



Registration & Tuition Agreement 2024-2025

| 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 _____ | |
| Mother/Guardian (Please check all that apply) | | |
| <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 _____ | |
| Father/Guardian (Please check all that apply) | | |
| <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

Previous School Enrolled in 2023-2024 _____

Emergency Contact Information – All Information Required

Primary Emergency Contact Name (Last, First) (NOT a parent)

Home Phone

Cell Phone

Relationship

Secondary Emergency Contact Name (Last, First) (NOT a parent)

Home Phone

Cell Phone

Relationship

Required First Student Information – Print Clearly

Grade Entering

SNSP Choice

Student Name (Last, First, Middle)

Male Female

Current Age

Date of Birth

Hispanic Non- Hispanic

Student Ethnicity

American Indian/Alaskan Asian Black White Multi Racial

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? Yes 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? Yes No

(If yes, please state the name of the Parish and location.)

Parish Name

Parish Location (City, State)

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"/> 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 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"/> 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) | |

| Tuition Information | |
|---|--|
| Full Day K5 – 8 th Grade Monday – Friday 8:15am – 3:15pm | 1 st Child: \$ 4,525 2 nd Child: \$ 4,325 3 rd Child: \$ 4,125 4 th Child: FREE |
| ½ Day K4 Monday – Friday 8:15am – 11:35am | \$5,225 |
| Full Day K4 Monday – Friday 8:15am – 3:15pm | \$5,825 |
| ½ Day K3 choose your days 8:15am – 11:35am | 3 Days Per Week: \$ 3,925 4 Days Per Week: \$ 4,725 5 Days Per Week: \$ 5,525 |
| Full Day K3 choose your days 8:15am – 3:15pm | 3 Days Per Week: \$ 5,525 4 Days Per Week: \$ 6,125 5 Days Per Week: \$ 7,225 |

We encourage all school families to be active stewards of their time, talent, & treasure. Tuition covers only 56% of the total cost to educate a child, leaving 29% covered through Parish subsidy and the remaining 15% financed through fundraising efforts. Your active involvement in SJPS is critical to fulfilling our mission.

| FEES | | For Office Use Only |
|---|---|---------------------|
| Registration Fee per Family Due at time of registration | \$200 if registered before 2/16/2024 \$250 if registered after 2/16/2024 | |
| Sacramental Preparation Fee per Student (2 nd Grade) | \$90 | |
| Chromebook Fee per Student (6 th – 8 th Grade) | \$125 | |
| Athletic Fee per Student (5 th – 8 th Grade) | \$60 | |
| <input type="checkbox"/> I would like to buy out of all school-wide fundraising efforts which involve selling items during the 2024-25 school year. *Does not include 8th grade fundraising* | \$250 | |

| PAYMENT OPTIONS (check all that apply) Must be chosen at time of enrollment. | | For Office Use Only |
|---|--|---------------------|
| <input type="checkbox"/> | Payment in Full – Due by 8/22/2024 directly to St. Joseph Parish School. | |
| <input type="checkbox"/> | Tuition Payment Plan – 10 monthly payments to Blackbaud – August 2024 – May 2025. | |
| <input type="checkbox"/> | Our family is interested in financial aid & scholarship information (K4 – 8 th Grade). | |
| <input type="checkbox"/> | My family is interested in applying for the Wisconsin School Choice Program. (K4-8th) Open Enrollment - February 1, 2024- April 18, 2024. | |
| <input type="checkbox"/> | My family is interested in applying for the Special Needs Scholarship Program. (K4-8th) Must have an active IEP or ISP through a public school district. Includes students enrolled in speech. | |