

NEW FAMILY
 RETURNING FAMILY



ST. MEL'S CATHOLIC ACADEMY

154-24 26th Avenue ○ Flushing, NY 11354
 Phone: (718)539-8211 ○ Fax: (718)539-6563 ○ www.stmelsacademy.org

REGISTRATION FORM 2019-2020 SCHOOL YEAR

Please submit this form to the main office to register your child for the 2019-2020 school year. This form and payment of the educational fee secures your child's spot at St. Mel's Catholic Academy. All students must be in compliance with the NYC Immunization Schedule – please see attached. Depending on the grade, additional paperwork may be required, including an updated physical and immunization form – see below and attached.

*Please note that this form will not be accepted if tuition is owed from the 2018-2019 school year.
 *Financial Assistance is available for those who qualify at www.futuresineducation.org

Family Last Name: _____

Father's Name: _____

Mother's Name: _____

Father's Cell Phone #: _____

Mother's Cell Phone #: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Child's Name	Grade 2019-2020 Year	Fee Per Child
		\$250.00
		\$250.00
		\$250.00
		\$250.00
TOTAL		\$ _____ .00

_____ I am currently on a Catholic Tuition Plan.

_____ Please put me on a Catholic Tuition Plan.

_____ I am currently on a Non-Catholic Tuition Plan.

_____ Please put me on a Non-Catholic Tuition Plan.

By signing below I acknowledge that I have read and fully understand the non-refundable fees, tuition costs, and school fees and terms outlines in this contract. I further understand that I am legally responsible for the payment of all tuition and fees.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

\$100 Registration Fee Paid – Cash or Check # _____
 For NEW families only

Received on Date: _____

Educational Fee Paid – Cash or Check # _____
 For all NEW & RETURNING families

Received on Date: _____

Immunization/Updated Medical Record Submitted & Attached

Received on Date: _____

- *Nursery – updated physical
- *PreK – updated physical
- *Kindergarten – updated physical as well as 2nd MMR and 2nd Varicella
- *5th Grade going into 6th Grade – Tdap Booster immunization
- *6th Grade going into 7th Grade – Meningococcal immunization

**All children ages 6 months through 59 months enrolled in Nursery, PreK or Kindergarten must receive one dose of the influenza vaccine between July 1st and December 31st of each year.*

**Please provide proof of this by the first day of school – September 2019.*