



Divine Mercy Catholic School

1940 N Courtenay Parkway
Merritt Island, FL 32953
321-452-0263

Office use:

____ Reg. Fee Paid, 0 for VPK
____ Amount Paid
____ Check # or Cash
____ Extd. Care Fee Paid
____ Check # or Cash

Registration for 2009 / 2010 Academic Year

PARENT / GUARDIAN FAMILY INFORMATION

Parents/Guardians: _____
Street _____
City _____

State _____ ZIP _____
Home Phone: _____
Home Email: _____

Father / Male Guardian Information:

Name: _____
Relationship: _____
Religion: _____
Company: _____
Occupation: _____
Work No.: _____
Cell: _____
Pager: _____
Wk Email: _____

Mother / Female Guardian Information

Name: _____
Relationship: _____
Religion: _____
Company: _____
Occupation: _____
Work No.: _____
Cell: _____
Pager: _____
Wk Email: _____

*** Please indicate PRIMARY email account**

Marital Status of Biological Parents: _____
Student(s) Live with: _____

EXTENDED DAY CARE

Please enroll my family in the Extended Day program.

I have included the registration fee of \$50 per family:

Yes _____ No _____

SECOND PARENT INFORMATION (if applicable)

Below information is provided for: _____ parent having joint or partial custody, or _____ non-custodial parent.

Name: _____
Street: _____
City: _____
State: _____
ZIP: _____

Relationship: _____
Religion: _____
Home Phone: _____
Daytime Phone: _____
Email: _____

TUITION

Divine Mercy Parishioner: Yes or No Envelope No.: _____
Non-Parishioner: Yes or No

Name(s) of Student(s) in Half Day Pre-K3 (8:00-12:00): _____
Name(s) of Student(s) in Full Day Pre-K3 (8:00-3:00): _____
Name(s) of Student(s) in Half Day VPK (8:00-11:30): _____
Name(s) of Student(s) in Full Day PK4 (8:00-11:30 VPK and 11:30 – 3:00): _____
Name(s) of Student(s) in K-8th Grade: _____

Payment Plan Choice:

- _____ Payment in Full (cash or check) with \$100 discount on or before 7/15/09 (after which there will be no discount)
- _____ Two Payment Option (cash or check) on or before 7/15/09 and 1/15/10 (No Discount)
- _____ Automatic Payment via automatic withdrawal (only) with the below listed payment options.
 - _____ Quarterly _____ 10 Months _____ 11 Months

Please be advised that the final withdrawal payment must be met on or before 6/20/10.

TERMS OF REGISTRATION

I agree to comply with Divine Mercy Catholic School Policies as stated in the Parent Student Handbook, including volunteer hours and support of fundraisers. If my child is enrolled in the VPK program, I agree to comply with VPK requirements including attendance policies.

Divine Mercy Catholic School is authorized to use my child(ren)'s name(s) and photo(s) on television, in the school yearbook, and in promotional materials for Divine Mercy Catholic School (yes or no): _____

NOTE: A blank response to previous answer will be interpreted as a "yes" answer.

Divine Mercy Catholic School is authorized to use the following information in the school directory:

- Mailing Address: _____
- Home Phone No.: _____
- Email Address: _____
- Business Promotion: _____

This application is not valid until the registration/re-registration fee has been paid. Registration/re-registration is in addition to tuition and is nonrefundable. Re-registration fees are:

- \$150 per student if paid in March 2009
- \$175 per student if paid in April 2009
- \$200 per student if paid in May 2009

Birth, baptismal and Florida health certificates must be on file in the school office. If any information furnished herein is found to be false, this registration will be considered null and void.

SIGNATURE _____

Divine Mercy School does not discriminate against applicants / students on the basis of race, color, national or ethnic origin.