

UR LADY OF ANGELS REGIONAL SCHOOL
 2130 Franklin Avenue
 Morton, Pennsylvania 19070
 610.543.8350
 pmcgraw@olaschool2.com



Forming Future Leaders In Faith

**RETURNING STUDENT REGISTRATION CHECKLIST
 2019-2020**

Registration is not complete or guaranteed until all appropriate forms are submitted.

STUDENT NAME	
GRADE IN SEPTEMBER (please circle)	K 1 2 3 4 5 6 7 8 Pre K 3 & Pre k-4 3 days p/t 3 days f/t 5 days p/t 5 days f/t

ALL STUDENTS [Due at Time of Registration]

\$275.00 COMMITMENT FEE [will be deducted from tuition balance]	
PARISH SUBSIDY VERIFICATION FORM [Catholic families only]	
MEMORANDUM OF UNDERSTANDING	
REGISTRATION FORM	
SMART TUITION FORM	
PA TEXTBOOK LOAN REQUEST	
PARENT PERMISSION FORM FOR GENERAL TECHNOLOGY USE	

ADDITIONAL FORMS

[Found on website under Parent Resources- School Nurse]

PHYSICIAN'S EXAM REPORT [due by September 1, 2019]	
DENTAL EXAM REPORT [due by September 1, 2019]	

Office Use Only: ALL required documents/forms/fees received _____

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Parish Subsidy Verification **(\$25 handling fee if not received at time of Registration)**

Policy: Only **registered, participating and contributing** members of a parish are eligible for a Participating Parishioner Tuition Rate and a Parish Subsidy for their child(ren) enrolled in Our Lady of Angels Regional Catholic School.

Instructions: *If you are in compliance with the above policy, please complete PART A, and take or mail this form to the rectory office at your parish to have it **signed and sealed** with the parish seal, giving OLA permission to charge the Participating Parishioner Tuition Rate and to bill your parish for a Tuition Subsidy. Allow 5 business days for your parish to process this form.*

This completed form is part of the OLA Registration Packet and must be included when you register to receive the Participating Parishioner Rate and a Parish Subsidy.

PART A:

Parent(s)/Guardian(s) _____ Phone# _____
Street Address: _____
City _____ State _____ Zipcode _____

Child(ren) *(if additional space is needed, please use reverse side):*

Name _____ Grade in September _____
Name _____ Grade in September _____
Name _____ Grade in September _____

PART B:

The family listed above has met the necessary requirements to be considered a participating, contributing member of our parish. They are eligible to receive the Participating Parishioner Rate at Our Lady of Angels Regional Catholic School. In addition, our parish agrees to pay a Tuition Subsidy for each child in this family who is enrolled in Our Lady of Angels Regional Catholic School.

Pastor (or authorized person)

Date

Seal

Parish: _____

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MEMORANDUM OF UNDERSTANDING

Every Catholic school student has a right to be treated as a child of God, with the love and respect that implies, regardless of family circumstances. In like manner, the believing community has the right to an education guided by Catholic teaching and identity, unimpeded by pressures contrary to Church teaching.

As parent/guardian of a student in a Catholic school, we understand, affirm, and support the following:

1. Attending a Catholic school is a privilege, not a right.
2. The primary purpose of a Catholic school education is two-fold: to strengthen the Catholic community in its faith, and to form students in the teachings of Jesus Christ and the Catholic Church.
3. Catholic schools are distinctive religious education institutions guided by the teachings of the Catholic Church. They are not simply private schools offering a positive moral code. Rather, they exist to advance the faith mission of the sponsoring Catholic parish(es), Archdiocese, or Catholic religious community.
4. While Catholic education places a high value on academic excellence and extracurricular achievement, its fundamental priority is fidelity to Catholic teaching and identity.
5. The school and its administration have the responsibility to ensure that Catholic teaching and moral integrity permeate every facet of the school's life and activity and that the school is able to function as a community of faith.
6. In all questions that involve Catholic teaching, morals, and Church law, the final determination rests with the Archbishop.

As parents/guardians, desiring to enroll my/our child in a Catholic school, I/we accept this memorandum of understanding. We pledge support for the Catholic identity and mission of this school and by enrolling my/our child we commit ourselves to uphold all principles and policies that govern the Catholic School.

Parent/Guardian (**Please print**)

Date

Parent/Guardian Signature

Date

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Please Print all information and return this form along with your Parish Verification Form and \$275 Per Family Non-Refundable Commitment Fee. Fee will be deducted from your 2019-2020 tuition balance. All checks should be made payable to Our Lady of Angels RCS.

Family Name: _____

Family Address _____

E-mail Address/es: (M)_____ (F)_____

Home Phone #: _____

Cell # (Mother) _____ Cell # (Father) _____

❖ Parish/Church in which you are registered **and** financially support: _____

❖ **Financial Support means the parish to which you contribute in your weekly parish envelope.**

Public School District of Residence: _____

(You must be registered in the district in which you reside.)

Will Children Be Using School District Transportation? Circle: Yes No

RETURNING STUDENT INFORMATION:

LAST NAME FIRST NAME GRADE NEXT YEAR (2018/2019)

_____	_____	_____
_____	_____	_____
_____	_____	_____

*******If you are registering a new sibling, you must request a new student registration form. All Kindergarten registrations are considered new to the school. This form is for returning 1 – 8 students only. *******

I/WE HAVE READ, UNDERSTAND AND COMMIT TO THE TUITION RATES, SCALE AND SCHOOL POLICY:



2019/2020 Tuition Payment Change

ALL tuition payments in 2019/2020 school year will be processed through FACTS Management in place of Smart Tuition. (Information about FACTS will come at a later date)

The Facts on FACTS

- ✓ **All payment types and customizable dashboard reporting**
 - ✓ **24/7 phone support, instant chat, and text messaging**
 - ✓ **FACTS Financial Aid & Tuition systems are linked! One single sign on for both!**
 - ✓ **Online payment of fees, field trips etc. means OLA can continue its mission to be as paperless as possible! Go Green!**
 - ✓ **Ability to pre-pay for events and more with a Pre-Pay account**
 - ✓ **Itemized Invoices**
 - ✓ **Instant access to your tax statements every year**
 - ✓ **Access to each child's account with one username if children are enrolled in separate schools that use FACTS.**
- *All Archdiocesan high schools are now required to use FACTS. ***

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Dear Parent/Guardian:

State legislation authorizes the loan of textbooks, instructional materials, and equipment by the Secretary of Education to Pennsylvania children enrolled in kindergarten through grade 12 in nonpublic and private schools. Our school is now in the process of requesting specific textbooks, materials and equipment to be loaned to your child(ren). It is required, however, that a parent/guardian of each child attending the nonpublic or private school, individually request a loan of textbooks, instructional materials and equipment. We are, therefore, enclosing the individual request form. Please sign the form, date it, and return it to the school immediately. Thank you for your continued assistance and cooperation.

Peace and good,

Mrs. Susan Lowe
Principal

***CERTIFICATE OF INDIVIDUAL REQUEST FOR LOAN OF TEXTBOOKS,
INSTRUCTIONAL MATERIALS AND EQUIPMENT***

I hereby request the loan of textbooks, instructional materials and equipment in accordance with the Pennsylvania School Code of 1949 for my child(ren) attending Our Lady of Angels Regional Catholic School in Morton, PA.

Family Name: **(Please Print)** _____

Parent/Guardian Signature: _____

Students: _____
(Please Print) _____

This program is available to ***Pennsylvania residents only.***

(This form is to remain on file at the school.)

Date: _____

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Parent Permission Form for General Technology Use

During your child’s formative years at the elementary and secondary level, an understanding of technology, including Web 2.0 tools, will be used that will assist them in their learning over the course of their school experience. New tools arise every day and your children will be expected to become highly productive effective communicators, inventive thinkers, and masters of technology.

In the use of technology in Our Lady of Angels Regional Catholic School, your child’s safety and security are our number one priority. All websites and tools have been, and will continue to be, thoroughly examined by experienced educators, and are commonly used in education today.

In order for your child to take advantage of, and participate fully in our school technology program, ***we ask that you give your permission for:***

- A personal account on approved educational sites (when age/grade appropriate)
- A school created student email address (when age/grade appropriate)
- Student ***work*** to be published on school or classroom websites
- Student ***photo*** be published on school or classroom website, local newspapers or school brochures and/or publications (names not usually included unless for special recognition)
- Participation in ***supervised interviews*** with the news media concerning school related events and/or programs

_____ I/we have read, understand and **grant permission** for all of the above.

_____ I/we **do not grant permission** for participation in all of the above.

Family Name: _____
(Please Print)

Parent/Guardian ***signature***: _____

Student Names: *(Please Print)*

_____	Grade: _____
_____	Grade: _____
_____	Grade: _____
_____	Grade: _____

Date: _____

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CARES PROGRAM

Dear Parents,

Thank you for the opportunity to work with your child in our after school program! We have enjoyed meeting new friends and are happy to have familiar faces as well.

We have many new families this year, so we wanted to send a reminder to everyone on how the Cares Program operates.

Our program runs daily from 2:50 – 6:00pm. Your child will be able to complete his/her written homework, participate in group play, and will be involved in various activities. Snacks and drinks must be provided by parents, or guardian.

The cost of the program is as follows:

BEFORE CARES 7:00AM - \$7.00 PER DAY

2:50 – 6:00pm

11:30 – 6:00pm

1 child: \$18 per day

1 child: \$29 per day

2 children: \$25 per day

2 children \$45 per day

3 or more children: \$30 per day

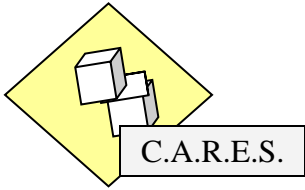
3 or more children: \$50 per day

Payment for CARES is due on the **MONDAY** of each week; payable in CASH, and or CHECK. Please make sure that you send your payment in with your child, in an envelope marked **CARES**, with your child's name and the days he/she will be attending. You may also make payment to the teacher on Monday afternoon when you pick your child up. Please have the exact amount. Any overpayment will be credited to your account for the following week.

Due to an overwhelming number of non-payments or late payments, we will no longer accept daily payments when you pick your child up. All monies are due at the beginning of the week-**NO EXCEPTIONS.**

Any parent, or guardian, who fails to make payment for two consecutive weeks, their child(ren) will be removed from the program until payment is made in full. Then, the child(ren) will be reinstated. We appreciate your support and understanding, and look forward to another successful year!

Mrs. Squadrito
Mrs. Franzen



OUR LADY OF ANGELS REGIONAL CATHOLIC SCHOOL

C.A.R.E.S. Program

Registration Form

Registration Fee \$20.00

Date Received _____

STUDENT'S NAME _____ MALE _____ FEMALE _____

DATE OF BIRTH _____ AGE _____ ENTERING GRADE _____

ADDRESS _____ CITY _____ STATE _____

HOME PHONE _____ EMAIL _____

MOTHER'S NAME _____ CELL # _____

WORK # _____

FATHER'S NAME _____ CELL # _____

WORK # _____

EMERGENCY PICK-UP (OTHER THAN PARENTS)

1. NAME _____ NUMBER _____ RELATIONSHIP _____

2. NAME _____ NUMBER _____ RELATIONSHIP _____

THE FOLLOWING PERSON(S) MAY NOT PICK UP MY CHILD(REN)

MEDICAL INFORMATION: (EXAMPLE: ALLERGIES) _____

ALL PAYMENTS MUST BE MADE ON THE MONDAY OF EACH WEEK.

PARENT'S SIGNATURES _____ DATE _____

PARENT'S SIGNATURES _____ DATE _____