



Divine Mercy Academy

Angela M. Manchini
Principal

245 Azalea Drive
Monroeville, PA 15146
(412) 372-7255
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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 1st** 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 1st 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. – 12:00 p.m.	9:00 a.m. – 2:50 p.m.	9:00 a.m. – 2:50 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. – 12:00 p.m.	9:00 a.m. – 2:50 p.m.	9:00 a.m. – 2:50 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

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) ENTERING GRADE:

Student's Last Name:	First:	Middle:
Address:		Male / Female:
City:	State:	Zip:
Date of Birth:	Age as of September 1 st :	
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:

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)

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.