

Registration & Tuition Agreement 2024-2025

Mother/Guardian Information			
Mother/Guardian's Name (Last, Fi	rst)		
Home Address (Number, Street, Ci	ty, State, Zip)		☐Same as Student's Address
Home Phone	Cell Phone		Work Phone
Email Address			
Employer		Occupation	
Religion □Catholic □ Other		Parish □St. Joseph	Parish Other
Mother/Guardian (Please check al	l that apply)		
☐ List Home Phone in School Dire	ctory	☐ List Cell Ph	one in School Directory
\Box List Email in School Directory		☐ List	Address in School Directory
	Father/Gua	rdian Information	
Father/Guardian's Name (Last, Fire	· ·	rdian Information	
Father/Guardian's Name (Last, First Home Address (Number, Street, Ci	st)	rdian Information	☐Same as Student's Address
	st)	rdian Information	□Same as Student's Address Work Phone
Home Address (Number, Street, Ci	st) ty, State, Zip)	rdian Information	
Home Address (Number, Street, Ci	st) ty, State, Zip)	Occupation	
Home Address (Number, Street, Ci Home Phone Email Address	ty, State, Zip) Cell Phone	Occupation	
Home Address (Number, Street, Ci Home Phone Email Address Employer	ty, State, Zip) Cell Phone	Occupation	Work Phone
Home Address (Number, Street, Ci Home Phone Email Address Employer Religion □Catholic □ Other Father/Guardian (Please check all □ List Home Phone in School Dire	ty, State, Zip) Cell Phone that apply) ctory	Occupation Parish St. Josep	Work Phone Oh Parish Other one in School Directory
Home Address (Number, Street, Ci Home Phone Email Address Employer Religion	ty, State, Zip) Cell Phone that apply) ctory	Occupation Parish	Work Phone Oh Parish
Home Address (Number, Street, Ci Home Phone Email Address Employer Religion □Catholic □ Other Father/Guardian (Please check all □ List Home Phone in School Dire	ty, State, Zip) Cell Phone that apply) ctory	Occupation Parish	Work Phone Oh Parish Other one in School Directory

Emergency Contact Information – All Information Required			
Primary Emergency Contact Name (Last,	First) (NOT a	a parent)	
Home Phone	C	Cell Phone	
Relationship			
Secondary Emergency Contact Name (La	st, First) (NO)T a parent)	
Home Phone	C	Cell Phone	
Relationship	•		
Required Fi	rst Student I	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 ☐ Other	n 🗆 Blad	ck White Multi Racial	
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 Ente	ring		□SNSP □Choice	
Student Na	ime (Last, First, Middle	e)		
☐ Male	☐ Female	Current Age	Date of Birth	
☐ Hispanio	□ Non- Hispanic			
Student Eth America Other	-	□ Asian □ Blac	k 🗆 White 🗆 Multi Racial	
Health (ple asthma, sei		h conditions that the	school should be aware of including allergies, ADHD,	
Has the stu	dent been baptized?	☐ Yes ☐ No (If yes,	please state the name of the Parish and location.)	
Parish Name			Parish Location (City, State)	
Has the stu	ident received First Ho	ly Communion? \Box	Yes □ No	
	ise state the name of th	ne Parish and location		
Parish Nam	ne		Parish Location (City, State)	
	Dan	in and Thinal Carral and the	of a marking Daint Classic	
Grade Ente	·	uired Third Student II	nformation – Print Clearly	
Grade Ente	·	uired Third Student II	·	
	·		·	
	ring		·	
Student Na	ring ime (Last, First, Middle	2)	□SNSP □Choice	
Student Na Male Hispanic Student Eth	rring Ime (Last, First, Middle Female Non- Hispanic	2)	□SNSP □Choice Date of Birth	
Student Na Male Hispanic Student Etl America Other	ring The Hast, First, Middle Female Non- Hispanic Indian/Alaskan ase describe any health	Current Age	□SNSP □Choice Date of Birth	
Student Na Male Hispanic Student Eth America Other Health (ple asthma, sei	Female Non- Hispanic hnicity In Indian/Alaskan ase describe any healtlizure, etc.)	Current Age Asian Blace h conditions that the	□SNSP □Choice Date of Birth k □ White □ Multi Racial	
Student Na Male Hispanic Student Eth America Other Health (ple asthma, sei	ring me (Last, First, Middle Female Non- Hispanic Indian/Alaskan ase describe any healtlizure, etc.)	Current Age Asian Blace h conditions that the	Date of Birth Multi Racial school should be aware of including allergies, ADHD,	
Student Na Male Hispanic Student Eth America Other Health (ple asthma, sei Has the stu	ring me (Last, First, Middle Female Non- Hispanic Indian/Alaskan ase describe any healtlizure, etc.)	Current Age Asian Blace ch conditions that the	Date of Birth White	
Student Na Male Hispanic Student Eth America Other Health (ple asthma, sei Has the stu Parish Nam	Female Non- Hispanic hnicity an Indian/Alaskan ase describe any health izure, etc.) Ident been baptized? Ident received First Ho ase state the name of the	Current Age Asian Blace ch conditions that the Yes No (If yes,	Date of Birth Multi Racial school should be aware of including allergies, ADHD, please state the name of the Parish and location.) Parish Location (City, State)	

Required	d Fourth Student In	formation – 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 Other	Asian Black	☐ White ☐ Multi Racial	
Health (please describe any health coasthma, seizure, etc.)	onditions that the s	chool should be aware of including allergies, ADHD,	
Has the student been baptized? \Box	Yes 🗌 No (If yes, p	please state the name of the Parish and location.)	
Parish Name		Parish Location (City, State)	
Has the student received First Holy (
(If yes, please state the name of the I	Parish and location		
Parish Name		Parish Location (City, State)	
·	ed Fifth Student Inf	ormation – Print Clearly	
Grade Entering		□ SNSP □ Choice	
Student Name (Last, First, Middle)			
☐ Male ☐ Female	Current Age I	Date of Birth	
☐ Hispanic ☐ Non- Hispanic			
Student Ethnicity American Indian/Alaskan Other	Asian Black	☐ White ☐ Multi Racial	
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 (
(If yes, please state the name of the I 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	3 Days Per Week: \$ 3,925	
choose your days 8:15am – 11:35am	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	
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
Payment in Full – Due by 8/22/2024 directly to St. Joseph Parish School.	
Tuition Payment Plan – 10 monthly payments to Blackbaud – August 2024 – May 2025.	
Our family is interested in financial aid & scholarship information (K4 – 8 th Grade).	
My family is interested in applying for the Wisconsin School Choice Program. (K4-8th) Open Enrollment - February 1, 2024- April 18, 2024.	
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.	