

Trenton Catholic Academy
At McCorristin Campus
Student Financial Registration 2017-2018
Pre-K

Student Name _____ Date of Birth _____

Parent/Guardian Name _____

Street Address _____ City _____ Zip _____

Telephone Numbers _____

Home

Work

Cell

_____ Will attend Trenton Catholic Academy 2017-2018 school year
_____ \$250.00 family registration fee enclosed **NON-REFUNDABLE**

*Referred to TCA by the _____ Family.
This referral qualifies the referring family for a tuition credit.*

Tuition (select one)

_____ Will pay tuition in full by July 1, 2017. This payment may be made by check, cash, or money order.

_____ Will use automatic debit of checking/savings account beginning August 1 or August 15, 2017, by FACTS, with a one-time \$45.00 start-up fee per year. Monthly payments will be as follows (check one).

3 and 4 year old – ½ day

7:50 – 11:00 am

_____ **5 ½ days \$510.00 per month**

3 and 4 year old – alternate schedule

7:50 – 2:20 pm

_____ **3 full days \$560.00 per month**

3 and 4 year old – full day

7:50 – 2:20 pm

_____ **5 full days \$710.00 per month**

Parent/Guardian Signature _____

Date _____

Please return this form, with all enclosures to: Trenton Catholic Academy
177 Leonard Avenue
Hamilton, New Jersey 08610
Attention: Main Office

Extended Care is available. Please request additional information.



The Lower School at McCorristin Campus
177 Leonard Avenue † Hamilton, NJ 08610
Tel: (609) 586-5888 † Fax: (609) 631-9295 † www.trentoncatholic.org

January, 2017

Dear Parents/Guardians:

Registration time is here, a time to reflect on your child's education. It is our sincere hope that you will choose the educational experience here at Trenton Catholic Academy for your child/children.

The enclosed materials and a \$250 per family non-refundable tuition deposit are due in the school office before March 15, 2017 to get the reduced fee. We will process all **completed** registrations on a first come-first served basis.

Through the support of our fundraising efforts and financial assistance from the diocese, we have been able to keep tuition increases to a minimum. The tuition rates for the new school year are listed on the enclosed form.

Trenton Catholic Academy recommends that families needing financial assistance apply to the Diocese of Trenton. All forms are available on the www.trentoncatholic.org website in English and Spanish. Be mindful that all applications for Diocesan financial assistance are strictly confidential.

If you have registration concerns, call Mrs. Reap at 586-5888, extension 141.

May God graciously bless all of our Trenton Catholic Academy families.

Sincerely,

A handwritten signature in cursive script that reads 'S. Dorothy Payne, SSJ'.

S. Dorothy Payne, SSJ
President

The mission of Trenton Catholic Academy is to educate a culturally and academically diverse student body to be responsible citizens of a global community through a challenging and relevant curriculum centered in Catholic tradition and values.



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Federal Funds Letter and Survey

January, 2017

Dear Parents,

Children in our school are entitled to a variety of programs, materials, and services comparable to those provided to public school students through the use of Federal Funds. **In order for our children to benefit from these additional funds, it is very important for us to know how many children attending our school come from these families.** This information is essential to insure our continued participation in the federal programs, such as Title 1, currently serving your children.

I kindly ask that you review the attached Family Survey and simply indicate a “yes” or “no” to questions 1, 2, and 3. **Please sign the Family Survey, indicate your address, and return the form to my office no later than March 14.** All information will be kept confidential.

Thank you for your assistance with this survey.

Sincerely yours,

A handwritten signature in cursive script that reads 'Mrs. Reap'.

Mrs. Anne Reap
Lower School Director

New Jersey Department of Education
Improving America's Schools Act
LEA Consolidated Formula Subgrant Application
 July 1, 2016-June 30, 2017
Private School Survey
 (Title I Only)

Family Survey

1. Find your family size and the annual, monthly or weekly income level listed beside it on the chart below:

Source: Income Eligibility Guidelines

Family Size	Annual	Monthly	Weekly
1	\$21,978	\$1,832	\$423
2	\$29,637	\$2,470	\$570
3	\$37,296	\$3,108	\$718
4	\$44,955	\$3,747	\$865
5	\$52,614	\$4,385	\$1,012
6	\$60,273	\$5,023	\$1,160
7	\$67,951	\$5,663	\$1,307
8	\$75,647	\$6,304	\$1,455
For each additional family member add:	+\$7,696	+\$642	+\$148

Is your family income less than this amount? Yes _____ No _____

2. Are you receiving assistance under the Aid to Families with Dependent Children program? Yes _____ No _____

3. Are any of your children eligible to receive medical assistance under the Medicaid program? Yes _____ No _____

Signature _____

Name (please print) _____

Address _____
