



Mother Teresa
Regional School

Reach Higher

Dear Parents/Guardians,

Welcome to the Mother Teresa Regional School Community. We are delighted you have expressed an interest in choosing Mother Teresa Regional School to begin your child's educational experience.

Mother Teresa Regional School is a Catholic education community with a dedicated faculty committed to academic excellence while helping children realize their full potential in an environment where they feel secure, confident and connected to their faith.

At MTRS, playing is learning. Students in the prekindergarten program learn important foundation skills through a variety of activities including play. Our prekindergarten program helps students develop the confidence to succeed in elementary school. Early literacy skills are introduced utilizing a variety of teaching techniques designed to pique a child's natural curiosity. Teachers meet each student at his/her level and work to help each student progress.

In this packet are all of the papers needed to register for Mother Teresa Regional School. We have also included some information about our school for your perusal. If you need additional information or have questions concerning the admissions process or school programs, please do not hesitate to call the school Monday through Friday, 8:00 AM . 3:00 PM. You can also visit our website, www.mtregional.com, which has a copy of all our admissions requirements, as well as information about school events. Information about how to volunteer at MTRS is also included, so that you are able to join with us in educating your child. Also available from the school are financial aid applications. These applications must be completed to be considered for financial assistance.

The entire Mother Teresa Regional School community joins with me in extending an invitation for you and your child to join our Catholic education community. We look forward to the opportunity to embark on an exciting educational journey with your family.

Sincerely,

Mrs. Melissa Whelan Wisk
Principal

55 South Ave., Atlantic Highlands, NJ 07716 • 732-291-1050 • www.mtregional.com

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Registration Form, page 2 of 2

Family Background

	Father	Mother (include maiden name)	Guardian
Name	_____	_____	_____
Address	_____	_____	_____
Occupation	_____	_____	_____
Position Held	_____	_____	_____
Religion	_____	_____	_____
Date of Death	_____	_____	_____
Education	<input type="checkbox"/> Elem. <input type="checkbox"/> Sec.	<input type="checkbox"/> Coll. <input type="checkbox"/> Adv.	<input type="checkbox"/> Elem. <input type="checkbox"/> Sec.
		<input type="checkbox"/> Elem. <input type="checkbox"/> Sec.	<input type="checkbox"/> Coll. <input type="checkbox"/> Adv.
			<input type="checkbox"/> Elem. <input type="checkbox"/> Sec.
			<input type="checkbox"/> Coll. <input type="checkbox"/> Adv.

Relationship of Guardian to Student _____

Home Situation (Check all that apply)

- Two Parents
- One Parent
- Parents Separated or Divorced
- Restructured . mother/stepfather
- Father Remarried
- Mother Remarried
- Restructured . stepmother/father
- Other

Child Resides With _____

Language Spoken at Home _____

Siblings	Complete Name	Date of Birth
	_____	_____
	_____	_____



School Entrance Physical

Student _____ Birthday _____ Sex _____

Address _____

City _____ State _____ Zip _____

Phone _____

Date of Examination _____ Date of entry into School _____

All Items must be completed:

Height _____ Weight _____ Vision _____ Hearing _____

Blood Pressure _____

Disease History (please specify type and age at onset)

Allergies	Convulsive Disorders
Congenital Defects	Diabetes
Drug Sensitivities	Heart Disease
Hepatitis	Otitis Media
Neuromuscular Disorders	Rheumatic Fever
Asthma	Strep Infections
Chicken Pox	Mononucleosis
Lyme Disease	Other Illnesses
Operations or injuries	

Physical Examination (please note every item):

Ears (otoscopic)	Genito-Urinary
Eyes	Orthopedic
Lymph Glands	Structural
Thyroid	Posture
Nose	Feet
Throat	Skin
Teeth-Mouth	Nutrition
Heart	Nervous System
Lungs	Speech
Abdomen	General Appearance
Hernia	Other

Immunization Record (exact Month/Day/Year- required by law)

May attach a print out with student name and MD stamp.

	#1	#2	#3	Booster #1	Booster #2
DPT					
Polio					
Hepatitis B Vaccine					

One Booster of DPT and Polio Vaccine must be given on or after 4th birthday

Measles Vaccine (given after 1st birthday) _____

Rubella Vaccine (given after 1st birthday) _____ or #1 MMR _____

Mumps Vaccine (given after 1st birthday) _____

MMR Booster _____ (must be given at least one month after 1st dose and prior to Kindergarten entry)

HIB Vaccine _____ (required for children entering prior to 59 months of age)

Varicella Vaccine _____ Mantoux _____ (not required)

Pre-K Students- NEW REQUIREMENT:

Flu Vaccine (to be given between September and December 31st) _____

Pneumococcal Vaccine _____ (at least one dose on or after 1st birthday)

Students Entering 6th Grade (born on or after 1/1/97) NEW REQUIREMENT:

Tdap (Booster dose) _____

Meningococcal Vaccine _____

Recommendations or restrictions (if any):

I have examined this child and find him/her physically fit to participate in all school activities.

Signature of Physician _____
(stamps or counter signatures are not acceptable)

Physician's Name _____ Phone _____
(please print)

I give my permission for all health information to be shared with school personnel on a need to know basis as determined by the administration and the school nursing staff.

Signature of Parent/Guardian

Date



Tuition Agreement for Preschool

I agree to pay the school tuition rate for my child(ren) to attend Mother Teresa Regional School and will abide by the tuition policy as set forth in the school's handbook. Please indicate your preference below.

_____	Full Day PreK 4 year old 8:00 AM . 2:30 PM (Child must be 4 by Oct. 1, 2012)	\$5,138
_____	Full Day PreK 3 year old 8:00 AM . 2:30 PM (Child must be 3 by Oct. 1, 2012)	\$5,138
_____	Half Day PreK 4 year old 8:00 AM . 11:00 AM	\$4,418
_____	Half Day PreK 3 year old 8:00 AM . 11:00 AM	\$4,418
_____	Half Day PreK 3 year old, 3 days a week (T, W, TH)	\$3,053

All families must register with SMART tuition regardless of how they are paying their tuition. In addition to tuition, all families are asked to volunteer 12 hours with the PTA, or pay a fee of \$500. The \$500 fee will be added to SMART on June 1, 2013 if hours are not completed. Information on the SMART tuition program can be found in the registration packet.

Name of child _____ 2012 Grade _____

Name of child _____ 2012 Grade _____

Name of child _____ 2012 Grade _____

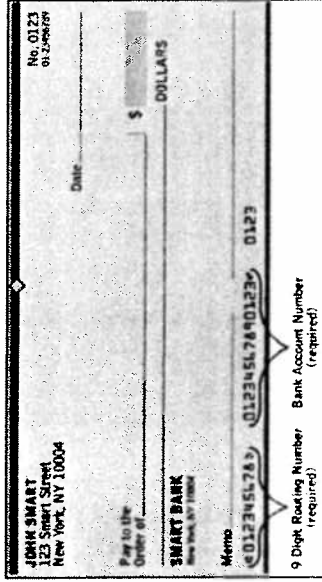
Parent/Guardian Name _____
(please print)

Signature of Parent/Guardian _____

PARENT INSTRUCTIONS

Please use capital letters and print clearly.

1. **ENTER FAMILY INFORMATION:** Provide us with all of the requested contact information. If desired, use the "Additional Authorized Party" field to allow another person to access your tuition account information and make payments on the account. Be sure to include your email address, as we may contact you regarding important account information.
2. **SELECT A PAYMENT METHOD:** If you choose to pay by mail you will receive a bill that will be due on the date selected. Please mail your payment at least seven days prior to the due date. If you select Auto-Debit, Smart Tuition will debit your bank or credit card account on the debit date selected. If you choose to pay from your checking account, please include a voided check to ensure the accuracy of your information. On the bottom of every check, there is a 9 digit routing number that represents your bank (example below). It is typically located on the left side of the bottom of the check. Smart Tuition can not process automatic payments if the routing number is missing.



Please choose one of the due dates from the available dates provided. If you choose a due date not approved by your school, your account will default to the latest due date available.

3. **SELECT A PAYMENT PLAN:** Please choose one of the plans offered by your school by putting the letter of the plan in the box. Payment plans are made available by your school and cannot be changed by Smart Tuition without school permission.
4. **ENTER STUDENT INFORMATION:** Please write the name and grade of the children who will attend this school.
5. **PLEASE READ AND SIGN:** Please review the terms and conditions. The Primary Bill Payer must sign the form.

www.parents.smarttuition.com

TERMS AND CONDITIONS

Smart Tuition receives, processes and deposits your payments into your school's bank account. Our secure website and 24/7 parent help center are available to families that have questions about their tuition payment plans.

Late Enrollment: If Smart Tuition does not receive your enrollment form on time, your first payment date will be moved forward. Your school may require you to catch up any missed payments on your first due date or may establish a plan with a smaller number of larger payments.

Refunds: Smart Tuition does not issue cash refunds. Overpayments will be carried on your account and credited to future tuition payments. All reimbursements or refunds must be arranged with your school.

Late Fees: Any payment that is not received by Smart Tuition by your due date is considered late and may receive a late fee. In the event that your account becomes delinquent, Smart Tuition may provide your school a follow-up service which will contact you via mail, telephone, or e-mail. Your account may be charged \$35.00 as a result of this service. This fee is in addition to any late fees charged by your school.

Dishonored Payments: A fee of \$25.00 will be applied to your account for any failed auto-debit and failed check payments. Your bank may impose additional fees.

Auto-debit Terms (Applies to auto-debit enrollees only): By signing this enrollment form you agree to authorize Smart Tuition to debit your account on the scheduled dates as described on the reverse side. If your auto-debit due date falls on a weekend or holiday, your account will be debited on the following business day. You agree that if any such debit is dishonored, for any reason, Smart Tuition shall have no liability for any fees charged to you by your financial institution. Smart Tuition will automatically reattempt any failed debits approximately 10 days after their failure. This authority will remain in effect until Smart Tuition receives your written instruction to cancel auto-debit service. To cancel or stop a scheduled auto-debit payment, you must contact Smart Tuition no later than 3 business days prior to the scheduled payment at **(888) 868-8828**.

Amendments

By signing this enrollment form you acknowledge and agree that such terms and conditions may be amended from time to time by Smart Tuition and such amendments will be reflected on Smart Tuition's website.

Smart Tuition Privacy Policy

We do not disclose any personal information about our families to anyone, except as permitted by law. Smart Tuition has adopted numerous procedures to protect the confidentiality of school and family information. We adhere to the Payment Card Industry's Standard for storing family information.



SMART TUITION
Financial Solutions for Schools and Parents

& Your School Have Formed A Partnership



That Benefits Your School, Your Child, And You.

**Please return completed form
to your school immediately.**

If you have any questions regarding
this form, contact Smart Tuition at:

1-888-868-8828

Family Survey

Income Eligibility Guidelines

Fiscal Year 2012

1. Please **circle** your family size and the annual, monthly, or weekly income level listed beside it on the chart below:

Family Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
One	\$20,147	\$1,679	\$840	\$775	\$388
Two	\$27,214	\$2,268	\$1,134	\$1,047	\$524
Three	\$34,281	\$2,857	\$1,429	\$1,319	\$660
Four	\$41,348	\$3,446	\$1,723	\$1,591	\$796
Five	\$48,415	\$4,035	\$2,018	\$1,863	\$932
Six	\$55,482	\$4,624	\$2,312	\$2,134	\$1,067
Seven	\$62,549	\$5,213	\$2,607	\$2,406	\$1,203
Eight	\$69,616	\$5,802	\$2,901	\$2,678	\$1,339
For each Add'l family Member, Add	+\$7,067	+\$589	+\$295	+\$272	+\$136

Is your family income less than this amount?

Yes _____ No _____

2. Are you receiving assistance under the *Aid to Families with Dependent Children* Program?

Yes _____ No _____

3. Are any of your children eligible to receive medical assistance under the *Medicaid* Program?

Yes _____ No _____

4. Identify the public school that your child(ren) would have attended if they were not attending their current nonpublic school, their initials and grade level.

Name of Public School (required)	Your child(ren)'s initials (required)	Grade Level (required)
1.		
2.		
3.		
4.		

Signature _____

Name (Please Print) _____

Home Address _____

Home Phone Number _____

Please Note: You may be asked to submit verification of actual income to substantiate your response



Information Release Form

Family Directory

In order to assist in communication, we at Mother Teresa Regional School would like to create a family directory. With your permission, we would like to include your child's name, grade, home address, phone number, email, and your names in a family directory, which would then be distributed to all of the families. Please indicate your willingness to participate by checking the appropriate box.

_____ Yes

_____ No

Photographs

During the course of the school year, your child may be photographed at various events. Please indicate below if you are willing to allow your child's photograph to be used in advertising, news releases, and on the school website. We will never identify the child without contacting the parent again to secure permission to release a child's name.

_____ Yes

_____ No

Video

During the course of the school year, your child may be video recorded at various events. Please indicate below if you are willing to allow your child to be used in video advertising, news releases, and on the school website. We will never identify the child without contacting the parent again to secure permission to release a child's name.

_____ Yes

_____ No

High School Information

For parents of children in seventh and eighth grades:

Each year the local Catholic and public high schools ask for a list of 7th & 8th graders and their addresses. This request is to allow the high schools to send information to the students about upcoming open houses and admission requirements. Please indicate your willingness to have your child's name and address released to the high schools.

_____ Yes

_____ No

**Signature of
Parent/Guardian**

**Student(s) Name
Please Print**



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Extended Day Program

Reach Higher

The EDP Program will begin on September 4th and end the day before the last day of school.

**There will be no EDP on the following dates:
11/21, 12/21, 2/1, 3/28, 5/24**

Purpose:

The Extended Day Program (EDP) has been established to assist families of MTRS who work and desire to keep their children in a safe and structured environment.

The program is a school extension, and it helps children relate among themselves, to do their homework, and to relax in a warm atmosphere. The program is a privilege offered to children in grades Pre-Kindergarten through 8th grade.

Schedule: 7:00 AM until 7:45 AM
2:30 PM to 5:30 PM each full day
12:00 PM to 5:30 PM on half day sessions

Location: Room 100

Cost: \$7.00 for the first child per hour
\$11.00 for two children per hour
\$15.00 for three children or more per hour
Charges will be rounded to the nearest 15 minute interval for billing purposes.

Late Fee: An additional charge of \$5.00 per 15 minutes if picked up after 5:30 PM.

Payment: Bills will be sent home every two weeks and payment must be made **promptly** to the school. Checks can be made payable to MTRS. If you are over two weeks behind, your child/children may not be able to attend the program.

Insurance: The school insurance will cover the children for the EDP program.

Supervision: The children will be supervised during the EDP Program by a qualified adult.

Emergency: The telephone number to be used for the EDP Program (**after school hours only**) is 291-1050 ext. 114.

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Extended Day Program Registration

Reach Higher

Due First Day of School

Please Note: Every parent must complete this form in the event of an emergency that requires your children to be cared for by the school after dismissal.

Name of Child(ren) _____

Please indicate who will be responsible for picking up your child(ren) from EDP as well as a contact number for them.

Name of Person

Contact Information

We will not release your child(ren) to anyone else unless there is a written note from a parent or guardian presented to the director of EDP.

I agree to all of the terms of the EDP program along with the following:

1. I understand that my child/children should be picked up by 5:30 PM, if not a late charge of \$5.00 per 15 minutes will be applied to each child.
2. All payments will be made promptly, to the school or my child/children will not be able to attend after two weeks.
3. The late balance will be applied to the SMART Program if you fall behind in your weekly payments.
4. Please remember that you must be current with your EDP payments in order to receive your child/children's report card.

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Dear Parents/Guardians,

In order to facilitate your registration with MTRS we have developed a checklist of all the necessary paperwork which must be completed. Please use this as a guide and be sure to submit all documents and forms in order to ensure a complete registration. If you have any questions, please do not hesitate to contact the school office for information.

1. _____ Mother Teresa Regional School Registration Form
2. _____ Physical Form (one per student)
3. _____ Tuition agreement form and SMART Tuition Payment Form
4. _____ Information Release Form
5. _____ Please provide copies of the following documents
 - ❖ Birth Certificate
 - ❖ Baptismal Certificate and any other sacraments if applicable
6. _____ Non Refundable Registration fee of \$125 per student

New student registration will be accepted starting February 6th. You may register anytime after this date by submitting the registration form in person or through the mail.