

**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 \_\_\_\_\_

\_\_\_\_\_