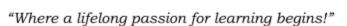


Immaculate Conception Catholic Academy - Astoria

21 - 63 29th Street, Astoria, New York 11105 P: (718) 728 - 1969 F: (718) 728 - 3374

www.iccaastoria.org





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 (pie	•	
KindergartenGra		
		Grade 7 Grade 8
		If applicable)
<u> </u>		l? (If applicable)
•	•	Education Plan)? YES / NO If YES, please provide documents.
•		ception School/Academy? YES / NO If YES, What grade(s)?
		/ NO If YES, what grade?
Where did you hear ab	out Immaculate Con	ception Catholic Academy?
CTUDENT INCODA ATIO	ON.	
STUDENT INFORMATIO		
Gender: Male F		Middle Name
		Middle Name
Address	Class	Apt. #
		Zip Code
		Phone
		e of Birth
Religion of Child		(1) 0 1
Language of Child		Language (s) Spoken at Home
	_	
PARENT INFORMATION	<u>N:</u>	
Father:		Mother:
Full Name		Full Name
Address (if different fro	om above)	Address (if different from above)
Cell Phone #		Cell Phone #
E-mail		
Occupation		
Employer		
Work Phone #		Work Phone #
Religion		
		Religion Place of Birth
Are parents separated		
ii 1L3, with whom does	s the child live:	
If the Legal Guardian is	s compone other tha	n the narent:
		•
Name of Legal Guardia	·	neiationship to Child
List the names of other	r children in vour hou	usehold: Date of Birth: School attending, if any:
LIST THE HAILIES OF OTHER	i cililaren ili your 110t	asentia. Date of biltin. School attending, if ally.
		

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

SACDAMENTS OF THE CHIRCH. (Dia	aca provida cartificatos)		
SACRAMENTS OF THE CHURCH: (Ple Church Name:	-	Date:	
D			
Communion:			
Penance:			
Confirmation:			
Does/Did your child attend Religious E Does/Did your child attend Religious E If Yes, what Parish?	ducation classes at another Pari	sh program? YES / NO	
What Catholic Parish is your family aff			
Are you an active and registered mem	ber? YES / NO		
OTHER INFORMATION: Race/Ethnicit Check one:	y (OPTIONAL) For Diocesan Ce	nsus Purposes only	
Hispanic/LatinoWhite _			
Native Hawaiian and Other Pacific	IslanderOther (speci	fy)	
Immaculate Conception Catholic Academy student admissions, access to programs, o		•	origin in its
By signing this form, I agree to the fe	es presented in the Tuition Sche	dule Sheet. attached to this Re-re	egistration
page, to meet all my financial obligation	-		_
checks, and if I miss 2 consecutive pay	ments my child may be removed	from the Academy. I understand	l I need to
attend Parent-Teacher conferences an	d the annual Back to School mee	eting.	
Parent's Name (please print)			
Parent's Signature		Date	
FOR OFFICE USE ONLY Referred by			
Registration Fee paid: Yes / No			
Siblings at ICCA? Last Name/Grade	Start date:		
	Start date:		