

Catholic Academy of Niagara Falls

1055 N. Military Rd., Niagara Falls, NY 14304

Johanna Richards, Principal

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Dear New Catholic Academy Families,

First and foremost, we wanted to welcome you to Catholic Academy of Niagara Falls and thank you for your commitment to Catholic education. We are getting ready for the 2024-2025 school year, and have prepared the registration forms and tuition agreements for our new families. Please read the information below.

- The registration fee will remain at \$100 *per student up to 2 students* and *3 or more students* are \$250 total. NEW! If you turn in your completed Registration Forms and fee by February 1st, you can take \$25 off per child or \$100 off per family with 3 or more! This fee is non-refundable.
- New! Tuition Agreement Model for K - Grade 8 Fundraising Families

1 child	\$4,375
2 children	\$6,875
3 children	\$9,375
4 children or more	\$11, 875

*Note: Due to this new model, the multi-child discount has been factored in and there will be no Catholic Parishioner Discount anymore.

- Pre-K 3 & 4 Tuition Agreements
 - ◆ Pre-K 3 - 3 day program (M-W-F) \$4,475 per student
 - ◆ Pre-K 3 - 5 day program \$5,675 per student
 - ◆ Pre-K 4 - \$5,375 per student
 - ◆ Discounts: 10% off will be taken if you have a Pre-K child and a child(ren) in K-8. 20% off will be taken if you have 2 or more children in Pre-K 3/4.
- Financial Aid Opportunities (K- Gr. 8 only)
 - ◆ BISON Fund applications will be on-line at www.bisonfund.com for new and returning families starting January 15, 2024, and the deadline to apply is March 15, 2024. Current BISON families will receive an email to reapply. It is each family's responsibility to do this each year. Please follow the reapplication instructions.
- All K-8 families are required to fundraise or buy-out of fundraising. **Buy-out families must pay \$600 on top of tuition listed above to opt out of fundraising.** We are still working on the fundraisers for the 24-25 school year. We are working on focusing on 4 fundraisers instead of 5, but increasing the amounts. Fundraising families are required to participate in the following fundraisers:
 - ★ Sept./Oct. - Football Crazr - sell 25 tickets at \$10 each

- ★ Nov./Dec. - TBD New Raffle - sell 25 tickets at \$10 each
- ★ Jan./Feb. - Auction- donate a basket/item worth \$25.00
- ★ Feb./March - Gertrude Hawk Easter Candy - sell at least \$150
- There will also be a student activity fee of \$25 per child added to your tuition agreement.
- All tuition must be paid in one of two ways (no exceptions):
 - ❖ Paid in full by August 1, 2024 (\$100 discount)
 - or
 - ❖ Paid through FACTS and a FACTS account established no later than July 1, 2024. Go to <http://online.factsmtg.com/signin/3MH05> to set up your account. Annual enrollment is \$45.00 per family. Tuition is spread over 10 months beginning in August.
- Please turn in a copy of your child's birth certificate.

If you have any questions regarding tuition, BISON Scholarship, or Financial Aid, please call Maxine Menshon, our business manager, at 716-283-1455 ext. 204, or email her at mmenshon@catholicacademynf.org.

If you have any other questions, please don't hesitate to reach out to me at 716-283-1455 ext. 202 or via email jrichards@catholicacademynf.org.

God bless you all and thank you once again for choosing Catholic Academy of Niagara Falls!

Johanna Richards, Principal

CATHOLIC ACADEMY OF NIAGARA FALLS
Student/Family Registration Form
 2024-2025 School Year

Family Name: _____

Child's name (first and middle)	Date of Birth	Gender M/F	Grade in 2024-2025	*If Pre-K 3, please write 3 or 5 days
1.				
2.				
3.				
4.				
5.				

Parent/Guardian Information:

Parent/Guardian #1 Name: _____
Last First

Relationship to child(ren): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Business Phone: _____

Parent/Guardian #2 Name: _____
Last First

Relationship to child(ren): _____

Address if different from above: _____

Email: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Business Phone: _____

Home School District: _____ County of Residency: _____

Resides with: ___ both parents ___ Mother ___ Father ___ Other: _____

If parents are divorced, who has legal custody? _____

**Please provide a copy of any current order relating to custody.

Ethnicity: ___ Hispanic ___ Non-Hispanic

Race: ___ African American ___ Asian (includes Indian/Pakistani) ___ Caucasian

___ Native American ___ 2 or more races (please indicate) _____

If siblings are of different Ethnicities/Race, please specify:

Religion (please circle): Catholic or Non-Catholic

Religion (please specify if not Catholic): _____

Parish Affiliation: _____

If Catholic:

(*If you previously provided this information, you do not need to fill this out again.)

Sacrament	Date	Church	City
Baptism			
Reconciliation			
Holy Communion			

Transportation:

For our records, please indicate how your child will get to school in the morning and picked up in the afternoon.

Morning:

- Dropped off
- Before-School Care Program
- Bus

Afternoon:

- Picked up
- After-School Care Program
- Bus

Please indicate all siblings living at home that do not attend our school.

Name	Date of Birth	School Attending	Grade

Health Information:

Pediatrician's Name: _____ Contact Number: _____

Please list any health conditions that we should be aware of including any food allergies and medications taken daily _____

*Health & Immunization records should be up to date and on file.

Emergency Medical Authorization

In the event that a reasonable attempt to contact me at the phone numbers listed on this form have been unsuccessful, I hereby authorize emergency medical treatment by any licensed physician and to transport my child to any reasonable hospital.

Parent/Guardian signature: _____ Date: _____

Emergency Contact Information other than parents (Must have two)

Name/Relationship	Cell Phone	Has my permission to pick up my child(ren) Y/N

Automated Calling System (ROBO CALL) - We will use the phone numbers provided for Guardian 1 + 2 for school announcements, weather closings, and emergency information. Please list any other phone numbers below if you want them to also receive these ROBO calls.

1. _____ 2. _____

Fundraising - Please check one of the following.

- We plan to be a fundraising family.
- We are opting out of fundraising, and will be paying the \$600, which will be added to our tuition.

Please include the registration fee with the return of your registration form.