



Immaculate Conception Catholic Academy – Astoria

21 – 63 29th Street, Astoria, New York 11105

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www.iccaastoria.org

“Where a lifelong passion for learning begins!”



2024-2025

REGISTRATION INFORMATION

We are an Academy educating children from Kindergarten through 8th Grade
& Hosting the NYC 3K & Pre-K Programs for 3-year & 4-year-olds

Academy Hours

3K & Pre-K **

Full Day Program – Monday through Friday (8:00 am – 2:20 pm)

Funded by the New City Department of Education

Kindergarten

Monday through Friday (8:00 am – 2:45 pm)

Grades 1-8

Monday through Friday (8:00 am – 3:00 pm)

Registration Requirements for Grades Kindergarten through 8th

Your child **MUST** be present during the registration interview and you must bring the following:

- A completed registration form with the required signatures.
- The Registration fee of \$350.00 per family – NON-REFUNDABLE.
 - Kindergarten children must be 5 years of age by December 31, 2024
- Your child's Baptismal Certificate.
- Written proof of your child's vaccinations (your child's immunization booklet)
- For Entrance into Grades 2 through 8 ONLY:
 - Your child's most recent report cards (if you are submitting a copy, please give us a copy of both sides)
 - Your child's most recent standardized Math and Reading scores
- Sacramental Certification (if your child has received First Communion, Penance, and Confirmation)

**** Requirements for the NYC 3K & Pre-K Programs**

-3K children must be born in the year 2021

-Pre-K children must be born in the year 2020

Registration for these NYC programs is conducted by the NYC Department of Education

Special Programs:

For your convenience, the Academy offers two programs:

- **Before School Program** – which enables parents to bring their children to school as early as 7:30 am. Students are supervised in the program until the school doors open at 8:00 am.
- **Extended Day Program** – which provides supervised activities, cultural experiences, and study/homework time. The hours are from dismissal each day until 5:45 pm. Options are provided for everyday attendance or when needed by parents.

**REGISTRATION FORM
2024-2025**

APPLICATION FOR (please check):

Kindergarten _____ Grade 1 _____ Grade 2 _____ Grade 3 _____

Grade 4 _____ Grade 5 _____ Grade 6 _____ Grade 7 _____ Grade 8 _____

What school does your child attend now? (If applicable) _____

How long has your child been at that school? (If applicable) _____

Does your child have an IEP (Individualized Education Plan)? YES / NO If YES, please provide documents.

Did your child ever attend Immaculate Conception School/Academy? YES / NO If YES, What grade(s)? _____

Has your child ever repeated a grade? YES / NO If YES, what grade? _____

Where did you hear about Immaculate Conception Catholic Academy? _____

STUDENT INFORMATION:

Gender: Male _____ Female _____

Last Name _____ First Name _____ Middle Name _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Place of Birth _____

Religion of Child _____

Language of Child _____ Language (s) Spoken at Home _____

PARENT INFORMATION:

Father:

Full Name _____

Address (if different from above) _____

Cell Phone # _____

E-mail _____

Occupation _____

Employer _____

Work Phone # _____

Religion _____

Place of Birth _____

Are parents separated or divorced? YES / NO

If YES, with whom does the child live? _____

Mother:

Full Name _____

Address (if different from above) _____

Cell Phone # _____

E-mail _____

Occupation _____

Employer _____

Work Phone # _____

Religion _____

Place of Birth _____

If the **Legal Guardian** is someone other than the parent:

Name of Legal Guardian _____ Relationship to Child _____

List the names of other children in your household:

Date of Birth:

School attending, if any:

ALLERGIES/MEDICAL CONDITIONS - Does the child have any? (Please describe)

SACRAMENTS OF THE CHURCH: (Please provide certificates)

Church Name: _____ City/State: _____ Date: _____
Baptism: _____
Communion: _____
Penance: _____
Confirmation: _____

Does/Did your child attend Religious Education classes at Immaculate Conception Parish? YES / NO

Does/Did your child attend Religious Education classes at another Parish program? YES / NO

If Yes, what Parish? _____

What Catholic Parish is your family affiliated with? _____

Are you an active and registered member? YES / NO

OTHER INFORMATION: Race/Ethnicity **(OPTIONAL)** For Diocesan Census Purposes only

Check one:

___ Hispanic/Latino ___ White ___ Asian ___ Black or African American
___ Native Hawaiian and Other Pacific Islander ___ Other (specify) _____

Immaculate Conception Catholic Academy does not discriminate on the basis of race, color, sex, national or ethnic origin in its student admissions, access to programs, and administration of educational policies.

By signing this form, I agree to the fees presented in the Tuition Schedule Sheet, attached to this Re-registration page, to meet all my financial obligations, to make timely payments, to pay fines for late payments/returned checks, and if I miss 2 consecutive payments my child may be removed from the Academy. I understand I need to attend Parent-Teacher conferences and the annual Back to School meeting.

Parent's Name (please print) _____

Parent's Signature _____ Date _____

FOR OFFICE USE ONLY

Referred by _____

Registration Fee paid: Yes / No _____ Catholic / Non-Catholic _____ Registration date: _____

Siblings at ICCA? Last Name/Grade _____ Start date: _____

Last Name/Grade _____ Start date: _____

Documents Submitted: Birth Certificate ___ Immunization ___ Physical ___ Sacrament Certificates ___