

St. Francis Catholic School
2023-2024 Preschool Registration Form
PLEASE PRINT

Program Preferred:	Three Year Old Preschool Tuesday & Thursday 8:15-11:15	Four-Year-Old Morning Preschool T-F 8:15-11:15 Bible Lesson 8:15-8:30 Daily	Four-Year-Old Afternoon Preschool T-F 12:15-3:15 Bible Lesson 12:15-12:30 Daily
Circle One	Three Year Old Preschool Wednesday & Friday 8:15-11:15		

Contact Information

Student Name	Last	First	Middle
Child prefers to be called		Birthdate	Gender: M F
Birthplace	Country	State	City
Student Street Address		City	State/Zip Code
School District	Marshalltown	Other:	
Religion	Catholic	Christian	Other
Parish/Church Home	St. Francis of Assisi	Other Catholic Parish:	Other
Baptism	Date	Church	City/State
Parent #1 Name:		Parent #2 Name:	
Parent #1 Address (if different than above)		Parent #2 Address (if different than above)	
Cell Phone:		Cell Phone:	
<input type="checkbox"/> Resides with Parent/Guardian #1 <input type="checkbox"/> Resides with Parent/Guardian #2 <input type="checkbox"/> Resides with both			
Work Phone:		Work Phone:	
Employer:		Employer:	
Email:		Email:	

Family Information

Siblings M F	Name	Grade	School
M F	Name	Grade	School
M F	Name	Grade	School
Other persons residing in the home	Name	Relationship to child	Adult Child
	Name	Relationship to child	Adult Child

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Child Care Needs

_____ I plan to use St. Francis Catholic School Child Care before Preschool
_____ I plan to use St. Francis Catholic School Child Care after Preschool
_____ I plan to use St. Francis Catholic School Child Care before /after school hours

Please ask for a child care contract packet.

Home Language Survey

Is your child's home language English? Yes No

If no, please answer the following questions:

What language did your child learn when he/she first began to talk?

What language does your child speak at home?

_____ Only home language _____ Mostly home language/Some English _____ Home language and English both equally

What language does mother most frequently use when talking with child?

What language does father most frequently use when talking with child?

What language does your child understand?

_____ Only home language _____ Mostly home language/Some English _____ Home language and English both equally

If available, in what language would you like to receive school communication?

_____ English _____ Spanish _____ Other _____

Demographic Information

A. Ethnicity: (You must choose yes or no) Is this child Hispanic/Latino? Yes No

B. Race: (You may choose one or more) What is this child's race? _____ White _____ American
Indian/Alaskan Native _____ Asian _____ Black/African American
_____ Native Hawaiian/Pacific Islander

Archdiocese of Dubuque
2023/2024 Annual Parental/Guardian Consent Form and Liability Waiver
Valid date signed through 8-31-24

This Consent Form and Liability Waiver is required for and serves both on-site programs and off-site/field trip events/activities for the stated program year. This form needs to be completed annually for each student. To obtain the needed permission, contact, emergency and medical information you are requested to supply the needed information. As the specifics of each off-site/field trip event are known you will be required to complete an *Off-site/Field Trip Permission Form* outlining the specifics of each activity. **Please complete all sections.**

Section 1 - Contact Information

Child's Name: _____

Birthdate: _____ Gender: Female ☐ Male ☐

Parent/Guardian #1 Name: _____ Parent/Guardian #2 Name: _____

Parent/Guardian #1 Phone: _____ Parent/Guardian #2 Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Child's Address: _____

Section 2 - Off-site/Field Trip Consent Form and Liability Waiver

I, _____, grant permission for my child, _____

(Parent/Guardian's Name)

(Child's Name)

to participate in school/parish events this year that may require transportation to a location away from the school/parish site. The activities will take place under the guidance and direction of school/parish employees and/or volunteers of St. Francis Catholic School.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend, its officers, directors of St. Francis Catholic School and agents, and the Archdiocese of Dubuque, chaperones, or representatives associated with the events, arising from or in connection with my child attending the events or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Dubuque, chaperones, or representatives associated with the events for reasonable attorney's fees and expenses which they may incur in any action I/we may bring against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Archdiocese of Dubuque.

Signature: _____ Date: _____

Section 3 - Specific Medical Matters

I hereby warrant that, to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

Item A - Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact (Must name at least one Emergency Contact other than Parent/Guardian):

Emergency Contact #1 Name: _____ Phone: _____

Relationship to child: _____

Emergency Contact #2 Name: _____ Phone: _____

Relationship to child: _____

Child's Doctor: _____ Phone: _____

Child's Health Insurance: _____ Policy #: _____

Item B- Emergency Dental Treatment

Dentist Name: _____ Phone: _____

Child's Dental Insurance: _____ Policy #: _____

Item C- NonEmergency Medical Treatment

In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Archdiocese of Dubuque, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as vomiting, sore throat, fever, diarrhea, I want to be notified:

☐ Yes ☐ No If Yes, Please call: _____

Item D- On-site Nonprescription Medication Permission

I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child in the event symptoms arise after my child is already in attendance at the on-site program.

☐ Yes ☐ No

Item E- Specific Medical Information

The parish/school will take reasonable care to see that the following information will be held in confidence. Check/explain all that are applicable to this child/participant.

☐ Allergic reactions (medications, foods, plants, insects, etc.): _____

☐ Utilizes asthma or airway constricting prescription medication (see item 9.2 below).

☐ Has a medically prescribed diet? Describe: _____

☐ Any physical limitations? Describe: _____

☐ You should be aware of these special medical conditions of my child: _____

PICTURE RELEASE

I give permission for my child to be photographed for use by the school. I understand this may be used in media and/or newspaper. ☐ Yes ☐ No

Signature: _____ Date: _____

THIS FORM REPLACES PREVIOUS VERSIONS AS OF DATE SIGNED

Administration of Medication - Archdiocesan Catholic School Board Policy 5141, items 9-10

(For Catholic School Programs only)

9. Dispensing of prescription medication

1. For Catholic schools - Dispensing of prescription medication will be administered by a nurse or designated party with training and with the written consent of parent(s)/guardian(s). Prescription medication must be provided to the school in the original labeled container containing the physician's name, name of the medication, and dosage/frequency to be given. A record of each dose of medication administered will be documented in the pupil's health record.
2. Students utilizing asthma or airway constricting prescription medication are allowed to administer their own dosage provided a completed consent form is on file in the school/program office. Such forms must be filed annually.
3. Contraceptives will not be dispensed. Iowa Code §280.16

10. Dispensing of nonprescription medication may occur, provided the parent/guardian has signed and dated an authorization identifying medication, dosage, and time interval to be administered. Nonprescription medications can be provided on off-site field trips if the parent/guardian signs a nonprescription medication authorization for each off-site field trip.

