



# Divine Mercy Academy

Angela M. Manchini  
Principal

245 Azalea Drive  
Monroeville, PA 15146  
(412) 372-7255  
Fax (412) 372-7649

Divine Mercy Academy Early Childhood preschool program operates throughout the school year. The purpose is threefold: first, to provide a formal early childhood religious education; second, to further improve the continuity of academic progress offered at Divine Mercy Academy; third to offer a community service that will better utilize existing parish facilities.

**Philosophy** – Divine Mercy Academy Early Childhood preschool program imparts Gospel values by creating an atmosphere that encourages religious, social, physical and emotional development in early childhood.

**Curriculum** – The core of the program includes activities in Catholic religious education activities to develop positive self-image, self-expression, socialization, motor coordination, and perceptual skills.

**Staff** – The teacher of each program is an individual trained in Early Childhood Education. The program is under the direction of the principal. A permanent teacher aide is employed for the program.

**Transportation** – Transportation is the responsibility of the parent.

**Registration** – 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. A non-refundable registration fee of \$100 per family is required for those entering the program. The fee will be credited to the tuition. A birth certificate must be presented at the time of registration.

## DIVINE MERCY ACADEMY EARLY CHILDHOOD PRESCHOOL PROGRAM

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

2 Half Days (Tuesday & Thursday)	2 Full Days (Tuesday & Thursday)	**5 Full Days
9:00 a.m. – 11:30 a.m.	9:00 a.m. – 2:30 a.m.	9:00 a.m. – 2:30 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 Circle Choice)

3 Half Days (Monday, Wednesday, Friday)	3 Full Days (Monday, Wednesday, Friday)	5 Full Days
9:00 a.m. – 11:30 a.m.	9:00 a.m. – 2:30 a.m.	9:00 a.m. – 2:30 p.m.

\* Class offerings are subject to enrollment



(Please Print and Submit this form with the Non-Refundable Deposit 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)			ENTERING GRADE:
Student's Last Name:	First:	Middle:	
Address:			Male / Female:
City:	State:	Zip:	Phone:
Date of Birth:	Age as of September 1 <sup>st</sup> :		
Public School District of Residence: (Taxes paid to)			
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:		

### 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

\*\*OFFICE USE ONLY:

Birth Certificate  Immunization Records  FACTS Tuition Account  Registration Fee

Please list any talents or interests you will be willing to share with the school:

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**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 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 fee of \$100.  
Registration fee will be applied towards the tuition.

Checks and money orders should be made payable to: PERCES - DMA.