

OUR LADY OF ANGELS REGIONAL SCHOOL
 2130 Franklin Avenue
 Morton, Pennsylvania 19070
 610.543.8350
 pmcgraw@olaschool2.com



Forming Future Leaders In Faith

**NEW STUDENT REGISTRATION CHECKLIST
 2019-2020**

Registration is not complete or guaranteed until all appropriate forms are submitted.

STUDENT NAME	
GRADE IN SEPTEMBER (please circle)	K 1 2 3 4 5 6 7 8
	Pre 3 and Pre K 4 3 days p/t 3 days f/t 5 days p/t 5 days f/t

ALL STUDENTS [Due at Time of Registration]

\$275.00 COMMITMENT FEE [will be deducted from tuition balance]	
PARISH SUBSIDY VERIFICATION FORM [Catholic families only]	
MEMORANDUM OF UNDERSTANDING	
REGISTRATION FORM	
FACTS ON FACTS	
PA TEXTBOOK LOAN REQUEST	
PARENT PERMISSION FORM FOR GENERAL TECHNOLOGY USE	

ADDITIONAL FORMS

IMMUNIZATION RECORD [from pediatrician] *new students only	
BIRTH CERTIFICATE [copy] *new students only	
BAPTISMAL CERTIFICATE [copy] *new students only	
SOCIAL SECURITY CARD [copy] *new students only	
FINAL REPORT CARD [transfer students only]	
DISTRICT HEALTH HISTORY [transfer students only]	
LATEST REPORTCARD [transfer students only]	
CARES PROGRAM REGISTRATION FORM [AM and/or PM]	

ADDITIONAL MEDICAL FORMS [Found on website under Parent Resources- School Nurse]

PHYSICIAN'S EXAM REPORT [due by September 1, 2019]	
DENTAL EXAM REPORT [due by September 1, 2019]	

Office Use Only: ALL required documents/forms/fees received _____

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Parish Subsidy Verification

Policy: Only **registered, participating and contributing** members of a parish are eligible for a Participating Parishioner Tuition Rate and a Parish Subsidy for their child(ren) enrolled in Our Lady of Angels Regional Catholic School.

Instructions: *If you are in compliance with the above policy, please complete PART A, and take or mail this form to the rectory office at your parish to have it **signed and sealed** with the parish seal, giving OLA permission to charge the Participating Parishioner Tuition Rate and to bill your parish for a Tuition Subsidy. Allow 5 business days for your parish to process this form.*

This completed form is part of the OLA Registration Packet and must be included when you register to receive the Participating Parishioner Rate and a Parish Subsidy.

PART A:

Parent(s)/Guardian(s) _____ Phone# _____

Street Address: _____

City _____ State _____ Zipcode _____

Child(ren) *(if additional space is needed, please use reverse side):*

Name _____ Grade in September _____

Name _____ Grade in September _____

Name _____ Grade in September _____

PART B:

The family listed above has met the necessary requirements to be considered a participating, contributing member of our parish. They are eligible to receive the Participating Parishioner Rate at Our Lady of Angels Regional Catholic School. In addition, our parish agrees to pay a Tuition Subsidy for each child in this family who is enrolled in Our Lady of Angels Regional Catholic School.

Pastor (or authorized person)

Date

Seal

Parish: _____

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MEMORANDUM OF UNDERSTANDING

Every Catholic school student has a right to be treated as a child of God, with the love and respect that implies, regardless of family circumstances. In like manner, the believing community has the right to an education guided by Catholic teaching and identity, unimpeded by pressures contrary to Church teaching.

As parent/guardian of a student in a Catholic school, we understand, affirm, and support the following:

1. Attending a Catholic school is a privilege, not a right.
2. The primary purpose of a Catholic school education is two-fold: to strengthen the Catholic community in its faith, and to form students in the teachings of Jesus Christ and the Catholic Church.
3. Catholic schools are distinctive religious education institutions guided by the teachings of the Catholic Church. They are not simply private schools offering a positive moral code. Rather, they exist to advance the faith mission of the sponsoring Catholic parish(es), Archdiocese, or Catholic religious community.
4. While Catholic education places a high value on academic excellence and extracurricular achievement, its fundamental priority is fidelity to Catholic teaching and identity.
5. The school and its administration have the responsibility to ensure that Catholic teaching and moral integrity permeate every facet of the school's life and activity and that the school is able to function as a community of faith.
6. In all questions that involve Catholic teaching, morals, and Church law, the final determination rests with the Archbishop.

As parents/guardians, desiring to enroll my/our child in a Catholic school, I/we accept this memorandum of understanding. We pledge support for the Catholic identity and mission of this school and by enrolling my/our child we commit ourselves to uphold all principles and policies that govern the Catholic School.

Parent/Guardian (**Please print**)

Date

Parent/Guardian Signature

Date

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New Student Information – Please Print Clearly

_____ Last Name			_____ First	_____ Middle	_____ Date of Birth	_____ Grade Entering (Note Full or Half Day for Pre-K or Kinder)
_____ Address					_____ Sex	_____ Ethnicity
_____ City		_____ State	_____ ZIP	_____ Home Telephone	_____ Social Security Number	
_____ Public School District of Residence				_____ School Previously Attended (Include City and State)		

Parish or Church in which your family is registered **and** financially supports (Weekly Envelopes):

Will this child be using bus transportation? (Pre-K not eligible) Please circle Yes No

Mother: Cell Phone _____ E-mail address: _____

Father: Cell Phone _____ E-mail address: _____

Sacramental Information:

	<u>Date</u>	<u>Church</u>	<u>City</u>	<u>State</u>
Baptism	_____	_____	_____	_____
First Penance	_____	_____	_____	_____
First Eucharist	_____	_____	_____	_____
Confirmation	_____	_____	_____	_____

Family Background

_____ Father/Guardian Full Name	_____ Address (if different from child's)	_____ Phone #	_____ Religion	_____ Country of Birth
_____ Mother/Guardian Full Name	_____ Address (if different from child's)	_____ Phone #	_____ Religion	_____ Country of Birth

Home Situation (Check all that apply):

- Two biological parents One parent Mother/Stepfather
 Parents Separated/Divorced Father/Stepmother Other (specify) ____

Siblings/Ages: _____

Parental Rights (Check all that apply and attach copy of court order):

Legal Custody: Joint Custody Sole Custody (Mother Father Guardian)

Physical Custody: Joint Custody Sole Custody (Mother Father Guardian)

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REQUEST FOR SCHOOL RECORDS FROM:

_____ (Previous School)

_____ (Address)

_____ (Previous School Phone #)

STUDENT NAME: _____

DATE OF BIRTH: _____

The above student has registered for grade _____ in Our Lady of Angels Regional Catholic Elementary School for the 2019-2020 academic year. Would you please be so kind as to forward all records, including:

Educational _____ Medical _____ Psychological _____

Disciplinary _____ Remedial _____ Speech/Lang. _____

Sincerely,

Mrs. Susan Lowe

Principal

I, hereby, give my permission to release all of the above records to Our Lady of Angels Regional Catholic Elementary School.

(Parent/Guardian Signature)

(Date)



K-12 Solutions

2019/2020 Tuition Payment Change

ALL tuition payments in 2019/2020 school year will be processed through FACTS Management in place of Smart Tuition. (Information about FACTS will come at a later date)

The Facts on FACTS

- ✓ **All payment types and customizable dashboard reporting**
 - ✓ **24/7 phone support, instant chat, and text messaging**
 - ✓ **FACTS Financial Aid & Tuition systems are linked! One single sign on for both!**
 - ✓ **Online payment of fees, field trips etc. means OLA can continue its mission to be as paperless as possible! Go Green!**
 - ✓ **Ability to pre-pay for events and more with a Pre-Pay account**
 - ✓ **Itemized Invoices**
 - ✓ **Instant access to your tax statements every year**
 - ✓ **Access to each child's account with one username if children are enrolled in separate schools that use FACTS.**
- *All Archdiocesan high schools are now required to use FACTS.***

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PA Loan of Textbook Form 2019-2020

Dear Parent/Guardian:

State legislation authorizes the loan of textbooks, instructional materials, 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 nonpublic 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 the school immediately. Thank you for your continued assistance and cooperation.

Peace and good,

Mrs. Susan Lowe
Principal

***CERTIFICATE OF INDIVIDUAL REQUEST FOR LOAN OF TEXTBOOKS,
INSTRUCTIONAL MATERIALS AND EQUIPMENT***

I hereby request the loan of textbooks, instructional materials and equipment in accordance with the Pennsylvania School Code of 1949 for my child(ren) attending Our Lady of Angels Regional Catholic School in Morton, PA.

Family Name: **(Please Print)** _____

Parent/Guardian Signature: _____

Students: _____
(Please Print) _____

This program is available to ***Pennsylvania residents only.***

(This form is to remain on file at the school.)

Date: _____

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Parent Permission Form for General Technology Use

During your child’s formative years at the elementary and secondary level, an understanding of technology, including Web 2.0 tools, will be used that will assist them in their learning over the course of their school experience. New tools arise every day and your children will be expected to become highly productive effective communicators, inventive thinkers, and masters of technology.

In the use of technology in Our Lady of Angels Regional Catholic School, your child’s safety and security are our number one priority. All websites and tools have been, and will continue to be, thoroughly examined by experienced educators, and are commonly used in education today.

In order for your child to take advantage of, and participate fully in our school technology program, ***we ask that you give your permission for:***

- A personal account on approved educational sites (when age/grade appropriate)
- A school created student email address (when age/grade appropriate)
- Student ***work*** to be published on school or classroom websites
- Student ***photo*** be published on school or classroom website, local newspapers or school brochures and/or publications (names not usually included unless for special recognition)
- Participation in ***supervised interviews*** with the news media concerning school related events and/or programs

_____ I/we have read, understand and **grant permission** for all of the above.

_____ I/we **do not grant permission** for participation in all of the above.

Family Name: _____
(Please Print)

Parent/Guardian ***signature***: _____

Student Names: *(Please Print)*

_____ Grade:_____

_____ Grade:_____

_____ Grade:_____

_____ Grade:_____

Date: _____

RIDLEY SCHOOL DISTRICT

HEALTH SERVICES DEPARTMENT
901 MORTON AVENUE,
FOLSOM, PENNSYLVANIA 19033
(610) 534-1900 EXT. 1255
(610) 534-2335 FAX

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 _____

HEALTH HISTORY

Child's Name _____	Date of Birth _____
Street Address _____	Home Phone (Area Code) _____
City, State, Zip _____	
Father's Name _____	Work Phone (Area Code) _____
	Cell phone (Area Code) _____
	E-mail address _____
Mother's Full Maiden Name _____	Work Phone (Area Code) _____
	Cell phone (Area Code) _____
Do parents live together? Yes or No _____	e-mail address: _____
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) _____

Does Your Child Have:	Please Circle		Has Your Child Had:	Please Circle	
Frequent colds	yes	no	A blood transfusion	yes	no
Frequent sore throats	yes	no	Tonsillectomy/Adenoidectomy	yes	no
Diabetes	yes	no	Head injury (unconscious)	yes	no
Asthma	yes	no	Convulsions/seizures	yes	no
Speech problem	yes	no	Chicken Pox	yes	no
Earaches	yes	no	Scarlet Fever	yes	no
Frequent nightmares	yes	no	Tuberculosis (self/family)	yes	no
Vision loss	yes	no	Rheumatic Fever	yes	no
Hearing loss	yes	no	Pneumonia	yes	no
Poor eating habits	yes	no	Hepatitis	yes	no
Emotional problems	yes	no	Heart problem	yes	no
Enuresis (bedwetting)	yes	no	Epilepsy or other seizure disorder	yes	no
Difficulty sleeping	yes	no			
Allergies (list)	yes	no			

Developmental Patterns:

Did your child crawl?	yes	no	Is your child presently under medical treatment?	yes	no
Is your child on medication?	yes	no	If yes, indicate the reason	_____	
Does your child stumble, fall or bump into things frequently?	yes	no	Is your child easily understood by others?	yes	no
Age child talked (words)	___ yrs.	___ Months	Age child spoke (sentences)	___ yrs.	___ months
Age child walked	___ yrs.	___ months			

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 _____

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CARES PROGRAM

Dear Parents,

Thank you for the opportunity to work with your child in our after school program! We have enjoyed meeting new friends and are happy to have familiar faces as well.

We have many new families this year, so we wanted to send a reminder to everyone on how the Cares Program operates.

Our program runs daily from 2:50 – 6:00pm. Your child will be able to complete his/her written homework, participate in group play, and will be involved in various activities. Snacks and drinks must be provided by parents, or guardian.

The cost of the program is as follows:

BEFORE CARES 7:00AM - \$7.00 PER DAY

2:50 – 6:00pm

11:30 – 6:00pm

1 child: \$18 per day

1 child: \$29 per day

2 children: \$25 per day

2 children \$45 per day

3 or more children: \$30 per day

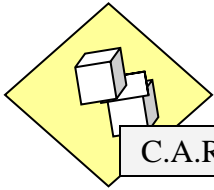
3 or more children: \$50 per day

Payment for CARES is due on the **MONDAY** of each week; payable in CASH, and or CHECK. Please make sure that you send your payment in with your child, in an envelope marked **CARES**, with your child's name and the days he/she will be attending. You may also make payment to the teacher on Monday afternoon when you pick your child up. Please have the exact amount. Any overpayment will be credited to your account for the following week.

Due to an overwhelming number of non-payments or late payments, we will no longer accept daily payments when you pick your child up. All monies are due at the beginning of the week-**NO EXCEPTIONS.**

Any parent, or guardian, who fails to make payment for two consecutive weeks, their child(ren) will be removed from the program until payment is made in full. Then, the child(ren) will be reinstated. We appreciate your support and understanding, and look forward to another successful year!

Mrs. Squadrito
Mrs. Franzen



OUR LADY OF ANGELS REGIONAL CATHOLIC SCHOOL

C.A.R.E.S. Program

Registration Form

Registration Fee \$20.00

Date Received _____

STUDENT'S NAME _____ MALE _____ FEMALE _____

DATE OF BIRTH _____ AGE _____ ENTERING GRADE _____

ADDRESS _____ CITY _____ STATE _____

HOME PHONE _____ EMAIL _____

MOTHER'S NAME _____ CELL # _____

WORK # _____

FATHER'S NAME _____ CELL # _____

WORK # _____

EMERGENCY PICK-UP (OTHER THAN PARENTS)

1. NAME _____ NUMBER _____ RELATIONSHIP _____

2. NAME _____ NUMBER _____ RELATIONSHIP _____

THE FOLLOWING PERSON(S) MAY NOT PICK UP MY CHILD(REN)

MEDICAL INFORMATION: (EXAMPLE: ALLERGIES) _____

ALL PAYMENTS MUST BE MADE ON THE MONDAY OF EACH WEEK.

PARENT'S SIGNATURES _____ DATE _____

PARENT'S SIGNATURES _____ DATE _____