



Dear Parent/s,

Welcome to 'Flutterby' Childcare Centre. Your son/daughter now forms part of this exciting new family of little ones at St. Catherine's High School.

To make his/her transition smoother, we are hereby enclosing some forms which you are kindly asked to fill in and pass on to the Administration on the first day of school. These include a medical history form, a pick-up authorisation sheet, a using images consent form and a declaration sheet.

You will also be required to present a birth certificate (new comers only) and immunization records (new comers) of your son/daughter unless this was presented upon registration. In the case of students already attending, another photocopy of the immunization records including new vaccines taken recently will be required.

We thank you for choosing Flutterby and look forward to co-operating with you on an adventurous and sound educational journey for your son/daughter!

*Ms. Karen Galea
Director of Early Years School*

*Ms. Sue Midolo
Head of School*

*Ms. Karen Abela
Assistant Director of Early Years School*



St. Catherine's High School

Dear Parents, you are kindly requested to fill in the forms attached and return them to your child's group/class teacher on the 1st day of school. These forms will then be kept in each child's portfolio for the entirety of the child's educational journey at our school. Thus, it is the responsibility of the parent/s to advise us of any changes in contact details, medical history, pick up etc as soon as these occur. We thank you for your co-operation!

Contact and Declaration Form
Scholastic Year 2018-2019

Name & Surname of child _____ Date of Birth _____

Group/Class _____

Address _____

Home tel no. _____ Other landlines _____

Mobile (mother) _____ Mobile (father) _____

Email (mother) _____

Email (father) _____

Declaration Form

I/We, parent/s or guardian/s of, accept the policies and procedures of St. Catherine's High School, Pembroke.

I/We agree to co-operate with the school in its efforts to educate my/our child.

Signature of Mother/Guardian

Signature of Father/Guardian

Date



St. Catherine's High School

Pick-Up Authorisation Sheet
To be completed by
parent/guardian

Photocopy of ID

Photocopy of ID

Name & Surname

Name & Surname

I.D. No. _____

I.D. No. _____

Relation to child _____

Relation to child _____

Home and Mobile nos.

Home and Mobile nos.

Any additional remarks

Any additional remarks

Name of Child

Name of Child

Kindly indicate any situation which may warrant our intervention in not allowing your child to be picked up by particular persons. This helps guarantee the safety of your child! Thanks.



St. Catherine's High School

Medical History & Dietary Requirements' Form
To be completed by Parents / Guardians

Please fill in and return on the first day of school

General Information about the child

- Name and Surname of Child
- Name & Surname of Parent/Guardian 1
- Contact no. of Parent/Guardian 1
- Name & Surname of Parent/Guardian 2
- Contact no. of Parent/Guardian 2

Medical History Form

- If your child has an allergy please specify which kind of allergy s/he suffers from. If your child has any particular dietary requirements, kindly list them hereunder (eg. For religious purposes etc)
.....
.....
- If your child has had a major injury please specify what kind of injury and if any special treatment has been done. Is there a treatment that is still ongoing?
.....
.....
.....
- Has the child ever undergone surgery? If yes, when and of what kind?
.....
.....
- Is your child taking any medicine on a regular basis? Which and what dosage?
.....
.....
.....
- Does your child suffer any kind of medical condition eg. epilepsy, diabetes, anaemia, coeliac?
.....
.....

Kindly note that any medical condition noted here should be accompanied by relevant doctor's notes. All medications required should be available at all times while the child is in school. Having the necessary treatment at hand will ensure that the first line treatment is given without delay.



St. Catherine's High School

Consent to give treatment in case of emergency

This consent form should be signed by the parent/guardian so that procedures may be carried out without any unnecessary delays and if the parents/guardians cannot be reached on the given phone numbers. In case of accident or emergency, the School Administration will contact the person/s and doctor/dentist listed in the form. If necessary, your child will be taken to hospital for the necessary treatment. ***No operation will be performed without parents'/guardians' consent.***

Permission to treat and/or receive blood transfusion in case of serious injury

I/We authorise our doctor/dentist or the Emergency Department personnel at Mater Dei Hospital to give my/our child medication or blood transfusion in case of serious injury. I/We also give authorisation to receive treatment and/or anaesthesia in the event of an incident or other emergency warranting a surgical procedure.

Name & Surname of Parent/Guardian 1

Name & Surname of Parent/Guardian 2

Date

Names and Telephone nos of doctor/dentist

- Name of the family's general practitioner (GP) and telephone no.

.....
.....

- Name of the child's paediatrician and telephone no.

.....
.....

Name of the dentist (if you have a particular one) and telephone no

.....
.....



St. Catherine's High School

(founded 1909)

Continuation of studies/Withdrawal of students **School Policy**

Every year, during June, the School sends a form to all parents of students attending the School asking for a written confirmation that the student concerned will/will not continue his/her education at the School the following scholastic year. Parents are required to send this written confirmation, duly signed, by not later than the 30th June. If the School does not receive this written advice by the 30th June, it reserves the right to cancel the student's registration at the School and the student will not be deemed to be registered for the following scholastic year.

Should parents decide to withdraw a student from the School at any other time, they are required to inform the School in writing (via a letter signed by both parents) of their decision to withdraw their child from the School.

No withdrawal requests for subsequent scholastic years will be accepted unless they are received by the School, duly signed by both parents, by not later than the 10th July of the current calendar year.

Failure to inform the School by the 10th July in case of withdrawal for the subsequent scholastic years will constitute a breach of this School Policy and expose the parents to a penalty fee equivalent to the scholastic fee due for the first term of the subsequent scholastic year.

Parents are reminded that the registration fee is in no case refundable.

I/We agree to abide by the terms of the above policy.

Signature of Parent/s

Name & Surname of Student

P.S. Kindly return this form duly signed to the School Administration (together with the Registration Forms (in the case of new students) or together with the Updates/Consent Forms (in the case of existing students)).