

Catholic Academy of Niagara Falls

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

Johanna Richards, Principal

Phone: (716) 283-1455



Dear Returning Catholic Academy Families,

First and foremost, we wanted to thank you for your commitment to Catholic Academy of Niagara Falls. We are getting ready for the 2026-2027 school year and have prepared the registration forms and tuition agreements for our families. Please read the information below.

- The registration fee will be \$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 March 12th, you can take \$25 off per child or \$100 off per family with 3 or more! This fee is non-refundable, and must be paid by cash or check.
- Tuition Agreement Model for K - Grade 8 Families:

1 child	\$4,800
2 children	\$7,600
3 children	\$10,400
4 children or more	\$13,200

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

- Pre-K 3 & 4 Tuition Agreements
 - ◆ Pre-K 3 - 3 day program (M-W-F) \$5,000 per student
 - ◆ Pre-K 3 - 5 day program \$6,200 per student
 - ◆ Pre-K 4 - \$5,900 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.org for new and returning families starting January 5, 2026, and the deadline to apply is March 15, 2026. Current BISON families will receive an email to reapply on February 23, 2026. It is each family's responsibility to do this each year. Please follow the reapplication instructions.
 - ◆ FACTS Financial Aid - Tuition Assistance is available for those who qualify. Any families in need of tuition assistance **MUST** apply to the Bison Fund first to determine eligibility. Once the Bison application has been received, families may submit an application for financial aid. Requests must be made by submitting an application to FACTS (additional FACTS fees apply) who will make their recommendation to the Finance Committee for a

final decision. Funds are limited and will be allocated on a first-come, first-served basis. Here is the link - <https://online.factsmgt.com/signin/3MH05>.

→ All tuition must be paid in one of two ways (no exceptions):

- ❖ Paid in full by August 1, 2026 (\$100 discount) - This does not apply to families receiving BISON or Financial Aid.

or

- ❖ Paid through FACTS and a FACTS account established no later than July 1, 2026. Go to <http://online.factsmgt.com/signin/3MH05> to set up your account. Annual enrollment is \$45.00 per family. Tuition is spread over 10 months beginning in August.

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

Please know that being a current student at Catholic Academy does not guarantee your spot for the 2026-2027 school year. Class sizes will be limited. We will create waiting lists where needed.

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

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 or Latino Origin (Mexican, Puerto Rican, South or Central American)

___ Non-Hispanic Origin (Not 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 (meaning child has been baptized) or Non-Catholic

Religion (please specify if not Catholic): _____

Parish Affiliation (where you attend church): _____

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 (K-8 only)

Afternoon:

- Picked up
- After-School Care Program
- Bus (K-8 only)

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 must 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. _____

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