

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

<u>Family Size</u>	<u>Annual</u>	<u>Monthly</u>	<u>Weekly</u>
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

Parent Email

Name-Work Telephone

Place of Birth (city, state)

Date of Birth

Country of Citizenship

Religion

Registered Parish

City/Town

Admitted from

School

City, State

Date

Grade

	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
Father					<input type="checkbox"/> Elem. <input type="checkbox"/> Coll. <input type="checkbox"/> Sec. <input type="checkbox"/> Adv.
Mother <i>(include maiden name)</i>					<input type="checkbox"/> Elem. <input type="checkbox"/> Coll. <input type="checkbox"/> Sec. <input type="checkbox"/> Adv.
Guardian					<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		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> 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		
<input type="checkbox"/> 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 8th 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 8th grade students following submission of above, review of report cards, standardized testing and Director interview.