Admissions Procedure 2024 - 2025

Thank you for applying to Saint Bernard Catholic Academy!

All forms, all documentations, and the fee must be submitted together. We will not accept forms, documentations or the fee separately.

- 1) Completely fill out the attached registration form for each child that you are registering.
- 2) Complete the Parental Agreement for Tuition and sign the form.
- 3) Complete the Probationary Period Form
- 4) Complete the Emergency Contact Form
- 5) Submit a copy of the Birth Certificate for each child you are registering.
- 6) Submit a copy of the Baptismal Certificate for each child you are registering if the child is Catholic.
- 7) Submit a copy of your child's proof of immunization for each child you are registering.
- 8) Submit a copy of your child's latest report card (if applicable). In June, you will be required to submit a copy of the final report card.
- 9) Submit copies of Standardized Test Scores of students entering grades 4-7.
- 10) Submit a copy of IEP/IESP/504/Other (if applicable).
- 11) Submit a check or money order for the appropriate registration fee.
- 12) Return all forms, documentations, and the fee to the school office either in person (preferable) or through the mail.

Registration for Jr. PreK, our program for children born in 2021, will be accepted on a first come, first served basis. There are two sessions of this program, full day (7:50 until 2:30) and half day (7:50 until noon). Class size is limited. Please indicate your choice of session on the registration form.

Registration for PreK (children born in 2020) through Grade 8 for the 2024 – 2025 school year will be accepted and processed based on the availability of seats in the class. You will be notified by April 1^{st} (or earlier), if your child has been accepted into our school (your registration fee will be returned to you if we are unable to process your registration).

If you have any further questions, please call Ms. Flanagan, the academy principal, or Mrs. Capriola, the academy administrative assistant, at 718 241 6040. You can also contact Ms. Flanagan at tflanagan@stbernardcatholicacademy.org or Mrs. Capriola at lcapriola@stbernardcatholicacademy.org or Mrs.





Saint Bernard Catholic Academy Admissions Application 2024 - 2025

Date of Application:	Grade Applying For:
Please complete and return with the a Please not that applications will not b	appropriate <i>non-refundable</i> application fee. be processed without payment
	Student Information

		Student Information	
Student's Full Name:			SS#:
	Last	First	M.I. Gender: Male Female
Student's Address:			
	Street Address		Apartment/Unit #
	City		State ZIP Code
Place of Birth:	Country:	City & Sta	ite:
Date of Birt	h:		Phone
		Student's Sacramental Informa	ation
Religious Affiliation:		Place of Worship:	
Baptismal C	Church:	City/State	Date:
First Penan Church:		City/State:	Date:
First Holy Communior Church:	1	City/State:	Date:
Confirmatio Church:	n	City/State:	Date:
	Previous School E	xperience (Please list all school	ls including Pre-School)
School: _		Address:	
From: _	To:	_	Grade/s:
School: _		Address:	
From: _	To:	_	Grade/s:
School: _		Address:	
From:	To:		Grade/s·



Father Father's Full Name: D.O.B: Last First M.I. Father's Address: Street Address Apartment/Unit # City State ZIP Code Cell Home Phone: Phone: Employer: Name Work Phone Number E-Mail Address: Religious Affiliation: Place of Worship: Are you an alumnus of Saint Bernard Catholic Academy? Class Year: **Mother** Mother's Full Name: D.O.B: Last First M.I. Mother's Address: Street Address Apartment/Unit # City State ZIP Code Home Cell Phone: Phone: Employer: Work Phone Number Name E-Mail Address: Religious Affiliation: Place of Worship: Are you an alumnus of Saint Bernard Catholic Academy? Class Year:



Additional Information Parent's Marital Status: _____ Custodial Parent: Language(s) Spoken at Home: _____ Is the Student Bilingual? Yes No If Yes, what other language(s) does he or she speak? ___ Does student have an IEP/IESP or 504/receive support services: Yes No (If yes, please attach the most recent documentation) Please Circle All that Apply: Speech PT OT **SETSS** SEIT **PARA** Other Siblings: Age: _____ 1) Name: _____ School (if applicable) Grade: 2) Name: Age: _____ School (if applicable) Grade: Age: School (if applicable) _____ Grade: _____ Authorization To Release School Records Child's Name Name of Previous School Address of School Parent's Signature: Agreement Agreement agree to pay the registration fee as noted, understanding that it is non-refundable. agree to pay the tuition as noted understanding that there will be a late fee of \$50.00 added to any tuition payment late more than ten (10) school days. understand that a fee of \$50.00 will be added to any check that is returned to us. I agree to read and follow the guidelines in the parent handbook. I give permission to have previous schools' records released. I certify that the information on this form is complete and true to the best of my knowledge. The registration fee is non-refundable, unless your child is not accepted as a student. If there are any documents and/or fees missing, your child's application will not be processed.

Date

Signature of Parent/Guardian:



Parental Agreement 2024-2025

Family Name:	
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Registration Fees – Junior PreK through Grade 8

Number of Children	"Early Bird Fee"	Fee	Fee	Fee
	If paid by 3-29-24	If paid by 5-31-24	If paid by 6-14-24	If paid after 6-14-24
One Child	\$775.00	\$825.00	\$875.00	\$925.00
Two Children	\$1,440.00	\$1,490.00	\$1,540.00	\$1,590.00
Three Children	\$2,020.00	\$2,070.00	\$2,120.00	\$2,170.00
Four or +	\$2,405.00	\$2,455.00	\$2,505.00	\$2,555.00
Children				

NOTE: Registration Fees are NON-REFUNDABLE & Must Be Paid in Full by 8-23-2024

Saint Bernard Catholic Academy Tuition 2024-2025

***Please Note: In order to qualify for the Catholic tuition rate, the child must have a baptismal certificate from a Catholic church. ***

5% discount applies to tuition paid in full before the opening day of school.

Full Day for Junior PreK through Grade 8

Number of Children	Catholic	Payment	5% Discount	Non-Catholic	Payment	5% Discount
One	\$5,620	\$562	\$5,340	\$8,153	\$815.30	\$7,745.35
Two	\$8,540	\$854.00	\$8,113	\$11,760	\$1,176	\$11,172
Three +	\$11,575	\$1157.50	\$10,996.25	\$15,585	\$1,558.50	\$14,805.75

Half Day for Junior Prekindergarten

Number of Children	Catholic	Payment	5% Discount	Non-Catholic	Payment	5% Discount
1	\$4,280	\$428.00	\$4,066	\$5,673	\$567.30	\$5,389.35

I agree to pay the registration and tuition fee as noted.

Parent Signature:	
<u> </u>	



Tuition Payment Schedule St. Bernard Catholic Academy**

FOR YOUR CONVENIENCE /Please mark your calendar

2024 - 2025

Payment #	Due Date	Payment #	Due Date
1	Friday, August 16	6	Thursday, January 16
2	Monday, September 16	7	Friday, February 14
3	Wednesday, October 16	8	Friday, March 14
4	Friday, November 15	9	Wednesday, April 16
5	Monday, December 16	10	Friday, May 16

** Tuition received 10 days after the due date will be subject to a \$50.00 late charge and all returned checks will be charged a \$50.00 returned check fee. **

Please keep this page for your records.

Full Day for Junior PreK through Grade 8

Number of Children	Catholic	Payment	5% Discount	Non-Catholic	Payment	5% Discount
One	\$5,620	\$562	\$5,340	\$8,153	\$815.30	\$7,745.35
Two	\$8,540	\$854.00	\$8,113	\$11,760	\$1,176	\$11,172
Three +	\$11,575	\$1157.50	\$10,996.25	\$15,585	\$1,558.50	\$14,805.75

Half Day for Junior PreK

Number of Children	Catholic	Payment	5% Discount	Non-Catholic	Payment	5% Discount
1	\$4,280	\$428.00	\$4,066	\$5,673	\$567.30	\$5,389.35



FOR SCHOOL USE ONLY

Registration Form	
Parental Agreement	
■ Emergency Contact Form	
☐ Media Release Form	
Copy of Birth Certificate	
Copy of Baptismal Certificate	
☐ Immunization Complete to Date	
Report Card (if applicable)	
■ New York State Test Results (if	fapplicable)
Copy of IEP/IESP/504/Other (if	applicable)
Other Documents (please list)	
Registration Fee	
	Check #
Money Order	
Cash:	
Application and Eas Bassived by	
Application and Fee Received by:	Signature





(ONE FORM MUST BE RETURNED FOR EACH CHILD)



CHILD'S NAME:	GRADE: _	
CHILD'S HOME TELEPHONE NUMBER	t:	<u> </u>
CHILD'S HOME ADDRESS:		
NAME OF CHILD'S PEDIATRICIAN: TELEPHONE NUMBER OF CHILD'S PE	DIATRICIAN:	
LIST OF MEDICATIONS THAT YOUR C	HILD TAKES DAILY:	
LIST OF YOUR CHILD'S ALLERGIES:		
MOTHER'S NAME:		_
MOTHER'S HOME TELEPHONE NUMI	BER:	
MOTHER'S CELL PHONE NUMBER:		
MOTHER'S WORK TELEPHONE NUM	BER:	
MOTHER'S HOME ADDRESS:		
FATHER'S NAME:		-
FATHER'S HOME TELEPHONE NUMB	ER:	
FATHER'S WORK TELEPHONE NUMB	ER:	
FATHER'S HOME ADDRESS:		
	elow the name, relation, and phone nu	• •
	an emergency and you are not availal	
Name	Telephone Number	Relationship



SAINT BERNARD CATHOLIC ACADEMY

2030 EAST 69th STREET BROOKLYN, NY 11234 (718) 241-6040 WWW.OPTIONC.COM (School #939) WWW.stbernardcatholicacademy.org



Dear Parent or Guardian:

Saint Bernard Catholic Academy strives to provide all of its students with a positive learning environment. A happy, secure, and safe atmosphere focusing on the needs of the children is our primary goal. Our qualified and dedicated staff work diligently to make each student's adjustment to school a positive one. All students are provided ample time to acclimate to the school setting.

However, sometimes a child's needs go beyond our research and we are unable to provide what is necessary. Examples of special needs are learning disabilities, attention deficit, hyperactivity behavioral problems, or a child's readiness for school. With all special situations, every effort and consideration is given to each unique circumstance. When, in the opinion of the school, all available avenues of resolution have been exhausted. Saint Bernard Catholic Academy reserves the right to release a child from our program.

This action may occur at any point during the academic year and is jointly decided by the child's teacher and school administration. Every effort will be made to avoid release from our program. A PreK or Kindergarten child who is not ready for school as well as a child who's IEP/IESP mandates services that we do not have, cannot remain on register.

Therefore, please be advised that registration and re-registration for all students is contingent upon the completion of a 60-calendar day probationary period to ensure that the school can provide required services.

Please sign below to indicate that you understand our policy and agree to abide by its conditions.

Thank you,

Tracy Flanagan Principal

Parent Acknowledgment

I	have	read	the	above	statement	and	agree	to	its	terms.		am	aware	that	to	complete	the	registration/r	e-
r	egistra	ition	proc	ess, a 6	60-caldenda	ir day	/ proba	itio	nar	y period	d is	in e	effect.						

Child's Name	
Signature of Parent or Guardian	
Date	



RELEASE OF RECORDS

Complete this page only if your child is entering Grades 1-8 Student's Name_____ Name of Current School: _____ Address of Current School: _____ Telephone Number of Current School: _____ I give permission to Saint Bernard Catholic Academy to contact my child's current school and ask for my child's school records to be forwarded to Saint Bernard Catholic Academy. Parent's Signature

Date _____





MEDIA AUTHORIZATION AND RELEASE

I hereby consent to the taking of photographs, movies, videos, and images capable of reproduction in any medium of me or my children or children of whom I am the designated guardian by the Academy, Roman Catholic Diocese of Brooklyn, and/or Department of Education and their parents, affiliates, trustees, directors, members, officers, employees, volunteers, agents and contractors (the "Parties").

I hereby grant the Parties the right to edit, reproduce, use and reuse images for any and all purposes including, but not limited to, advertising, promotion and display, and I hereby consent to the editing, reproduction, use and reuse of said images in any and all media in existence and all media yet in existence including, but not limited to, video, print, television, internet, and podcasts.

I forever grant, assign, and transfer to the Parties any right, title and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my children by the Parties. I hereby agree to release, indemnify and hold harmless the Parties from any and all claims, demands, actions or causes of actions, loss, liability, damage, or cost arising from this authorization.

Signature:		
Date:		
Name and Grad	de of Child:	
below and retu	osing to opt out of this policy, the A urn it to the Principal by the first day Media Authorization and Release Police	
		•
		<u> </u>
Print Name:		
Print Name:		

Name and Grade of Child:







2024-2025 Tuition Assistance Available

Financial aid is available for eligible students in grades K-8 who attend a Brooklyn or Queens Catholic School or Academy.

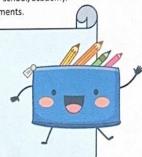
*To be eligible, families Must: 1. Enroll student(s) in a Brooklyn or Queens Catholic elementary school/academy.

2. Complete the financial aid application and submit all required documents. 3. Meet financial need requirements.

APPLY ONLINE

Starting Monday, January 15, 2024, Visit <u>www.Futuresineducation.org</u>
From the menu, Click Scholarships -> APPLY NOW!

Note: Returning Teddy J. Forstmann recipients will receive instructions from Children's Scholarship Fund in February 2024. **Do not apply through FACTS!**





MEET YOUR DEADLINES!

March 31, 2024

Families who received an award last academic year April 30, 2024

New Applicants

NEED HELP?

FACTS is the third-party vendor selected by Futures in Education to conduct fair and confidential Financial need assessments for families applying for tuition assistance.

- FACTS applicant support: Phone 866-441-4637
- M-Th 8:30am-8pm Est / Fri 8:30am-6pm Est
- Email at info@factstuitionaid.com



MORE INFORMATION

Futures in Education: www.futuresineducation.org Call: 718.965.7340

Children's Scholarship Fund: www.scholarshipfund.org

Note: There is a non-refundable \$40 application processing fee payable by credit card.

Applications are available online in English and Spanish

