

FOR OFFICE USE ONLY

___ Birth Certificate
___ Baptismal Certificate
___ Report Card
___ Immunization Form

Date fee paid _____
Date of application _____
Date of acceptance _____
Date of withdrawal _____

**NOTRE DAME PARISH SCHOOL
Early Learning Center (ELC) – 8TH GRADE REGISTRATION FORM**

Please complete all information requested. One form per student. Information will be verified with previous schools. False information will nullify application.

Date _____

**Registering for grade: Pre-School, Pre-Kindergarten, Kindergarten,
1, 2, 3, 4, 5, 6, 7, 8 ~ We will be using the Before/After School care Yes ___ No___**

Student's name _____
Last First Middle

Home address _____

_____ City State Zip

Home phone number _____

Student's birth date _____ Female Male

Student Baptized? Yes No First Penance/Eucharist? Yes No

Church your family is registered at _____

Is student: ___ African American , ___ Asian, ___ Caucasian, ___ Hispanic/Latino,
___ Native American, ___ Native Hawaiian/Pacific Islander
___ Two or more races (Please list.) _____

What language(s) does your child speak? Please list in order of fluency. _____

PLEASE CIRCLE

How would you rate your child in *READING*? *below av. average above av. n/a*

How would you rate your child in *MATH*? *below av. average above av. n/a*

How would you rate your child in *LANGUAGE ARTS*? *below av. average above av. n/a*

In which of these areas does your child excel?

academic social interaction creative endeavors athletics

Has student previously attended a parochial school? *Yes No*
Which school?

Does your child have any learning disabilities? *Yes No*
If yes, please specify:

Has your child ever been retained? *Yes No*
If yes, please specify which grades:

Has your child demonstrated behavioral problems in any previous school? *Yes No*
If yes, please specify:

Has your child been asked to leave another school? *Yes No*
If yes, please specify:

Has your child been in any special classes? *Yes No*
If yes, please specify:

Does your child have any health problems? *Yes No*
If yes, please specify:

Is your child on any medications? *Yes No*
If yes, please specify:

Is your child presently involved in counseling? *Yes No*
If yes, please specify:

Is there any legal documentation concerning your child? *Yes No*
If yes, please specify:

SIBLINGS: List brothers and sisters under age 18 years living at home.

LAST NAME FIRST NAME AGE PRESENT SCHOOL

Other Adults living in this home.

Are you applying for admission for other children at Notre Dame School? Yes No
If yes, give name and grade entering:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

If space is not available at this time,

I would like my child on the waiting list

*I would accept available enrollment openings and keep other sibling(s)
on the waiting list.*

Please fill out pages 5 and 6 if your registering your child for Pre-School, Pre-Kindergarten, Kindergarten or before/after school care. All students attending Notre Dame Early Learning Center must have a yearly medical statement and a current immunization record on file before starting.

Please circle Yes or No

Has your child attended school/child care before? Yes No

Health

Has your child ever had trouble seeing? Yes No

Has your child ever had trouble hearing? Yes No

Has your child ever had trouble walking, climbing, reaching, holding on to things? Yes No

Does your child have allergies? Yes No

If yes, please list. _____

Is your child on medications? Yes No

Is yes, please describe. _____

Other conditions we should be aware of: _____

If your child needs to take medications at school, you will need to complete the Archdioceses of Denver Catholic Schools Authorization to Administer Medication Policy #2240.

Child's Development

Can your child wash and dry his/her own hands? Yes No

Can your child help with dressing or dress with little assistants? Yes No

Can your child speak so that he/she can be understood by others? Yes No

Can your child express his/her thoughts and needs easily? Yes No

Has your child been exposed to his/her written name? _____

Does your child know the letters in his/her name? Yes No

Is your child highly active? Yes No

Very quiet? Yes No

What form of discipline is your child exposed to at home? _____

Does your child play with blocks, boxes or other construction toys with help? Yes No

Does your child use crayons, and or markers for scribble or drawing? Yes No

Does your child listen to stories being read? Yes No

Does your child turn pages of a book and look at pictures? Yes No

Does your child recall stories or events? Yes No

Does your child talk with your friends/relatives who come to visit? Yes No

Does your child follow simple, age-appropriate directions? Yes No

What are your child's favorite activities? _____

Does your child have any fears? _____

What responsibilities does your child have at home? _____

How many hours a day does your child spend in front of a screen? _____

Has your child been exposed to the computer? Yes No

Is there anything else you would like to share with us about your child?

Throughout the year, we may take photographs videos of the children as they work and play. These photos will be used in the Early Learning Center and the School. The Catholic Register and other media organizations may also come out to photograph the children in various school activities. We need your permission for your child to take part. Photographs or likenesses will not be for commercial use. Please contact us if you have questions. Yes No

On occasion, children have soiling accidents (due to art projects, spilt liquids, potty accidents etc.) If your child does not have a change of clothes what procedures would you like us to take:

Call you to come and change. Yes No

Use clothing we have available? Yes No

On occasion, the children will take supervised short walks around the Notre Dame School and Church grounds. Does your child have permission to take part in these activities? Yes No

I give permission for the staff at the ELC to apply a sunscreen product to my child that I have sent in from home (please label). I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

Yes No

Please send us a picture of your child for our records.

School Emergency Information

In an emergency, if neither parent/guardian can be reached, call:

Name _____ Relationship _____

Home # _____ Work # _____

Address _____

Doctor _____ Insurance Company _____

Phone # _____ Policy# _____

Address _____

Dentist _____ Insurance Company _____

Phone # _____ Policy# _____

Address _____

Hospital Choice in case of an emergency _____

(Notre Dame staff will call 911 in an emergency. Paramedics may decide which hospital your child will be transported to in case of a serious or life-threatening emergency. It is understood that in all cases requiring ambulatory transport and/or medical attention the ELC, Notre Dame School, Archdiocese, or the person responsible for obtaining this medical aid will not be responsible for expenses incurred. All expenses for medical or ambulatory care will be the responsibility of the students' parent or guardian.)

Authorization to Pick Up

Please list people that are allowed to pick up your child including older siblings from Notre Dame school and Day Care.

_____ Cell Phone # _____

Relationship _____ Work Phone # _____

_____ Cell Phone # _____

Relationship _____ Work Phone # _____

_____ Cell Phone # _____

The following persons are NOT allowed to pick up my child from Notre Dame.

Please note that Notre Dame School and Early Learning Center cannot refuse to release a child to a parent unless a court order, signed and dated by a judge, is on file in our office.

Consent, Medical Care Authorization, and Release
Reference: Administrator's Manual Policy # 2240

We consent for our child(ren), to participate and attend Notre Dame Parish School and any activity or trip sponsored by the school of the Archdiocese of Denver or any of its affiliated agencies. In exchange for the participation of our child(ren) in such activities, we agree to the following.

We authorize the Designated Supervisor(s) to authorize and consent to any medical care for our child(ren) that he or she reasonably believes necessary, including, but not limited to, hospitalization or surgery. We agree to pay any expenses related to such medical care. We understand and acknowledge that the Designated Supervisor(s) will attempt to obtain our permission by telephone before authorizing or consenting to any medical care for our child(ren) if time and conditions permit.

We understand and acknowledge that any medical expenses related to illness or injury to our child(ren) are not covered by any insurance program maintained by the Archdiocese of Denver, and that we are responsible for such expenses.

We, individually, and in our capacities as parent and guardians acting on our own behalf and on behalf of our child(ren), release the Archdiocese of Denver, and all of its affiliated agencies, schools, and their respective priests, religious men and women, deacons, teachers, principals, agents, employees, and volunteers, from all demands, claims, or liability, in law or in equity, which has arisen or may arise, for any damage, loss, illness or injury to our child(ren), including but not limited to claims arising out of allergic reactions, and waive any such demands, claims, or liability.

We further agree to indemnify and hold harmless the Archdiocese of Denver, as well as, any of its affiliated agencies and their respective agents, directors, officers, employees, and volunteers, from any and all claims demands made against any of them for any damage, loss, illness or injury to our child(ren).

NOTICE: This is an application form for Notre Dame Parish School. Acceptance of this form on the part of the school does not imply or guarantee acceptance and admission into Notre Dame Parish School. Each student will be interviewed, and references checked. The principal will make final determination regarding admission after all information is complete. Notre Dame will not ordinarily accept students who are one or more years below grade level. Refer to Handbook for complete admissions policy.

Parent/Guardian Signature _____ *Date* _____

Please tell us where you heard about, or who told you about Notre Dame Parish school.

Thank you!