



## Registration & Tuition Agreement 2023-2024

Mother/Guardian Information		
Mother/Guardian's Name (Last, First)		
Home Address (Number, Street, City, State, Zip)		<input type="checkbox"/> Same as Student's Address
Home Phone	Cell Phone	Work Phone
Email Address		
Employer	Occupation	
Religion <input type="checkbox"/> Catholic <input type="checkbox"/> Other _____	Parish <input type="checkbox"/> St. Joseph Parish <input type="checkbox"/> Other _____	
<b>Mother/Guardian (Please check all that apply)</b>		
<input type="checkbox"/> List Home Phone in School Directory	<input type="checkbox"/> List Cell Phone in School Directory	
<input type="checkbox"/> List Email in School Directory	<input type="checkbox"/> List Address in School Directory	

Father/Guardian Information		
Father/Guardian's Name (Last, First)		
Home Address (Number, Street, City, State, Zip)		<input type="checkbox"/> Same as Student's Address
Home Phone	Cell Phone	Work Phone
Email Address		
Employer	Occupation	
Religion <input type="checkbox"/> Catholic <input type="checkbox"/> Other _____	Parish <input type="checkbox"/> St. Joseph Parish <input type="checkbox"/> Other _____	
<b>Father/Guardian (Please check all that apply)</b>		
<input type="checkbox"/> List Home Phone in School Directory	<input type="checkbox"/> List Cell Phone in School Directory	
<input type="checkbox"/> List Email in School Directory	<input type="checkbox"/> List Address in School Directory	

Marital Status  Married  Single  Widowed  Divorced/Separated

**Emergency Contact Information – All Information Required**

<b>Primary Emergency Contact Name (Last, First)</b>	
<b>Home Phone</b>	<b>Cell Phone</b>
<b>Relationship</b>	
<b>Secondary Emergency Contact Name (Last, First)</b>	
<b>Home Phone</b>	<b>Cell Phone</b>
<b>Relationship</b>	

**Required First Student Information – Print Clearly**

<b>Grade Entering</b>	<input type="checkbox"/> SNSP <input type="checkbox"/> Choice
<b>Student Name (Last, First, Middle)</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Current Age</b> <b>Date of Birth</b>
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic	
<b>Student Ethnicity</b> <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Multi Racial <input type="checkbox"/> Other _____	
<b>Health</b> (please describe any health conditions that the school should be aware of including allergies, ADHD, asthma, seizure, etc.)	
<b>Has the student been baptized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please state the name of the Parish and location.)	
<b>Parish Name</b>	<b>Parish Location (City, State)</b>
<b>Has the student received First Holy Communion?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please state the name of the Parish and location.)	
<b>Parish Name</b>	<b>Parish Location (City, State)</b>

**Required Second Student Information – Print Clearly**

Grade Entering		<input type="checkbox"/> SNSP <input type="checkbox"/> Choice	
Student Name (Last, First, Middle)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Current Age	Date of Birth	
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic			
Student Ethnicity			
<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> Multi Racial
<input type="checkbox"/> Other _____			
Health (please describe any health conditions that the school should be aware of including allergies, ADHD, asthma, seizure, etc.)			
Has the student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please state the name of the Parish and location.)			
Parish Name		Parish Location (City, State)	
Has the student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please state the name of the Parish and location.)			
Parish Name		Parish Location (City, State)	

**Required Third Student Information – Print Clearly**

Grade Entering		<input type="checkbox"/> SNSP <input type="checkbox"/> Choice	
Student Name (Last, First, Middle)			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Current Age	Date of Birth	
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic			
Student Ethnicity			
<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> White <input type="checkbox"/> Multi Racial
<input type="checkbox"/> Other _____			
Health (please describe any health conditions that the school should be aware of including allergies, ADHD, asthma, seizure, etc.)			
Has the student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please state the name of the Parish and location.)			
Parish Name		Parish Location (City, State)	
Has the student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please state the name of the Parish and location.)			
Parish Name		Parish Location (City, State)	

**Required Fourth Student Information – Print Clearly**

Grade Entering		<input type="checkbox"/> SNSP <input type="checkbox"/> Choice	
Student Name (Last, First, Middle)			
<input type="checkbox"/> Male <input type="checkbox"/> Female		Current Age	Date of Birth
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic			
Student Ethnicity			
<input type="checkbox"/> American Indian/Alaskan		<input type="checkbox"/> Asian	<input type="checkbox"/> Black
<input type="checkbox"/> Other _____		<input type="checkbox"/> White	<input type="checkbox"/> Multi Racial
Health (please describe any health conditions that the school should be aware of including allergies, ADHD, asthma, seizure, allergies, etc.)			
Has the student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please state the name of the Parish and location.)			
Parish Name		Parish Location (City, State)	
Has the student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please state the name of the Parish and location.)			
Parish Name		Parish Location (City, State)	

**Required Fifth Student Information – Print Clearly**

Grade Entering		<input type="checkbox"/> SNSP <input type="checkbox"/> Choice	
Student Name (Last, First, Middle)			
<input type="checkbox"/> Male <input type="checkbox"/> Female		Current Age	Date of Birth
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic			
Student Ethnicity			
<input type="checkbox"/> American Indian/Alaskan		<input type="checkbox"/> Asian	<input type="checkbox"/> Black
<input type="checkbox"/> Other _____		<input type="checkbox"/> White	<input type="checkbox"/> Multi Racial
Health (please describe any health conditions that the school should be aware of including allergies, ADHD, asthma, seizure, allergies, etc.)			
Has the student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please state the name of the Parish and location.)			
Parish Name		Parish Location (City, State)	
Has the student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please state the name of the Parish and location.)			
Parish Name		Parish Location (City, State)	

**Tuition Information**

<b>Full Day K5 – 8<sup>th</sup> Grade</b> <b>Monday – Friday</b> <b>8:15am – 3:15pm</b>	<b>1<sup>st</sup> Child: \$4,350</b> <b>2<sup>nd</sup> Child: \$4,150</b> <b>3<sup>rd</sup> Child: \$3,950</b> <b>4<sup>th</sup> Child: FREE</b>
<b>½ Day K4</b> <b>Monday – Friday</b> <b>8:15am – 11:35am</b>	<b>\$4,750</b>
<b>Full Day K4</b> <b>Monday – Friday</b> <b>8:15am – 3:15pm</b>	<b>\$5,350</b>
<b>½ Day K3</b> <b>choose your days</b> <b>8:15am – 11:35am</b>	<b>3 Days Per Week: \$3,550</b> <b>4 Days Per Week: \$4,250</b> <b>5 Days Per Week: \$4,950</b>
<b>Full Day K3</b> <b>choose your days</b> <b>8:15am – 3:15pm</b>	<b>3 Days Per Week: \$4,950</b> <b>4 Days Per Week: \$5,550</b> <b>5 Days Per Week: \$6,550</b>

**\*St. Joseph Parish provides subsidy for our school each year. We encourage all school families to be active stewards of their time, talent, and treasure as members of our parish community.**

<b>FEES</b>		<b>For Office Use Only</b>
<b>Registration Fee per Family</b> <b>Due at time of registration</b>	<b>\$200 if registered before 2/17/2023</b> <b>\$250 if registered after 2/17/2023</b>	
<b>Sacramental Preparation Fee per Student (2<sup>nd</sup> Grade)</b>	<b>\$90</b>	
<b>Chromebook Fee per Student (6<sup>th</sup> – 8<sup>th</sup> Grade)</b>	<b>\$125</b>	
<b>Athletic Fee per Student (5<sup>th</sup> – 8<sup>th</sup> Grade)</b>	<b>\$60</b>	

<b>PAYMENT OPTIONS (check all that apply)</b> <b>Must be chosen at time of enrollment.</b>		<b>For Office Use Only</b>
<input type="checkbox"/>	<b>Payment in Full – Due by 8/24/2023 directly to St. Joseph Parish School.</b>	
<input type="checkbox"/>	<b>Tuition Payment Plan – 10 monthly payments to Blackbaud – August 2023 – May 2024.</b>	
<input type="checkbox"/>	<b>Our family is interested in financial aid &amp; scholarship information (K4 – 8<sup>th</sup> Grade).</b>	
<input type="checkbox"/>	<b>My family is interested in applying for the Wisconsin School Choice Program. Open Enrollment - February 1, 2023- April 20, 2023.</b>	