

School Year
2017 - 2018

CATHOLIC ACADEMY OF NIAGARA FALLS ENROLLMENT FORM

GRADE

STUDENT INFORMATION

Student Name _____

(Last)

(First)

(Full Middle)

Address _____ City/State/Zip _____ Home Phone _____

Automated Calling System: Please list **2** phone numbers 1 _____ 2 _____

Male _____ Female _____ Date of Birth ____/____/____ City/State of Birth _____

Religion _____ Parish _____ Public School District _____

Race (please check all that apply): Am Indian _____ African American _____ Asian _____ Hispanic _____ Multi Racial _____ White _____

Student Lives With: _____ Both Parents _____ Mother _____ Father _____ Other: Please specify _____

Mother's Status: _____ Married _____ Single _____ Divorced _____ Separated _____ Widow

Father's Status: _____ Married _____ Single _____ Divorced _____ Separated _____ Widow

PARENT/GUARDIAN INFORMATION

Female Parent/Guardian

Male Parent/Guardian

Please check: _____ Mother _____ Stepmother _____ Other

Please check: _____ Father _____ Stepfather _____ Other

Name _____
(Last) (First) (Maiden)

Name _____
(Last) (First) (MI)

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Religion _____ Parish _____

Religion _____ Parish _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Work Number _____ Cell _____

Work Number _____ Cell _____

Email Address _____

Email Address _____

EMERGENCY CONTACTS (other than parents)

Name _____ Address _____ City/State/Zip _____
Home Phone _____ Cell _____ Work _____
Relationship to Student _____

Name _____ Address _____ City/State/Zip _____
Home Phone _____ Cell _____ Work _____
Relationship to Student _____

Siblings (please include all siblings living at home)

| Name | School Attending | D.O.B | Grade |
|-------|------------------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Sacraments

Baptism _____
Date _____ Church _____ City/State _____

First Reconciliation _____
Date _____ Church _____ City/State _____

First Eucharist _____
Date _____ Church _____ City/State _____

Please list any medical/personal information we should be aware of regarding your child _____

EMERGENCY MEDICAL AUTHORIZATION

In the event reasonable attempts to contact me at the phone numbers listed on this form have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist and to transport my child to any reasonable accessible hospital facility.

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Application Fee Paid _____ Amount _____ Ck# _____ Cash _____ Date _____

Parishioner _____ Non-Parishioner _____ Non-Catholic _____ Non-Fundraiser _____

June 1st Payment _____ -\$100.00 discount = \$ _____

Partial Payment _____ Amount Paid _____ Ck# _____ Cash _____ Date _____

Responsible Party for Tuition (FACTS ACCOUNT) _____

Total Billed to FACTS Pre-K _____ K - 6 _____ Total _____

BISON APP _____ Approved _____ Total Award _____ 10 month pay _____ 12 month pay _____