ST. IGNATIUS LOYOLA
REGIONAL SCHOOL
Faith In Every Child

Dear Parents/Guardians:

Saint Ignatius Loyola Pre-Kindergarten is committed to providing a high quality education in the Catholic tradition. The faculty, staff and administration work each day to achieve this goal and to meet the needs of every student. Saint Ignatius provides children an opportunity to learn in a nurturing environment where they develop spiritually, academically and socially.

The Pre-Kindergarten is very blessed to have highly qualified and dedicated teachers. These teachers make countless contributions to the school and parish community. They ensure the advancement of Catholic education.

We thank you for your interest in Saint Ignatius Loyola Early Learning Center. Enclosed you will find application and registration materials. Please submit forms to Teresa Henshaw at THenshaw@stignatiusvikings.org. Please make sure the following information is submitted:

- ☐ Registration Form
- ☐ Registration & Activity Fee
- ☐ Birth Certificate
- ☐ Immunization Records
- ☐ Medical Form
- ☐ Dental Form
- ☐ Religious Education Form
- ☐ Baptismal Certificate
- ☐ Tuition Preference Form

We look forward to having the opportunity to educate your child.

Carolyn Reed Wood

Carolyn Reed Wood
Principal

2700 St. Albans Drive, West Lawn, PA 19609
Tel: 610-678-0111 | Fax: 610-670-5795
www.stignatiusvikings.org

St. Ignatius Loyola Early Learning Center

Faith in Every Child

2700 St. Albans Drive ◆ West Lawn, PA. 19609

◇ Birth Certificate ◇ Baptismal Certificate
◇ Immunizations ◇ FACTS Registration
◇ Medical Forms ◇ Accept
◇ Dental Forms ◇ Option C
◇ Rel. Ed Forms ◇ Parish Verified

FOR OFFICE USE
FACTS Option_____
Reg. Fee $ _____Activity Fee $ _____
Check No. _____ Date _____

3 Day AM____ Full (M-W-F)
4 Day AM____ Full____ (M-T-W-TH) Referred by: _____
5 Day AM____ Full____ (MON-FRI)

Registration

Pre Kindergarten

Student Name _____ _____ _____ _____
First Middle Last Name to be used in school

Home Address _____ _____ _____ _____ _____
Street City State Zip Home Phone

Guardianship _____ _____ _____
Name of step parent (if applicable) Phone

Is your child adopted? ☐ Yes (please provide adoption certificate) ☐ No

Child's Age _____ Date of birth _____ Place of birth _____

Person Financially responsible for tuition;_____ (Please note: Tuition rates are based on active membership of child and parent/guardian either at St. Ignatius Loyola or St. Francis de Sales Parish)

Father's Name _____ _____ _____ _____
Last First Address if different from student's Phone if different from student's

☐ Check if deceased Father's place of birth_____

Father's Daytime Phone _____ Employer _____ _____ _____
City State

Father's Occupation _____ Father's Education _____

Father's Cell Phone/Pager _____ Father's E-mail Address _____

Father's Ethnicity ☐Caucasian ☐African-American ☐Asian/Pacific Islander ☐American Indian ☐Hispanic ☐Multi-racial
Marital Status _____ Religion _____ Parish _____

Mother's Name _____ _____ _____ _____
Last First Address if different from student's Phone if different from student's

☐ Check if deceased Mother's place of birth_____

Mother's Daytime Phone _____ Employer _____ _____ _____
City State

Mother's Occupation _____ Mother's Education _____

Mother's Cell Phone/Pager _____ Mother's E-mail Address _____

Mother's Ethnicity ☐Caucasian ☐African-American ☐Asian/Pacific Islander ☐American Indian ☐Hispanic ☐Multi-racial
Marital Status _____ Religion _____ Parish _____

Emergency Contact (other than parents) and Medical Information

Name _____ _____ _____ _____ ☐cell ☐home ☐work
Last First relationship Phone

Name _____ _____ _____ _____ ☐cell ☐home ☐work
Last First relationship Phone

Student Physician _____ Phone _____

Student Dentist _____ Phone _____

Allergies _____ Treatment _____
food, drug, bee sting, other

I, the parent/guardian of , the parent/guardian of_____ authorize St. Ignatius Loyola Regional School , in the Wilson School District, personnel to provide first aid services to my child as stated in the standing orders prescribed by the Wilson School District physician. In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to make whatever arrangements appear necessary for the immediate care of my child.

Hospital preferred _____ (In an emergency requiring so, the nearest hospital will be used.)

I give my permission for the school nurse or her designee to administer the following medications to my child according to the school's standing medication orders:

YES	NO	
		Acetominophen (fever, headache, pain) (Provided by Parent)
		Benadryl (allergic reactions) - Please note, the nurses avoid using Benadryl for mild seasonal allergies since it may make students sleepy, however it is possible it may be needed for more serious allergic reactions such as hives, insect sting and food reactions, etc.
		Mylanta or Maalox (upset stomach)
		Ibuprofen (cramps, muscular/skeletal pain, severe headaches) (Provided by Parent) 7th & 8th Grades only

_____ _____
Parent or legal guardian signature **Date**

Note: The following first aid supplies (or their generic substitutes) are also used to treat students in the health room: EpiPen Kit- for severe allergic reactions, Albuterol- for severe breathing difficulty (Parents should provide students' own EpiPen or asthma meds when known problem), Bacitracin ointment, sterile eyewash (eye irritation or foreign body in eye), PhisoDerm cleanser, alcohol, calamine lotion, sterile saline solution (contact lenses), vinyl and latex gloves. If your student has an allergy to any of these products, please list the allergy on the "Food and drug allergy" line below.

LIST ALL CURRENT MEDICATIONS:

Medication/Dosage/Time Given:	Taken For:

STUDENT'S MEDICAL HISTORY: Please check yes or no for each

	Yes	No	Explain further where needed
ADD/ADHD			
Asthma			
Diabetes			
Bee Sting Allergy			
Glasses/Contacts			For distance, near, or constant wear:
Hearing Difficulties			
Seizure Disorders			
History of major illnesses or surgeries			List:
Condition limiting physical education			Describe:
Other chronic or recurrent condition			List:

If you have answered **yes** to any of the above health conditions, please write the plan of action you want the school nurse to take when the health condition arises. The school nurse may need to contact you to have a medical plan of action completed by your child's physician.

Child's Gender ☐Female ☐Male Entering Grade ____ Number of Brothers ____ Number of Sisters ____
Check one

Is another language spoken at home? ☐ Yes,_____ ☐ No

Does your child have speech difficulty? _____ Does your child have hearing difficulty? _____

Does your child have any particular fears that we should know about? _____

Does your child exhibit any particular habits (thumb sucking, nail biting, etc)? _____

Has your child received any special services (counseling, etc)? ☐ Yes, because _____ ☐ No

What are your child's strengths and interests? _____

Other comments

_____

_____

_____

The following individuals are authorized to pick up my child from Saint Ignatius Loyola Preschool.

1._____ 3._____

2._____ 4._____

5._____ 6._____

St. Ignatius Loyola Preschool
Faith in Every Child
2700 St. Albans Drive ◆ West Lawn, PA. 19609

Diocese of Allentown
HOME LANGUAGE SURVEY*

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for identification.

School District: _____

Name of Child: _____ **Date:** _____

Address: _____ **Grade:** _____

School: _____ **Birthplace:** _____

1. What is/was the student's first language? _____
2. Does the student speak a language(s) other than English? ☐ Yes ☐ No

   If yes, specify the language(s): _____
3. What language(s) are spoken in your home? _____
4. Has the student attended any United States school in any 3 years during his/her lifetime? ☐ Yes ☐ No

   If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian): _____

Parent/Guardian signature: _____

*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.

ST. IGNATIUS OF LOYOLA
OFFICE OF RELIGIOUS EDUCATION

R: 1/95

Parish Sacramental Information - Please complete for each student being registered in St. Ignatius School.

Student Information:

Student Name: _____
First Middle Last

Date Registered in School: _____ Sex: _____ Grade: _____

Marital Status of Parents: _____ Child resides with: _____

Mailing Information: Please complete for Parent/Guardian

Name: _____

Address: _____

City: _____

Phone: Home: _____ Father Work: _____ Mother Work: _____

Parish Registration: ☐ St. Ignatius ☐ Other (Explain) _____

In what Religion/Faith is this child being raised: _____

Parent Information:

Birth Father: _____ Religion: _____
First Middle Last

Birth Mother: _____ Religion: _____
First Middle Maiden

Step - Parent: _____ Religion: _____
First Middle Last

Student Sacramental Information:

Date of Birth: _____ Place of Birth: _____

Baptism: Date: _____ Church: _____ Address: _____

☐ Baptismal Certificate Attached.

Note: Baptismal Certificate required, if not Baptized at St. Ignatius.

Penance:
Date Received: _____ Church: _____ City, State: _____

Communion:
Date Received: _____ Church: _____ City, State: _____

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

St. Ignatius Loyola Regional School
Faith in Every Child
2700 St. Albans Drive ◆ West Lawn, PA 19609

Tuition Payment Preference Form

Parent/Guardian Name _____

Student Name(s) and Grade(s) _____

Pre-Kindergarten-Grade 8

☐ **OPTION 1 –** Single payment due June 1. **Amount due $** _____
2% discount is applicable to tuition of first child, in K-8 only, if received on or before June 1.

☐ **OPTION 2 –** Two payments due June 1 and December 1. **Amount due $** _____

☐ **OPTION 3 – FACTS** monthly payment plan. Payments are budgeted over a 12 month period beginning in June. Payment will automatically be withdrawn from your account on the 5th or 20th of the month.

Amount due each payment $ _____

PLEASE NOTE: If you select Option 3 you will be charged an administrative fee of $35.00 from **FACTS** Management Company.

I agree to make tuition payments according to one of the options above.

_____ _____
Parent/Guardian Signature Date