Madonna Catholic Regional School

731 Chess Street • Monongahela, Pennsylvania 15063

Phone (724) 258-3199 e-mail: info@madonnacatholic.com www.madonnacatholic.com
APPLICATION FOR PRESCHOOL & PRE-KINDERGARTEN ADMISSION 2023-2024



Please return this Application Packet to school office to enroll your child/ren.
A \$100 Registration/FACTS fee will be billed through your FACTS tuition account.
Applications for new students must include a copy of their birth certificate, immunization record, and baptismal certificate- if applicable.

STUDENT DATA (Please Print Clearly)

Student's Last Name:	First:	Middle:						
Address:		Male / Female:						
City: State:	Zip:	Phone:						
Date of Birth:	Public School District in which you live:							
Age as of 9/1/23:								
Religion:	If Catholic, parish and diocese:							
Ethnicity Black Hispanic Asian Native American White Multi-racial Pacific Island								
Current School (if any):								
FAMIL	Y DATA (<i>Please <u>Print</u> Clearly</i>)							

MOTHER (First, Maiden & Last) FATHER

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Preferred Phone Number:	Preferred Phone Number:
E-mail:	E-mail:
Occupation:	Occupation:
Employer:	Employer:
Business Phone:	Business Phone:
Religion:	Religion:
Parish where registered:	Parish where registered:
Catholic School Alumni □Yes □ No	Catholic School Alumni ☐ Yes ☐ No

Student resides with:	☐ Both F	Parents	Mother only	☐ Fa	ther only	☐ Joint Custody		
CHECK ALL THOSE THAT APPLY								
Parents MarriedParents not marriedMother Deceased	I	☐ Sin	rents Separated ngle Parent Fam ther Deceased			Parents Divorced Mother Remarried Father Remarried		
Custody: A legal document si	ating guar		IANSHIP (if ap e provided in d		, adoption	, physical, or shared custody		
Student's legal guardian (if othe	r than parei	nt)						
Relationship to the student								
		uition Statements tion unless an ad				STUDENT DATA section pelow.		
Name:								
Address:								
	Exam	nples: allergies,	, medication,	special condit	ions:			
If Yes, please explain:	oes your (child have any s	special needs	s: Yes	No			
Please put a check	beside	e the progr	am you a	re interes	ted in e	enrolling your child:		
2-DAY PRO	OGRAM	Must be 3 by	/ 09/01/23 ⁻	Γuesdays and	Thursday	ys from 8:30 – 11:00		
3-DAY PRO	OGRAM	Must be 4 by	/ 09/01/23 N	Monday, Wed	nesday, a	and Friday		
Please sel	ect ½ or	full day below	′					
½ [AY 8:30	– Noon	F	ULL DAY 8:3	0 – 3:00			
5-DAY PRO	OGRAM	Must be 4 by	/ 09/01/23	Monday – Fri	day			
		full day below - Noon _		DAY 8:30 – 3	3:00			
Parent/Guardian Signature						Date		

As Madonna Catholic Regional School is a private, non-public institution, the administration reserves the right to refuse or terminate the enrollment of a student for any reason and at any time. Any disciplinary policies and procedures are simply guidelines that the school generally follows. These guidelines do not impede this right by administration to terminate the enrollment of a student for any reason at any time. False information on this and any of the application documents may cause a forfeit of admission consideration or enrollment if discovered after the student is accepted for enrollment. The above statement and this application for admission are inclusive of all application documents.