



**(Please Submit this form with the Non-Refundable Registration Fee of \$100.00)**

## EARLY CHILDHOOD ~ REGISTRATION FORM

245 Azalea Drive, Monroeville, PA 15146-1729

Phone: (412) 372-7255 Fax: (412) 372-7649

Website: [www.dmapgh.org](http://www.dmapgh.org)

**All registration forms must be accompanied by the appropriate paperwork and are subject to approval by the principal.**

### STUDENT DATA *(please print clearly and complete all sections in full)*

Student's Last Name:	First:	Middle:
Address:		Male / Female:
City:	State:	Zip:
Date of Birth:	Age as of September 1 <sup>st</sup> :	
Public School District of Residence: (Taxes paid to)	Date of last MMR vaccine:	
Religion:	If Catholic, parish and diocese:	
Ethnicity: <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other		
Current School (if any):	Address of Current School:	

#### 3 Year Old Program \* (Please Check Choice)

2 Half Days (Tuesday & Thursday)	2 Full Days (Tuesday & Thursday)	**5 Full Days
8:20 a.m. – 12:00 p.m.	8:20 a.m. – 3:00 p.m.	8:20 a.m. – 3:00 p.m.

**\*\*PLEASE NOTE:** In order for there to be a "5 Full Day" option for the 3 Year Old Program, we must have a minimum of 10 students enrolled. Parents will be notified as soon as this requirement is met.

#### 4 Year Old Program \* (Please Check Choice)

3 Half Days (Monday, Wednesday, Friday)	3 Full Days (Monday, Wednesday, Friday)	5 Full Days
8:20 a.m. – 12:00 p.m..	8:20 a.m. – 3:00 p.m.	9:00 a.m. – 3:00 p.m.

\* Class offerings are subject to enrollment

To be eligible for the 3 or 4 year preschool program children must be 3 or 4 years of age by September 1<sup>st</sup> of the registration year and be fully potty trained. In order to retain the fidelity of the program, exceptions will not be made to the September 1<sup>st</sup> date.

\*\*OFFICE USE ONLY:

Birth Certificate  Immunization Records  FACTS Tuition Account  Registration Fee  Option C

**FAMILY DATA (Please Print Clearly)**

**MOTHER (First, Maiden & Last)/Parent/Guardian #1**

**FATHER(First, Last) /Parent/Guardian # 2**

Name:	Name:
Address:	Address:
Relationship to Student:	Relationship to Student:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
*E-mail:	*E-mail:
Occupation:	Occupation:
Employer:	Employer:
Business Phone:	Business Phone:
Religion:	Religion:
Parish where registered:	Parish where registered:
Catholic School Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No	Catholic School Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No

\*Please provide at least one email address. A large portion of communication by the school is done via email especially over the summer months.

Student resides with:  Both Parents  Mother only  Father only  Joint Custody  Other

Parents/Guardians Marital Status:  Married  Separated  Divorced  Widowed  Single Parent

In order to provide the best education for your child, please complete the following: Has your child ever:

1. Had a psychological evaluation?  Yes  No

2. Been diagnosed with any of the following:

LD (Learning Disability)  ADD (Attention Deficit Disorder)  ADHD (Attention Deficit Hyperactivity Disorder)  ASD (Autism Spectrum Disorder)  ODD (Oppositional Defiant Disorder)

Other \_\_\_\_\_

3. **Received Early Intervention Services:**

Yes  No

If yes, please specify

\_\_\_\_\_

4. **Had an IFSP?**  Yes  No

5. **Been diagnosed with a medical condition that the school should be aware of?**

Yes  No

If yes, please explain

\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

**GUARDIANSHIP (if applicable)**

Custody: A legal document stating guardianship must be provided in cases of divorce with sole and/ or shared custody

Student's legal guardian (if other than parent) \_\_\_\_\_ Relationship to the student \_\_\_\_\_

Mail will be sent to the student's address. How do you wish correspondence from the school to be addressed?

(Examples: Mr. & Mrs. John Miller; Ms. Veronica Smith; Mr. John Smith; Mrs. Veronica Smith)

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If duplicate mail is to be sent to a second address, please complete:

Name:
Address:
Relationship:

BROTHERS / SISTERS IN ORDER OF BIRTH:

Name	Male/Female	Date of Birth
1.		
2.		
3.		
4.		

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this Application Packet with a non-refundable registration fee of \$100.

Checks and money orders should be made payable to: Divine Mercy Academy.