Dear Parent/Guardian

Please note that in order for your registration to be complete we must have the following information.

- _____ Birth Certificate
- _____ Baptismal Certificate
- _____ Up-to date Immunizations
- _____ Copy of latest Report Card and Standardized Testing (if applicable)
- _____ Student Emergency/Medical Information
- _____ Record of Physical Examination (due by 9/01)
- _____ Report of Dental Examination due by (9/01)
- _____ Completed Cares Registration form (if applicable)

We ask that you provide the necessary information as soon as possible so that we may complete your child’s registration. If you have any questions please do not hesitate to call the school office at 215-338-9797.

Thank You,

Office Staff
### Family Information

<table>
<thead>
<tr>
<th>Relationship to Child</th>
<th>Guardian</th>
<th>Guardian</th>
<th>(Middle Name)</th>
<th>Mother's Full Name</th>
<th>Father's Full Name</th>
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<tr>
<th>County of Birth</th>
<th>Religion</th>
<th>(x)</th>
<th>Above</th>
<th>Phone, if different from</th>
<th>Address, if different from</th>
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<table>
<thead>
<tr>
<th>Parent Email</th>
<th>Child's Address</th>
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<table>
<thead>
<tr>
<th>Phone</th>
<th>Zip</th>
<th>State</th>
<th>City</th>
<th>Child's Last Name</th>
<th>Child's First Name</th>
<th>Family Name</th>
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Registration Fee $200 per child

Registration Fee New Students 2020-2021

Blessed Trinity Catholic School

Fee, and Religion Book

This includes Registration Fee, Technology Fee.
Mandatory Raffle Chances

For the 2020-2021 school year, each family is required to sell $250 in raffle chances.

If you decide not to participate in selling the raffles or do not sell the entire amount, the unsold amount will be added to your SMART account beginning with the January installment.

Please return this paper with your signature with your registration paper.

Mandatory Raffle Chances

I understand that our family is required to sell $250 in raffle chances and that we will be billed for any unsold chances.

Student(s) Name(s)

Parent Signature

Date
ENROLLMENT CONTRACT

The following is an Enrollment Contract, hereafter referred to as Contract, and is being entered into by ____________________________, as parent(s)/guardian(s) of
_______________________________ (student) and Blessed Trinity School. This contract is a legal document and sets forth the terms of the student’s enrollment at Blessed Trinity School. Please read it carefully and thoroughly. If you have any questions, please call the Admissions Office for clarification. This contract, when properly executed, is binding on its signatories.

The original copy of the Contract, signed and dated, along with a check for the registration fee, must be received by Blessed Trinity School at registration. After that date, Blessed Trinity cannot guarantee the student’s placement.

ENROLLMENT

I, We, the undersigned, parent(s)/guardian(s) of the student, acknowledge that this Contract is being offered with the understanding that if there is any subsequent data discovered by Blessed Trinity School personnel which would preclude Blessed Trinity School from enrolling the student, he/she may be asked to leave the school.

I/We hereby acknowledge that Blessed Trinity School has a FULL DISCLOSURE POLICY requiring the parent(s)/guardian(s) of the student divulge to the school any information concerning the student that may impact the school’s ability to carry out its mission, including, but not limited to, information about any learning disorders, behavioral issues, incidents of substance abuse, or any arrests or probationary conditions. I/We further acknowledge that if such information is not divulged to the school and it becomes necessary to separate the student from the school, that separation will be considered a dismissal and the school will not be liable for not having provided service to the student.

I/WE, THE UNDERSIGNED, HEREBY ACKNOWLEDGE THAT I/WE HAVE READ AND UNDERSTAND THE FOREGOING CONTRACT, AND AGREE TO ITS TERMS AND CONDITIONS AS AFORESAID.

Date

Parent/Guardian Signature

Relationship to Student

Student’s Name (print)

Blessed Trinity Catholic School

1234 Main Street  Phone: 111-1111  222-2222  333-3333  www.btcs.org
AGREEMENT FOR ADMISSION

It is my wish that my child(ren) attend Blessed Trinity Catholic School. I understand that my child(ren) is (are) obligated to attend classes in Religion and fulfill the requirements for this subject, and also to attend all religious functions offered as part of the school program.

I assume the obligation to pay the specified tuition and school fees and agree to support the philosophy, goals, objectives and regulations of the school.

_________________________________________  _________________________________________
Student Name (please print)  Parent Name (please print)

_________________________________________  ____________
Parent Signature  Date
BLESSED TRINITY CATHOLIC SCHOOL

3033 Levick Street  Philadelphia, PA 19149

Telephone: 215-338-9798

Certificate of Individual Request for Loan of Textbooks and Instructional Materials

School Year 2020-2021

I hereby request of the Secretary of Education of the Commonwealth of Pennsylvania, the loan of textbooks and instructional materials in accordance with CT 195 (1972), Act 88 (1975), and Act 90 (975) for my child(ren) attending Blessed Trinity Catholic School, Philadelphia, PA.

Student(s)

________________________________________________________________________

enrolled in grade ______

________________________________________________________________________

enrolled in grade ______

________________________________________________________________________

enrolled in grade ______

________________________________________________________________________

enrolled in grade ______

________________________________________________________________________

Parent/Guardian Signature

Date
RELEASE OF STUDENT RECORDS
School Year 2020-2021

Blessed Trinity Regional Catholic School has accepted my child(ren):

_____________________________ for grade ____________

_____________________________ for grade ____________

_____________________________ for grade ____________

_____________________________ for grade ____________

I give permission to __________________________ School

(current school)

Located at __________________________

Street Address City, State, Zip

To release all records to Blessed Trinity Catholic School including:

Medical records
Academic records
Standardized test results
Results of psychological testing

_____________________________  __________________
Parent/Guardian Signature  Date
**.parents/guardians signature**

School Emergency Early Dismissal Plan (Every Child Must Have A Plan). Listen to KW for latest info.

Please list any food allergies or medical conditions about which we should be aware.

**Name (required for all authorized people):**

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Member</td>
<td></td>
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<tr>
<td>Family Member</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Names of people authorized to pick up child:

- Email:
- Cell:
- Home:

Phone numbers in case of emergency:

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Member</td>
<td></td>
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<tr>
<td>Family Member</td>
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</tbody>
</table>

Student Information/Emergency Form

Blessed Trinity Regional Catholic School Pm CARES
The State of Pennsylvania requires that all kindergarten and students entering school for the first time must have a dental examination, physical examination, and the following immunizations:

**DIPHTHERIA, TETANUS & PERTUSSIS**—4 or more doses with one given after the 4th birthday. All 6th graders must have 5 doses with one given after the 10th birthday (Tdap).

**POLIO**—4 doses

**MMR**—2 doses, both given after the 1st birthday

**HEPATITIS B**—3 doses

**VARICELLA (CHICKEN POX)**—2 doses both given after the 1st birthday

**MENINGOCOCCAL**—1 dose 6th grade or after the 10th birthday

Please have your dentist and physician complete the dental and physics forms and return them to the School Nurse by the first day of school.

ALL KINDERGARTEN STUDENTS MUST SUBMIT A COMPLETED IMMUNIZATION RECORD AND PHYSICAL FORM PRIOR TO THE START OF SCHOOL IN SEPTEMBER.

Thank you,
Nancy Scarpello RN, MSN, CSN
School Nurse
Student Emergency/Medical Information

Last Name: ___________________________ First Name: ______________________ DOB: __________

School: ______________________________ Room/Sec: __________ Grade: __________

Home Address: __________________________________________________ Home phone: __________

Mother: ___________________________ email: __________________________ phone: __________

Father: ___________________________ email: __________________________ phone: __________

Guardian: ________________________ email: __________________________ phone: __________

Emergency contacts (other than parents) must be local and available for contact:
Name and Relationship to child: __________________________ Phone: __________

1. ________________________________________

2. ________________________________________

Childs Doctor/Clinic: ___________________________ Phone: __________

Medical Insurance: MA____ CHIP____ Private____

Insurance company name: ______________________ Policy Number: __________

Please circle below to give permission to the school nurse to give your child medication.

Acetaminophen (Tylenol) YES NO

Ibuprofen (Advil, Motrin) YES NO

Please CIRCLE the following if your child:
Wears: Glasses Hearing aid
Has: Seizures Diabetes Asthma ADHD

List Allergies: Food substitution requires a new order yearly from a health care provider: __________________________

Other Health Problems: ____________________________________________

Does your child take medication? ____ NO ____ YES (please list)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Frequency/Time</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Your signature gives permission for emergency treatment; as well as for SDP School Nurses to administer medications you indicate on this emergency form, during school hours, on field trips and after school activities.
I authorize the school nurse to communicate with my child’s health care provider and my health care provider to reply as needed regarding my child’s care.

Parent/Guardian Signature ___________________________ Date __________

Revised S-865 (06/2019)
**THE SCHOOL DISTRICT OF PHILADELPHIA**

**SCHOOL HEALTH SERVICES**

**REPORT OF PHYSICAL EXAMINATION**

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Date of Birth</th>
<th>Student ID #</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Room/Section/Book</th>
<th>Date Issued</th>
</tr>
</thead>
<tbody>
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</table>

**TO THE PARENT/GUARDIAN:**

I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.

Parent/Guardian Signature ___________________________ Date __________

**TO THE CARE PROVIDER (Please complete all items)**

Pennsylvania law requires that students attending school in the state be immunized and receive periodic medical examinations. Payment for these examinations is the responsibility of the parent/guardian. THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE.

**RECORD OF VACCINE ADMINISTRATION**

Please attach complete immunization record including serology results if available.

- Allergies ___________________________ Date of last PPD __________ Result __________ mm

Does this student have health insurance?  ____ Yes  ____ No  Name of Insurance Provider: ___________________________

**RECORD THE FOLLOWING**

1. **Visual Acuity:**
   - Without Glasses: R____ L____
   - With Glasses: R____ L____

2. **Audiometric Screening:**
   - R____ L____

3. **BP:**

4. **Height** ________ inches / cm  Weight ________ lb / kg  BMI percentile ________

5. **Scoliosis Screening:**
   - Normal  ____ Abnormal  ____ Referred  ____ No Referral

6. **Activity Recommendation:**
   - Full Physical Activity
     (Must Complete Phys. Ed. Medical Exemption/Program Modification Form MEH-23)
   - Restricted Physical Activity

   Specify Restrictions: ___________________________

7. **List all medications currently being taken:**

   Medication: ___________________________ Reason: ___________________________

8. **List ALL problems by history or examination:**

   1. ___________________________ Circle status of problem
      - Under Care
      - Care Complete
      - Referred

   2. ___________________________

   3. ___________________________

   __ No Problems Identified

Comments / follow-up treatment plan / special instructions to school:

<table>
<thead>
<tr>
<th>Signature of Care Provider (REQUIRED)</th>
<th>Telephone</th>
<th>Care Provider office stamp (REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Date of Exam</th>
</tr>
</thead>
<tbody>
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</table>
**TO THE DENTIST**

Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).

These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.

Thank you for your cooperation.

<table>
<thead>
<tr>
<th>UNDER TREATMENT / WORK BEGUN</th>
<th>COMPLETION OF WORK / NO TREATMENT NECESSARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Work Began</td>
<td>☐ No Treatment Required Now</td>
</tr>
<tr>
<td>Scheduled Follow-up Appointment</td>
<td>☐ All Necessary Dental Work Completed</td>
</tr>
<tr>
<td>Date of Dental Examination</td>
<td>Expected Completion Date</td>
</tr>
</tbody>
</table>

**Comments / Follow-up Treatment / Special Instructions to School**

<table>
<thead>
<tr>
<th>Name of Dentist</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Dentist</td>
<td>Date Signed</td>
</tr>
<tr>
<td>Address</td>
<td>Fax Number</td>
</tr>
</tbody>
</table>

**IMPORTANT:**

Return this form to:

Certified School Nurse Practitioner

School

School Address

Phone Number
Blessed Trinity Regional Catholic School 2020-2021 Tuition Rates

**NON REFUNDABLE REGISTRATION FEE: $200 PER STUDENT**

**First Tuition payment is due June 2020**
The first bill will include a SMART TUITION Fee of $35.00

Each family will be required to sell $250 in raffle chances or in January 2021 pay additional $250 Tuition

<table>
<thead>
<tr>
<th>DATE</th>
<th>A Participating Only those families who attach a COMPLETED ELIGIBILITY FORM to this paper are in Category A</th>
<th>B Non-participating Non-Catholic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-day Pre-kindergarten Per child</td>
<td>$4250</td>
<td>$5000</td>
</tr>
<tr>
<td>Grades K – 8 One child (1 family)</td>
<td>$4150</td>
<td>$4900</td>
</tr>
<tr>
<td>Grades K – 8 Two children (1 family)</td>
<td>$6050</td>
<td>$6800</td>
</tr>
<tr>
<td>Grades K – 8 Three children (1 family)</td>
<td>$7525</td>
<td>$8575</td>
</tr>
<tr>
<td>Grades K – 8 Four children (1 family)</td>
<td>$8150</td>
<td>$9200</td>
</tr>
<tr>
<td>Grades K – 8 Five+ children (1 family)</td>
<td>$8150 + $500 per child (5+)</td>
<td>$9200 + $500 per child (5+)</td>
</tr>
</tbody>
</table>

**DURING or AFTER JUNE 2020**

**First Tuition Payment is due at the time of Registration**

At the time of Registration or BEFORE June payment **$100 Discount for tuition PAID IN FULL** for the school year - SMART FEE is $6.00 – Agree to sell $250 in chances or pay $250 at registration.

Please fill out the family information on the back of this form
Return this completed form to the Rectory Business Office
SCHOOL YEAR 2020/2021

BTRCS TUITION OFFICE

Date: _______________  SMART's Enrollment Name _______________

PLEASE COMPLETE THIS FORM AND RETURN IT TO BTRCS TUITION OFFICE

FAMILY NAME: _______________________

ADDRESS
__________________________________
__________________________________

PHONE: _______________  CELL: _______________

EMAIL: _______________________

EACH FAMILY WILL BE REQUIRED TO SELL $250 IN RAFFLE CHANCES

or pay additional $250 TUITION

<table>
<thead>
<tr>
<th>STUDENT'S NAME</th>
<th>GRADE IN SEPTEMBER 2020</th>
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<tbody>
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<table>
<thead>
<tr>
<th># OF STUDENTS</th>
<th>TUITION Category</th>
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<tbody>
<tr>
<td>Pre-K</td>
<td>A - completed Eligibility form For Parish Contribution B - did not complete form</td>
</tr>
<tr>
<td>K-8</td>
<td>TRANSFER GRANT</td>
</tr>
<tr>
<td>TOTAL</td>
<td>YES AMOUNT NO</td>
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</table>

<table>
<thead>
<tr>
<th>PAID AT REGISTRATION</th>
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<tbody>
<tr>
<td>CHECK #</td>
</tr>
<tr>
<td>CASH</td>
</tr>
<tr>
<td>REGISTRATION FEE</td>
</tr>
<tr>
<td>SMART FEE</td>
</tr>
<tr>
<td>TUITION</td>
</tr>
</tbody>
</table>

Return packet to the BTRCS TUITION OFFICE at the Rectory
(Completed Registration paper, updated SMART paper, if necessary, completed Eligibility form and the signed Tuition Policy paper)

Registration after May 2020 → At least one month Tuition is to be paid at Registration
2020-21 SCHOOL YEAR
The completed form must be on file in the Tuition Office

Eligibility Form for Parish Educational Contribution

For the 20/21 school year TO BE CONSIDERED Category A at Blessed Trinity Regional Catholic School, this form must be completed and on file in the Tuition Office. All other families are automatically Category B. THIS FORM MUST BE RENEWED FOR EVERY SCHOOL YEAR

Family Name ____________________________

Child(ren)’s Name(s) and Grade in Sept. 2020

________________________________________

________________________________________

________________________________________

________________________________________

St. Timothy/ St. John Cantius’s Families: record your Church envelope # ______

Your form is complete

Return it with your registration form

All other Parishes

When you have completed the above information, make an appointment with the pastor of your parish in which you are a participating member. Ask Father to complete, sign and date this Eligibility Form. Return the completed form to the Tuition Office at St. Timothy Rectory. (You may return it to school and it will be sent to the Rectory)

The __________________ family are participating members of ________________ parish. They may be considered as Category A at Blessed Trinity Regional Catholic School and the parish will make the agreed-upon contribution for the child(ren)’s tuition.

______________________________

Pastor’s signature

Date ____________________________

Parish Seal


2020-2021 BTRCS TUITION POLICY

1. **School Tuition payments**: June, before the school year begins, until the following April

2. Any Agreement made with the BTRCS Tuition Office must be made in accordance within the above timeline.

3. The Parent decides on the **format of the SMART payment** (monthly, 4-times a year, 2-times a year or annually). If the parent takes the annually and the payment is before the June payment or a family registers after June and pays the entire Tuition at Registration, the family will be put on Bookkeeping, the SMART Process will be $6 and will receive a $100 Tuition Discount. These families must decide if they will sell the $250 of raffle chances or will pay that amount before June or at registration.

4. Families whose tuition is not paid in full and have registered for the following school year, their registration is on hold – the child(ren) will not have a guaranteed grade placement for the following school year until this situation is rectified.

5. BTRCS Tuition Office works solely with the School Tuition – it should be understood that for children to participate in different activities, **all other financial obligations (i.e. CARES) must be up-to-date**.

6. **Starting in June** – all payments must be up-to-date according to their chosen payment plan:
   - In **September** no child may begin school if their June – July – August tuition is not paid in full. On the first day of class, the teachers will have a list of those students who should be present. Any child not on the list will be sent to the Office and the parent will be called to come and take the child home.
   - **September to April**
     - **Monthly payments - BEFORE the 10th or 25th are the monthly payment dates** – if the payment has not been made and the tuition is not current, the child(ren) may not report to school on the first school day of the following month. When the payment is made and the tuition is current, the child(ren) may return.
     - It is the **responsibility of the Parent** to see that the child(ren) stay at home during this time
     - It is the **responsibility of the Parent to notify the Tuition Office when a financial situation arises** – An Agreement can be set up with the Tuition Office – keep in mind that #2 above must be followed in the agreement and the agreement should be set up **BEFORE the situation effects your child’s education**.
     - **To receive your children’s Progress Reports or Report cards** your Tuition Account must be current.

Thank you for taking care of this matter

BTRCS Tuition Office

Parent’s signature

Date

You received two copies of this policy, please keep one and sign and date the other.

Return the signed copy with the other Registration papers to the BTRCS Tuition Office