



**Divine Mercy Catholic Academy**

1940 N Courtenay Parkway  
Merritt Island, FL 32953  
321-452-0263 FAX 321-453-7573

Office use:

- \_\_\_\_\_ Amount Reg. Fee Paid, 0 for VPK
- \_\_\_\_\_ Check # or Cash
- \_\_\_\_\_ Date Paid
- \_\_\_\_\_ Extd. Care Fee Paid
- \_\_\_\_\_ Check # or Cash
- \_\_\_\_\_ Date Paid

**Registration for 2018 / 2019**

**PARENT / GUARDIAN FAMILY INFORMATION**

Parents/Guardians: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Home Email: \_\_\_\_\_

Father / Male Guardian Information:

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Work No.: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Work Email: \_\_\_\_\_

Mother / Female Guardian Information

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Work No.: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Work Email: \_\_\_\_\_

**\* Please indicate PRIMARY email account**

Marital Status of Biological Parents: \_\_\_\_\_  
 Student(s) Live with: \_\_\_\_\_

**EXTENDED DAY CARE**

Please enroll my family in the Extended Day program.  
 I have included the registration fee of \$65 per family:  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**SECOND PARENT INFORMATION** (if applicable)

Below information is provided for: \_\_\_\_\_ parent having joint or partial custody, or \_\_\_\_\_ non-custodial parent.

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 ZIP: \_\_\_\_\_

Relationship: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**PLEASE COMPLETE FOR ACCURATE BILLING**

**TUITION**

Divine Mercy Parishioner: Yes or No      Envelope No.: \_\_\_\_\_

I understand that to qualify for Category I tuition rate (parish member) I must be a registered parishioner, attend Mass regularly, and contribute a minimum of \$600.00 to Divine Mercy Church each calendar year.

Non-Parishioner: Yes or No

Name(s) of Student(s) in:

Half Day Pre-K3 (Monday – Friday 8:00 AM to Noon): \_\_\_\_\_

Full Day Pre-K3 (Monday-Friday 8:00 AM to 3:00 PM): \_\_\_\_\_

Half Day VPK (Monday – Friday 8:00 AM to Noon): no charge for VPK \_\_\_\_\_

Full Day PK4 (Monday-Friday 8:00 AM to 3:00 PM): \_\_\_\_\_

K-8<sup>th</sup> Grade: \_\_\_\_\_

**PAYMENT OPTIONS:** Through FACTS, via checking/savings or credit card

**OPTION**

1. Single payment with \$100 discount on or before July 15<sup>th</sup> \_\_\_\_\_

2. Semi-Annual payment – July and January \* \_\_\_\_\_

3. Quarterly payment – July, September, November and February \* \_\_\_\_\_

4. 10 or 11 monthly payment – must conclude by May \* \_\_\_\_\_ months

\*Payments for options 2, 3 and 4 will be made through automatic bank payments directly from your bank account. The cost of the program is \$35 per year per family and will be added to the first month of tuition.

**GRADUATION FEE:** \$150.00. Families on FACTS will have this amount added to their FIRST monthly debit. For families not on FACTS, this amount is due at time of tuition payment.

I am registering an 8<sup>th</sup> grade student     Yes     No

**TERMS OF REGISTRATION** I agree to comply with Divine Mercy Catholic Academy’s Policies as stated in the Parent Student Handbook, including 100 volunteer points and support of fundraisers. If my child is enrolled in the VPK program, I agree to comply with VPK requirements including attendance policies.

**Scholarships:** Registration fee is required at time of registration. I agree to pay for any registration fee and/or tuition balance in excess of the scholarship. A payment plan must be completed upon enrollment indicating how this tuition amount will be paid. Families with more than one student: Students receiving a scholarship will not receive the multi-student discount applied to their tuition, however, siblings that do not receive a scholarship will have the multi-student discount if applicable. Please refer to the tuition rate sheet.

Divine Mercy Catholic Academy is authorized to use my child(ren)’s name(s) and photo(s) on television, in the school yearbook, and in promotional materials for Divine Mercy Catholic Academy (yes or no): \_\_\_\_\_

Divine Mercy Catholic Academy is authorized to use the following information in the school directory:

Mailing Address: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_ Email Address: \_\_\_\_\_

**NOTE:** A blank response to previous answers will be interpreted as a “yes”.

This application is not valid until the registration/re-registration fee has been paid. Registration/re-registration is in addition to tuition and is nonrefundable. **Re-registration** fees are:

- \$200 per student before March 1, 2018
- \$225 per student March 1 – April 8, 2018
- \$250 per student if paid after April 9, 2018

Birth, baptismal and Florida health certificates must be on file in the school office. If any information furnished herein is found to be false, this registration will be considered null and void.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_