

Trenton Catholic Academy
At McCorristin Campus
Student Financial Registration 2018-2019
Pre-K

Student Name _____ Date of Birth _____

Parent/Guardian Name _____

Street Address _____ City _____ Zip _____

Telephone Numbers _____
Home Work Cell

_____ Will attend Trenton Catholic Academy 2018-2019 school year
_____ \$200.00 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, 2018. 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, 2018, 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.

EDUCATIONAL SERVICES COMMISSION of NEW JERSEY

TO: Parent/Guardian
FROM: Private School Principal
RE: Nursing Services; Chapter 226 - Laws of 1991

Existing legislation provides certain nursing services and funding for full time students in private schools.

Included in these services, based on available state aid, is maintenance of student health records, hearing assessment, and scoliosis screening.

In addition, your child will receive emergency nursing services for any school related illness or injury.

Please sign the form below and return it to my office as soon as possible.

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NONPUBLIC NURSING SERVICES

I do give my permission

I do NOT give permission

for my child _____, in grade _____ to participate
(Please Print Child's Name)
in nursing services.

School District

Name of School

School Address

Signature of Parent/Guardian Date



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

Federal Funds Letter and Survey

January, 2018

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, 2017-June 30, 2018**

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	\$22,311	\$1,860	\$430
2	\$30,044	\$2,504	\$578
3	\$37,777	\$3,149	\$727
4	\$45,510	\$3,793	\$876
5	\$53,243	\$4,437	\$1,024
6	\$60,976	\$5,082	\$1,173
7	\$68,709	\$5,726	\$1,322
8	\$76,442	\$6,371	\$1,471
For each additional family member add:	+\$7,733	+\$645	+\$149

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**

Sex: M F

Date of Registration

First Middle

Address Telephone Public School District of Residence

ZIP code

Name-Work Telephone

month day year

Country of Citizenship

Date of Birth

City/Town

Registered Parish

Date Grade

City, State

School

	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 <small>(include maiden name)</small>						<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) _____

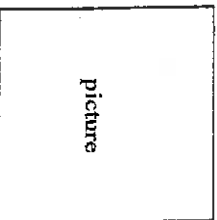
Language spoken at home _____

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 give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date _____	This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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: _____
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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 _____	

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
- 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
- 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.