

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.



TRENTON CATHOLIC ACADEMY

at McCorristin Campus

175 Leonard Avenue, Hamilton, NJ 08610-4899
Tel: (609) 586-3705 ♦ Fax: (609) 586-6584 ♦ www.trentoncatholic.org

January, 2018

Dear Parents/Guardians:

Re-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 again.

The enclosed materials and a \$50 per family non-refundable tuition deposit are due in the school office before March 15, 2018. All completed registrations will be processed on a first come, first served basis. For all families who do not take advantage of the March 15th deadline, a \$250 re-registration fee will be charged.

Through the support of our fundraising efforts and financial assistance from the Diocese of Trenton, 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. We expect all families to cooperate with our "50-50 Booklet of Chances" drawing by selling \$100.00 worth. This amount will automatically added to your tuition if you choose not to participate in this fundraiser.

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, the Lower School principal, at 586-5888, extension 141.

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

Sincerely

S. Dorothy Payne, SSJ.

S. Dorothy Payne, SSJ

President



The Lower School at McCarristin 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

Last Name _____ First _____ Middle _____ Sex: M F Date of Registration _____

1. Address _____ Telephone _____ Public School District of Residence _____

2. ZIP code _____

Parent Email _____ Name-Work Telephone _____

_____ month _____ day _____ year _____

Place of Birth (city, state) _____ Date of Birth _____ Country of Citizenship _____

Religion _____ Registered Parish _____ City/Town _____

Admitted from _____ Date _____ Grade _____

	School		City, State		Withdrawal Record	
	Parish	City & State	Date	Date	To	Cause*
Baptism						
First Penance						
First Eucharist						
Confirmation						

**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	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) _____

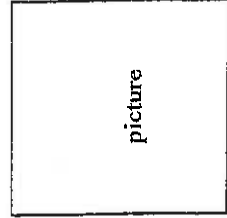
Language spoken at home _____

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 _____					

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.

----- ✂ -----

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



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Request for Records

Student Name _____ Grade _____

Address _____

Date of Birth _____

Current School _____

School Address _____

Phone _____

To Parent/Guardian:

You are advised that pursuant to the provisions P>L> 93-380 (Family Education Rights and Privacy Act of 1974), these records will not be disclosed to any other party without written consent of the parent or guardian. Your signature indicates that you request a copy of your child's records to be sent to Trenton Catholic Academy for evaluation.

Parent Guardian _____

Date _____

To School Officials:

The above student is requesting admission to Trenton Catholic Academy. Please forward a copy of the records listed below:

Academic Records (current year and 3 years prior)

Health/Immunization Records

Standardized Test Scores (last 3 years)

Diagnostic Evaluations (may include psychological evaluations, psychiatric evaluations, I.E.P., or other records relative to Special Education classification)

Disciplinary Records and/or records related to the student's withdrawal or dismissal

Send all above information to:

Trenton Catholic Academy at McCorristin Campus

We're TCA—Expect the Exceptional

**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.