



ST. MICHAEL CATHOLIC SCHOOL

2024-2025 ACADEMY OF ANGELS REGISTRATION

Student First Name: _____ Last Name: _____

Birth Date: _____ Gender: Male Female

Address: _____

Public School District: _____

Ethnicity: Caucasian Hispanic/Latino Black/African American Asian Multi-Racial Other: _____

Is Student Catholic? Yes No Is Student Baptized Catholic? Yes No

Check Any Statements that are TRUE for your child:

- ☐ Has attended a daycare/preschool program: Where? _____
- ☐ Is receiving speech and language services (please provide a copy of speech/language plan)
- ☐ Is on an IEP (please provide a copy of the current plan to the school)
- ☐ Is suspected of having a behavioral issue that may impact his/her schooling
- ☐ Is suspected of having an academic concern that may impact his/her schooling
- ☐ Has custody documentation forms (please provide a copy of the current plan to the school)
 - ☐ Custodial Parent is: _____
- ☐ Has a food allergy: Explain: _____

Father First Name: _____ Last Name: _____ Salutation: Mr. Dr.

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Religious Denomination: _____

Mother First Name: _____ Last Name: _____ Salutation: Mrs. Ms. Miss Dr.

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Religious Denomination: _____

Register Child For:

- ☐ 2-Day Preschool (*turn 3 by July 31, 2024*) Tuition Rate - \$1220
- ☐ 3-Day Preschool (*turn 4 by Dec. 31, 2024*) Tuition Rate - \$1650
- ☐ 5-Day Preschool (*turn 4 by July 31, 2024*) Tuition Rate - \$2700
- ☐ Kindergarten Readiness (*turn 4 by May 31, 2024*) Tuition Rate - \$5400
 - ☐ I will pay tuition in full
 - ☐ I will apply for tuition assistance through FACTS

\$50 non-refundable or \$150/family deposit is required at the time of registration. The deposit will be applied to tuition.

CONTINUE ON BACK TO COMPLETE REGISTRATION FORM



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Documentation Needed to Register for First Time Students:

- ☐ Copy of birth certificate
- ☐ Copy of social security card
- ☐ Copy of baptismal certificate (if Catholic and not baptized in St. Michael Parish)

Yearly Documentation Need for All Students:

- ☐ Physical - Each student enrolled in Academy of Angels classes must have a current physical signed by a physician on file before school begins. Forms can be found on the school website or in the office.
- ☐ Copy of immunization records

Payment Options:

- ☐ Single Payment by cash or check. Tuition must be prepaid by **June 15, 2024**. All tuition paid in full after this date will be increased by \$100.
- ☐ Monthly Electronic Funds Transfer (\$25 yearly fee). **Please complete a new EFT form yearly.** Payments will be taken July 20th-April 20th, or until the balance is paid in full.

Tuition Agreements:

- ☐ I have included a **non-refundable** \$50.00/child or \$150/family deposit (credited to my final tuition). If paying in full today, no deposit is required.
- ☐ An additional \$50 materials fee will be charged/student in Academy of Angels classes for withdrawing after June 30, 2024.
- ☐ If my student withdraws from school from July 1, 2024 - the end of the school year, I will receive a partial tuition refund on a semester basis.

Students are considered registered upon receipt of registration form and deposit to school office unless you receive a call that your child has been placed on a waiting list.

Parent/Guardian Signature: _____ Date: _____

Office Use Only: Date Received: _____ Deposit: \$ _____ check# _____ cash _____ DB entered _____