

ST. MICHAEL CATHOLIC SCHOOL 2025-2026 ACADEMY OF ANGELS REGISTRATION

Student First Name: Last Name:			
Birth Date: Ger	nder: Male F	- emale	
Address:			
Public School District:			
Ethnicity: Caucasian Hispanic/Latino Black/African A	American Asian N	//ulti-Racial Other:	
Is Student Catholic? Yes No	Is Student Bap	tized Catholic? Yes No	
Check Any Statements that are TRUE for your child:	1		
☐ Has attended a daycare/preschool program: Wh	ere?		
Is receiving speech and language services (plea	se provide a copy o	f speech/language plan)	
Is on an IEP (please provide a copy of the currer	nt plan to the school	1)	
Is suspected of having a behavioral issue that m	ay impact his/her so	chooling	
Is suspected of having an academic concern that	• •	•	
Has custody documentation forms (please provided)	• •		
□ Custodial Parent is:			
☐ Has a food allergy: Explain:			
Father First Name:Last N	Name:	Salutation: Mr. Dr	
Address:			
City:			
Cell Phone:	Home Phone:_		
Email:			
Religious Denomination:			
Mother First Name: Last Name	e:	Salutation: Mrs. Ms. Miss Dr	
Address:			
	State:		
Cell Phone:			
Email:			
Religious Denomination:			
Register Child For:			
☐ 2-Day Preschool (turn 3 by July 31, 2025)	Tuition Rate - \$1	1275	
☐ 3-Day Preschool (turn 4 by Dec. 31, 2025)	Tuition Rate - \$1	1725	
□ 5-Day Preschool (turn 4 by July 31, 2025)	Tuition Rate - \$2	2825	
☐ Kindergarten Readiness (turn 4 by May 31, 2025) ☐ I will pay tuition in full		5650	
I will apply for tuition assistance through	FACTS		

\$50 non-refundable or \$150/family registration fee is required at the time of registration for students enrolling in the Academy of Angels for the first time. There is no fee for returning students.



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Documentation No	eeded to Register for F	irst-Time Studer	nts:					
□ Copy of birth								
☐ Copy of socia	•		_					
☐ Copy of bapti	smal certificate (if Catholic	and not baptized in	n St. Michael Paris	sh)				
Yearly Documenta	ation Need for All Stud	ents:						
•	ch student enrolled in Acad	, ,						
• •	file before school begins.	Forms can be found	d on the school we	ebsite or in	the office.			
Copy of immu		lata aftar aprollman	4\					
	will receive email to compl	iete aiter enrollmen	ι)					
Payment Options:	(
•	☐ Single Payment by cash or check. Tuition must be prepaid by June 15, 2025. All tuition paid in full after							
	this date will be increased by \$100. Monthly Electronic Funds Transfer (\$25 yearly fee). Please complete a new EFT form yearly.							
•	·	• •	-		i yeariy.			
Payments wii	l be taken July 20th-April 2	zotn, or until the bal	ance is paid in full					
Tuition Agreemen	ts:							
	ndable or \$150/family regis	•		•				
-	e Academy of Angels for t			-				
	\$50 materials fee will be o	charged/student in A	Academy of Angel	s classes to	or withdrawing after			
June 30, 202								
•	withdraws from school from on a semester basis.	m July 1, 2025 - the	end of the schoo	I year, I will	receive a partial			
	dered registered upon re a call that your child has	•		ee to the s	chool office			
umess you receive	a can that your child has	been placed on a	waiting not.					
Parent/Guardian Sigi	nature:		D	ate:				
Office Use Only:	Date Received:	Deposit: \$	check#	cash	DB entered			