

**QUEEN OF THE ROSARY SCHOOL**  
**2024-25 RE-REGISTRATION FORM**  
**GRADES PRESCHOOL-8**

Please complete this form and return to the office with your registration fee to hold your child's place for next year. Please remember open registration for new families begins January 28, 2024. Only students who have re-registered and paid the fee will be put on the class list for next fall.

<b>FAMILY NAME</b>			
<b>ADDRESS</b>			
<b>CITY</b>		<b>ZIP</b>	
<b>PHONE</b>		<b><u>REGISTERED</u> PARISHIONER OF:</b>	
<b>Father's Email Address:</b>		<b>Mother's Email Address:</b>	

<b>STUDENT NAME</b>	<b>GRADE NEXT YEAR</b>	<b>IF <u>PRESCHOOL</u> SPECIFY:</b>
		AM <b><u>OR</u></b> FULL DAYS <b><u>AND</u></b> 3 <b>OR</b> 5 DAYS
		<b>IF <u>KINDERGARTEN</u> SPECIFY</b> AM <i>or</i> FULL DAY

A \$125.00 non-refundable registration fee is due with this form. If you have **both** a preschooler and a child(ren) in K-8, there is a **separate registration fee for both**. For example, you owe two registration fees totaling \$250.00 if you have a child in 4 year old preschool and another child in 1<sup>st</sup> grade. Your re-registration form & fee are to be returned to the Queen of the Rosary's School Office by **January 24, 2024**. If they are not in the school office by the January 24, 2024, **a late fee of \$25.00 will be charged**.

Please sign and date this form below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ If you are not returning next year, please check the box and complete the information below:

Name of New School: \_\_\_\_\_

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

\_\_\_\_\_

<b><u>FOR OFFICE USE ONLY</u></b>	CHECK NUMBER _____ CASH _____ DATE _____
-----------------------------------	--

## MEDICAL AND EMERGENCY NOTIFICATION INFORMATION AUTHORIZATION FOR MEDICAL TREATMENT

SCHOOL: QUEEN OF THE ROSARY SCHOOL

SCHOOL YEAR: \_\_\_\_\_

STUDENT NAME	DATE OF BIRTH	GRADE	LIST MEDICAL ALLERGIES and/or SIGNIFICANT MEDICAL HISTORY

**PLEASE PRINT**

Parent/Guardian:		Parent/Guardian:	
Home:	Work:	Home:	Work:
Cell:		Cell:	

Student's Physician:		Telephone:	
Address:	City:	State:	

Medical Insurance Provider:	Policy/Insurance #:
-----------------------------	---------------------

**EMERGENCY CONTACTS IN CASE PARENT / GUARDIAN CANNOT BE REACHED:**  
(Please list names other than the parent/guardian)

Name:	Name:
Relationship to Student:	Relationship to Student:
Telephone 1: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other	Telephone 1: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other
Telephone 2: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other	Telephone 2: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other

**MEDICAL RELEASE**

In the event that the undersigned, or my/our authorized physician, cannot be reached and in the judgment of the School Principal or his/her designee, there is a necessity for immediate examination and/or treatment of my/our child, I/we hereby request and authorize school personnel to obtain for my/our child such medical services as are deemed necessary. I/We agree to assume the medical and liability/insurance coverage and costs for any diagnosis/treatment and/or for medication deemed necessary. I/We understand that it may be necessary for myour child's medical condition to be disclosed to school personnel and/or medical providers and I/we expressly consent to such disclosure.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**This form will accompany students on field trips. It is the responsibility of the parent/guardian to update emergency information as necessary.**

## Queen of the Rosary School Emergency Information and Acknowledgements

Please print clearly.

Family Name:	Parent's last name if different from student:
Address:	Home Telephone #:
City:	Zip Code:

Student Names	Grade/Room	Date of Birth	Student Names	Grade/Room	Date of Birth

Student Resides with: ☐ Both Parents ☐ Father Only ☐ Mother Only ☐ Guardian  
☐ Divorced-joint custody ☐ Deceased \_\_\_\_\_ ☐ Other \_\_\_\_\_

Father's Name:		Cell Phone #	
Father's Email:		Work Phone #	
Mother's Name:		Cell Phone #	
Mother's Email:		Work Phone #	

If you are not available, whom may we contact should your child appear to have a minor illness?

Name	Address	Telephone #

Specific medical allergies, chronic illnesses or other conditions:

Student Name	Condition description/explanation

Medication(s)

Student Name	Medicine	Reason for medication

If neither parent/guardian can be contacted, I authorize the school to take such emergency measures as are necessary.

Family doctor to call in an emergency: \_\_\_\_\_ Telephone #: \_\_\_\_\_

If you and the physician of your choice (above) cannot be reached in an emergency and, if in the judgment of the school authorities, immediate medical and/or hospital attention is indicated, you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician.

☐ Yes

☐ No

Signature of Parent or Guardian: \_\_\_\_\_

## **Queen of the Rosary School Emergency Information and Acknowledgements**

Please print clearly.

### **Photo Release**

On occasion, the school uses photos and/or academic work of students in local publications (e.g. website, yearbook, advertisements, bulletin articles, and other public relations materials. By indicating yes or no and signing below I give permission for the school to publish my child(ren)'s photo or academic work in any format, including group or individual photos.

\_\_\_ **Yes** \_\_\_ **No**

### **Technology Acceptable Use**

I/We have read the school technology guidelines, and have discussed them with my child(ren). In consideration of the privilege of my child(ren) using the school's electronic communications system and in consideration of having access to the public networks, I/we hereby release the school, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child(ren)'s use of, or inability to use, the system, including, without limitation, the types of damage identified in the **Acceptable Use Policy (AUP)**.

I/We understand that access to the school technology resources is not a private activity and that the school will monitor student activity on any of the school resources including but not limited to the computer system, e-mail system, and other electronic devices and programs.

I/We have read the school's technology procedures and regulations and agree to abide by these provisions. Violation of these provisions may result in suspension or revocation of system access. I/We also understand that any actions taken through the school network that are in violation of the school disciplinary code will be handled in accordance with the code. Appropriate legal authorities may be contacted if there is any suspicion of illegal activity.

By signing below, I/we give my child(ren) permission to participate in the school's electronic communications system including the internet and certify that the information contained on this form is correct.

### **Release of Information**

The school and its agents have permission to confer and exchange academic and clinical (psychiatric, behavioral, school performance, medical, substance abuse, psychological, social, recreational, vocational, sessions) records and communications including any evaluations and history, social incidences, and any written or verbal information disclosed in session with the last school they attended, \_\_\_\_\_. This information may be used for the purpose of instituting and reviewing an educational plan, coordinating school services, and ensuring the safety of the student and the school. This agreement is valid from when it is signed until the date the student transfers or graduates from the school. This authorization may be revoked any time prior to that date upon written request of the Principal. Information released prior to the revocation is not affected.

### **School Policies/Handbook Policies/Extended Care Policies/Tuition**

I/We fully support the procedures and policies as stated in each of the Queen of the Rosary School handbooks including the Parent/Student Handbook and Extended Care Handbook. I/We understand that acceptance of registration and enrollment is conditional based on the family staying current with tuition payments and following the policies of the school and the Archdiocese of Chicago. Failure to do either of these things may result in disciplinary or other action by the school including exclusion from school and/or expulsion from the school.

### **Catholic High School Recruitment (for parents of students entering 6th, 7th and 8th grades)**

The Office of Catholic Schools and the Catholic high schools in the Archdiocese of Chicago are developing a student/parent contact database to better reach Catholic elementary school families as they consider high school plans. You can be confident that your contact information will be used responsibly. Your contact information will not be shared by anyone outside the Archdiocese Catholic high schools. Catholic high schools may use a variety of criteria (e.g. geographical proximity to the high school, available transportation options, etc.) when selecting families to contact. If you wish that a high school no longer contact you or your child(ren), simply contact the high school via email or telephone. By circling "Yes" above, you authorize the elementary school to share the following information with the Office of Catholic Schools and the Catholic high schools in the Archdiocese of Chicago for the purposes mentioned above: name of elementary school student is attending, student's first and last name, student's gender, student's grade level, home address, home telephone number, parent's/guardian's first and last name, parent's/guardian's email address and cell phone number.

\_\_\_ **Yes** \_\_\_ **No**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Thank you for completing the re-registration paperwork for the 2024-2025 school year. Please check to make sure to do the following:

- Complete each form and print out.
- Sign and date each form at the bottom.
- Include re-registration fee (cash or check) for exact amount.
- Send to the office in an envelope marked “Fall Re-registration Paperwork”.
- To ensure your child’s spot for next year, turn forms in by January 25, 2024.
- **Non-refundable registration fee.**