



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.

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 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

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: Phone:
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:

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immunization Records	<input type="checkbox"/> FACTS Tuition Account	<input type="checkbox"/> Registration Fee
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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 registration fee of \$100.

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