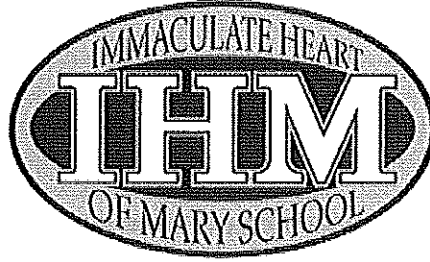
\_\_\_\_\_  
\_\_\_\_\_

2. Does your child have any existing medical conditions? (please circle) Yes No  
If yes, please detail below:

\_\_\_\_\_  
\_\_\_\_\_

3. Does your child need medication while in school? (please circle) Yes No  
If yes, please detail below:

\_\_\_\_\_



## Tuition Policy

1. All financial obligations must be paid in full by May 15 of calendar year.
2. The Annual Tuition is payable beginning in July and ending in April.
3. Tuition payments are to be made on a timely basis, that is, on or before the due date, regardless of who is responsible for the tuition or any portion of the tuition.
4. In order for a student to enter school in September, all installments through August 20 must be paid in full prior to the first day of school.
5. All tuition accounts must be current at the end of each trimester. If your tuition account is delinquent at the end of a trimester, your child/children will not be able to attend school when the next trimester begins until your account is current.
6. Consideration of a financial hardship may be afforded by the Director of Finance and Development with final approval from Principal Lowry and Father Casey.
7. In order for any student to participate in an end of the year class trip or field day, tuition must be paid in full.
8. In order for a student to participate in the 8<sup>th</sup> Grade class trip, graduation dance and graduation ceremonies, tuition must be paid in full by April 20 of the calendar year.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

THE SCHOOL DISTRICT OF PHILADELPHIA  
SCHOOL HEALTH SERVICES  
**REPORT OF PHYSICAL EXAMINATION**

Date Issued: {Date}		Student ID#:
<b>RECORD OF VACCINE ADMINISTRATION</b>		
(Please attach complete immunization record including serology results if available)		
<p>TO THE PARENT/GUARDIAN:</p> <p><i>I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.</i></p> <p>Parent/Guardian Signature _____ Date _____</p>		
<p>TO THE CARE PROVIDER (Please complete all items)</p> <p>Pennsylvania law requires that students attending school in the state be immunized and receive periodic medical examinations. Payment for these examinations is the responsibility of the parent/guardian. THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE.</p>		
<b>RECORD OF VACCINE ADMINISTRATION</b>		
(Please attach complete immunization record including serology results if available)		
<p>▪ Allergies _____ ▪ Date of last PPD _____ Result _____ mm</p>		
<p>Does this student have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Insurance Provider: _____</p>		
<b>RECORD THE FOLLOWING</b>		
1.	Visual Acuity: Without Glasses: R _____ L _____ With Glasses: R _____ L _____	
2.	Audiometric Screening: R _____ L _____	3. BP _____
4.	Height _____ inches/cm Weight _____ lb./kg BMI percentile _____	
5.	Scoliosis Screening: _____ Normal _____ Abnormal _____ Referred _____ No Referral	
6.	Activity Recommendation: _____ Full Physical Activity _____ Restricted Physical Activity (Must Complete Phys. E. Medical Exemption/Program Modification Form MEH-23)	
	Specify Restrictions: _____	
7.	List all medications currently being taken: Medications: _____ Reason: _____	
8.	List ALL problems by history or examination:	Circle status of problem
	1. _____ Under Care	Care Complete Referred
	2. _____ Under Care	Care Complete Referred
	3. _____ Under Care	Care Complete Referred
	_____ No Problems Identified	
Comments/follow-up treatment plan / Special instructions to school:		
Signature of Care Provider (REQUIRED)	Telephone Fax	Care Provider office stamp (REQUIRED)
Address	Date of Exam	



THE SCHOOL DISTRICT OF PHILADELPHIA  
**REPORT OF PRIVATE DENTAL EXAMINATION**

Name of School	Student ID	Date Issued	
Name of Student	Date of Birth	Room/Section/Book	Grade

**TO THE DENTIST**

*Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).*

*These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.*

*Thank you for your cooperation.*

UNDER TREATMENT / WORK BEGUN	COMPLETION OF WORK / NO TREATMENT NECESSARY
Date Work Begun	<input type="checkbox"/> No Treatment Required Now
Scheduled Follow-up Appointment	<input type="checkbox"/> All Necessary Dental Work Completed
Date of Dental Examination	Expected Completion Date

*Comments / Follow-up Treatment / Special Instructions to School*

Name of Dentist	Telephone
Signature of Dentist	Date Signed
Address	Fax Number

**IMPORTANT:**

**Return this form to:**

\_\_\_\_\_

Certified School Nurse/Practitioner

\_\_\_\_\_

School

\_\_\_\_\_

School Address

\_\_\_\_\_

Phone Number

