



Christ  
the Divine Teacher  
School

Dear Parents,

Thank you for choosing Christ the Divine Teacher School for your child's preschool education. Our preschool registration will begin on Monday, January 31, 2011.

To assure placement of your child in our three-year old or four-year old program for the 2011-2012 school year, all the required registration forms and the first month's tuition must be received in our office. All registration requirements **MUST** be fulfilled prior to a students' placement on the enrollment list.

If you have any questions or concerns about our preschool program, please call me at 724-539-1561.

Sincerely,

Miss Marsh

CHRIST THE DIVINE TEACHER SCHOOL  
323 Chestnut Street, Latrobe, PA 15650  
Phone 724-539-1561

**PRESCHOOL REGISTRATION**

**2011 - 2012**

Circle Age and Time: 3 YEAR OLD AM PM  
4 YEAR OLD AM PM EXTENDED DAY

**Required Registration Forms**

\_\_\_\_\_ Birth Certificate \_\_\_\_\_ Baptismal Certificate

\_\_\_\_\_ Immunization Records (Must be signed and dated by a Doctor.)



**TUITION AGREEMENT**

I understand I am obligated to pay (check one):

\_\_\_\_\_ \$120.00 per month (3 Year Old)

\_\_\_\_\_ \$150.00 per month (4 Year Old)

OR

\_\_\_\_\_ \$255.00 per month (Extended Program)

I UNDERSTAND SEPTEMBER'S TUITION IS DUE UPON REGISTRATION. THIS AMOUNT IS NON-REFUNDABLE AFTER MAY 25, 2011.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE



OFFICE FOR CATHOLIC SCHOOLS  
DIOCESE OF GREENSBURG

723 EAST PITTSBURGH STREET • GREENSBURG, PA 15601-2597  
(724) 837-0901 FAX (724) 837-0857

**Tuition Policy**  
**(Established January 2011)**

**Tuition Policy**

The Office for Catholic Schools has coordinated a tuition policy to be utilized by the Catholic schools within the Diocese of Greensburg. This policy has been established to ensure that the tuition procedures and guidelines are consistent and fair among families with children attending Catholic schools within the Diocese. This policy has been implemented through the Office for Catholic Schools, under the approval of the Superintendent of Catholic Schools. The Office for Catholic Schools reserves the right to adjust this policy and coinciding procedures as deemed necessary.

**Establishing Tuition**

The applicable school administration works with the Office for Catholic Schools to establish a tuition rate that is representative of the school budget needs. The tuition rate is also a product of the communities and families that we serve. Tuition is not the only revenue source to fund the Catholic school education. The school revenues also include Diocesan contributions, Parish supported financial aid, business partnerships and local fundraising.

**Tuition Planning and Payment Schedule**

Schools establish and announce their tuition rate for the following the school year. Tuition rates are established based on budgetary needs and enrollment.

*End of January – beginning of February* – Catholic schools open their application process for the upcoming school year and FACTS application forms are available for parents/guardians to submit for financial aid. Parents/guardians have until March 15 to submit their FACTS application forms without a fee.

*End of May* – Once parents/guardians have completed their financial aid (FACTS) application process and this information has been verified, tuition award letters are disseminated by the school to parents/guardians noting the tuition amount with any scholarships and financial aid awards.

*June 30* – Last date for returning families to apply for financial aid. New families apply for financial aid upon enrollment.

*July 10* – Last date for returning the Tuition Payment Contract. No financial aid or admission is guaranteed following this date.

**Options for payment:**

- One lump sum payment by **June 1**, of the upcoming school year – A 2% discount will be given.
- Two equal payments – First payment due by **June 1** of the upcoming school year and the second payment due by **January 13** of the current school year.

- Monthly payment plan on FACTS that will bring the balance to zero by **June 30** or earlier of the school year completed in June. Please note, families currently using facts for the 2010- 2011 school year will have their account automatically renewed unless the office is contacted in writing.
- Any of the above options, but paid through a credit card if available. If a credit card payment method is chosen, an additional service fee may be charged, and this service fee will be announced on an annual basis.
- ***No cash will be accepted for payment.*** Payment can be made by check, money order or credit card, if approved by the administration.
- An approved (by school administration) combination of the above options.
- The chosen method for payment must be indicated on the Tuition Payment Contract, and signed and returned by the parents/guardians.

\*One of the above options must be chosen for payment.

If a hardship may exist, the parents/guardians may ask for a meeting with the school administration to request an adjustment to the amount of tuition to be paid. Such a request is approved on a case by case basis by an administrative review team or school administration.

### **Tuition Payment in Default**

If a payment is not made, for whatever reason, the following process will be followed:

- a) The parents/guardians will be notified in writing of the payment not being received.
- b) The parents/guardians will be given 20 calendar days to bring the account to current status or meet with school administration to have an adjusted payment contract approved (not a guarantee).
- c) If the account is not brought to current status, and an adjusted payment contract is not agreed upon and approved by school administration, the student enrollment will cease after the 20<sup>th</sup> day.

### **Transfer of Students with Past Balance**

No students will be accepted at any Catholic school within the Diocese of Greensburg if they are carrying a past due balance from any other Catholic school within the Diocese of Greensburg.



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**APPLICATION FOR ADMISSION 2011-2012**

As **Christ the Divine Teacher School** is a private, non-public institution, the administration reserves the right to terminate the enrollment of a student for any reason and at any time. Any disciplinary policies and procedures are simply guidelines that the school generally follows. These guidelines do not impede this right by administration to terminate the enrollment of a student for any reason at any time. False information on this and any of the application documents may cause a forfeit of admission consideration or enrollment if discovered after the student is accepted for enrollment. The above statement and this application for admission are inclusive of all application documents.

**STUDENT DATA:**     *Please Print*  
2011: \_\_\_\_\_

**STUDENT GRADE IN SEPTEMBER**

<b>Student's Last Name:</b>		<b>First:</b>	<b>Middle:</b>
<b>Address:</b>			<b>Male / Female (circle one)</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Phone:</b>
<b>Date of Birth:</b>	<b>Birth Certificate No:</b>	<b>Age as of 9/1/11:</b>	
<b>Birth City / State:</b>	<b>Public School District: (where you live)</b>		
<b>Religion:</b>	<b>If Catholic, parish where registered: Location of Parish:</b>		
<b>Ethnicity (check one):</b> <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Island			
<b>School Last Attended / Date Last Attended:</b>		<b>Address of School Last Attended:</b>	

**FAMILY DATA:** *Please Print*

**MOTHER (First & Last)**

**FATHER (First & Last)**

<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>Emergency Phone:</b>	<b>Emergency Phone:</b>
<b>E-mail:</b>	<b>E-mail:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Employer:</b>	<b>Employer:</b>
<b>Business Phone:</b>	<b>Business Phone:</b>
<b>Religion:</b>	<b>Religion:</b>
<b>Parish where registered:</b>	<b>Parish where registered:</b>

Student resides with:  Both Parents  Mother only  Father only  Guardian

**CHECK ALL THOSE THAT APPLY**

- Parents Married  Parents Separated  Parents Divorced  Father Remarried   
Father Deceased  
 Parents not married  Single Parent Family  Mother Remarried  Mother Deceased

**GUARDIANSHIP (if applicable)**

*Custody: A legal document stating guardianship must be provided in cases of divorce, adoption, physical/shared custody.*

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

**OTHER IMPORTANT NOTES CONCERNING YOUR CHILD:**

\_\_\_\_\_

**TUITION STATEMENTS SHOULD BE SENT TO:** \_\_\_\_\_ Mother \_\_\_\_\_ Father

Or Other: Name: \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**SACRAMENTAL INFORMATION:**

<u>DATE</u>	<u>CHURCH</u>	<u>ADDRESS</u>
Baptism	_____	_____
Reconciliation	_____	_____
Confirmation	_____	_____

**BROTHERS / SISTERS IN ORDER OF BIRTH:**

<u>NAME (First &amp; Last)</u>	<u>DATE OF BIRTH</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Please note any medical or dietary information necessary for management in an emergency situation, e.g. allergies, medication, special conditions:

\*A copy of the child's immunization card must be presented with this application if the student is new to the school.

Statement of Nondiscriminatory Acceptance Policy – Christ the Divine Teacher School will not discriminate on the basis of race, gender, or national origin. Students seeking acceptance and enrollment to the school will be considered based on religion, academic performance and learning needs, attendance, character, morality and conduct consistent with Catholic doctrine, and applicable payment history within a Catholic or private/nonpublic school. The school maintains the right to give preferential acceptance and enrollment to Catholic students. The student is not permitted to attend this school if she or he has an outstanding payment balance at another Catholic school within the Diocese of Greensburg. Your signature below indicates that you understand and accept the content and provisions of this application.

Parent/Guardian Signature: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_  
Date: \_\_\_\_\_



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## INITIAL GUIDANCE QUESTIONNAIRE

Page one of two pages  
*Please Print the Information*

Student Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Last Date Attended: \_\_\_\_\_

Parents/Legal Guardians: \_\_\_\_\_

Dear Parent/Guardian:

Because the goal of Christ the Divine Teacher School is to offer our students the very best education by presenting them with every opportunity to learn, we must ask for our parents'/guardians' complete cooperation throughout the school year. Individual learning can be a complicated item for students. Providing the school with information regarding prior evaluations, assessments, and/or diagnoses can enhance the learning process.

In the best educational interest of your child, please complete this questionnaire, sign it, and return it with your application materials to the school office. This information will aid us in attempting to assess and meet your child's learning needs and will be held in strict confidence as regulated by the Diocese of Greensburg Student Records Policy.

Mr. J. Kevin Frye  
Principal

1. Was your child ever evaluated, assessed, tested, or diagnosed with any mental, physical, or emotional condition that could interfere with his/her ability to learn?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

2. If yes, prior evaluation was completed for one of the following reasons:

\_\_\_\_ Learning      \_\_\_\_ Intelligence      \_\_\_\_ Behavior      \_\_\_\_ Gifted Program  
\_\_\_\_ Other (Please explain)

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3. Prior evaluation was completed for one or more of the physical reasons listed below:

\_\_\_\_ Vision      \_\_\_\_ Orthopedic      \_\_\_\_ Hearing      \_\_\_\_ Speech      \_\_\_\_ Development  
\_\_\_\_ Other (Please explain)

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**(OVER)**

4. Prior evaluation was conducted by one or more of the following:

Intermediate Unit (includes early intervention)       Mental Health       Private Practitioner       School district

Other (Please explain)

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5. Is your child currently identified as requiring special education services?

YES  
 NO

6. If prior evaluation was conducted, would you be willing to provide us with a copy of any report that we feel is necessary for your child's education?

YES      If yes, please present a copy to the school.

NO      If no, would you be willing to discuss the results with the guidance counselor or principal?

Please explain: \_\_\_\_\_

6. My child receives/received the following services. (Please list e.g. speech, remedial reading, gifted, IEP, etc.)

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Print Name of Parent/Legal Guardian \_\_\_\_\_

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



## HOME LANGUAGE SURVEY

### ***Used to determine a primary or home language other than English***

Parents or guardians are asked to complete the following questions about the language use of your child. When appropriate, the child may answer the questions.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Telephone \_\_\_\_\_ Country of Origin \_\_\_\_\_  
(Area Code)

Other countries of residence (please list) \_\_\_\_\_

***Parents are not required to answer questions with regard to origin. However, even countries of origin whose primary language is English may have a dialect making it difficult for a child to understand American dialects.***

What was the first language your child learned to speak?  English  
Other: \_\_\_\_\_

What language(s) does your child speak most often at home?  English  
Other: \_\_\_\_\_

What language(s) can your child read?  English  
Other: \_\_\_\_\_

What language(s) can your child write?  English  
Other: \_\_\_\_\_

What language(s) do you use when speaking to your child?  English  
Other: \_\_\_\_\_

What language(s) is spoken most often in your home?  English  
Other: \_\_\_\_\_

Survey conducted/completed by \_\_\_\_\_

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

