



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 2019 / 2020

FAMILY INFORMATION

Family Last Name: _____
Street _____

City _____
State _____ ZIP _____

Parent / Guardian Information:

Name: _____
Relationship: _____
Cell: _____
Home Phone: _____
Email: _____
Religion: _____
Company: _____
Occupation: _____
Work Phone: _____
Work Email: _____

Parent / Guardian Information

Name: _____
Relationship: _____
Cell: _____
Home Phone: _____
Email: _____
Religion: _____
Company: _____
Occupation: _____
Work Phone: _____
Work Email: _____

Additional Parent / Guardian Information (if applicable)

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

Name: _____
Street: _____
City: _____
State: _____
ZIP: _____
Cell Phone: _____
Home Phone: _____

Email: _____
Relationship: _____
Religion: _____
Company: _____
Occupation: _____
Work Phone: _____
Work Email: _____

EXTENDED DAY CARE

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

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-8th Grade: _____

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

OPTION

1. Single payment with \$100 discount on or before July 15th _____

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 8th 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 April 17, 2019
- \$250 per student April 18-May 24, 2019
- \$350 per student after May 24, 2019

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** _____