

**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](http://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](http://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 \_\_\_\_\_

\_\_\_\_\_

**Diocese of Trenton  
Permanent Elementary School Record**

School Trenton Catholic Academy  
City/Town Hamilton

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Sex:    M    F Date of Registration \_\_\_\_\_

Address \_\_\_\_\_ ZIP code \_\_\_\_\_ Telephone \_\_\_\_\_ Public School District of Residence \_\_\_\_\_

2. \_\_\_\_\_

Parent Email \_\_\_\_\_ Name-Work Telephone \_\_\_\_\_

Place of Birth (city, state) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Religion \_\_\_\_\_ Registered Parish \_\_\_\_\_ City/Town \_\_\_\_\_

Admitted from \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ City, State \_\_\_\_\_

	Parish	City & State	Date
Baptism			
First Penance			
First Eucharist			
Confirmation			

**Withdrawal Record**

Date	To	Cause#

*\*Withdrawal Causes: 1. Illness; 2. Death; 3. Change of Residence; 4. Financial Difficulties; 5. Parent Request; 6. Academics; 7. School Request; 8. Other Reasons*

**Re-entry Record**

Date	From	Grade

Graduation Date \_\_\_\_\_ High School Entered \_\_\_\_\_

City/Town \_\_\_\_\_

## FAMILY BACKGROUND

Name	Address	Occupation	Religion	Date of Death	Education
<b>Father</b>					<input type="checkbox"/> Elem. <input type="checkbox"/> Coll. <input type="checkbox"/> Sec. <input type="checkbox"/> Adv.
<b>Mother</b> <i>(include maiden name)</i>					<input type="checkbox"/> Elem. <input type="checkbox"/> Coll. <input type="checkbox"/> Sec. <input type="checkbox"/> Adv.
<b>Guardian</b>					<input type="checkbox"/> Elem. <input type="checkbox"/> Coll. <input type="checkbox"/> Sec. <input type="checkbox"/> Adv.

Relationship of guardian to student \_\_\_\_\_

Home situation:     Two parents

One parent

Parents separated or divorced

(Check all that apply)

Restructured-mother/stepfather

Father remarried

Mother remarried

Restructured-stepmother/father

Other

Child resides with \_\_\_\_\_

Parental rights (in case of separation; attach court order) \_\_\_\_\_

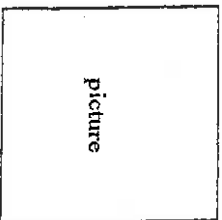
Language spoken at home \_\_\_\_\_

Ethnic background \_\_\_\_\_

### SIBLINGS

Complete Name	Date of Birth

### OTHER PERTINENT INFORMATION:



# UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health

## SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____ / ____ / ____
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier _____		
Parent/Guardian Name _____	Home Telephone Number _____	Work Telephone/Cell Phone Number _____	
Parent/Guardian Name _____	Home Telephone Number _____	Work Telephone/Cell Phone Number _____	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>			
Signature/Date _____		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

## SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination: _____	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormalities Noted: _____	Weight (must be taken within 30 days for WIC) _____
	Height (must be taken within 30 days for WIC) _____
	Head Circumference (if <2 Years) _____
	Blood Pressure (if ≥3 Years) _____

### IMMUNIZATIONS

- Immunization Record Attached  
 Date Next Immunization Due: \_\_\_\_\_

### MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns: _____	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____
Medications/Treatments • List medications/treatments: _____	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____
Limitations to Physical Activity • List limitations/special considerations: _____	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____
Special Equipment Needs • List items necessary for daily activities _____	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____
Allergies/Sensitivities • List allergies: _____	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____
Special Diet/Vitamin & Mineral Supplements • List dietary specifications: _____	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns: _____	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for: _____	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments _____

### PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note If Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print) _____	Health Care Provider Stamp: _____
Signature/Date _____	

**TRENTON CATHOLIC ACADEMY**  
**Lower School**  
**Registration Information Sheet**

Thank you for your interest in Trenton Catholic Academy. We have instituted this form to help ease you through the registration process. Please feel free to call our Main Office, 586-5888 ext. 141, with any questions. The following items must be received/completed in order to finalize your registration:

PreKindergarten Students:

Registration Form  
Non Refundable Registration Fee  
*(\$250.00 per family if paid prior to 3/15 - \$300.00 after 3/15)*  
Copy of Official Birth Certificate  
Copy of Baptismal Certificate  
Completed Health Form  
Immunization Record (Immunizations must be up to date)

Final Acceptance is issued for incoming Pre-Kindergarten students following submission of above.

Students Entering Kindergarten through 8<sup>th</sup> Grade:

Registration Form  
Non Refundable Registration Fee  
*(\$250.00 per family if paid prior to 3/15 - \$300.00 after 3/15)*  
Copy of Official Birth Certificate  
Copy of Baptismal Certificate  
Completed Health Form  
Immunization Record (Immunizations must be up to date)  
Plus:

Student Interview with the Lower School Director  
Report Cards from past two years  
Standardized Test results from the past two years  
Discipline Report from sending school  
Copy of latest Child Study report if applicable

Final Acceptance is issued for incoming K through 8<sup>th</sup> grade students following submission of above, review of report cards, standardized testing and Director interview.