ST. JOSEPH CATHOLIC SCHOOL 2024-2025 NEW STUDENT REGISTRATION & CONTRACT

Family Information (Please Print Clearly) Family/Student Last Name PRIMARY FAMILY EMAIL Additional emails to include Father's First Name Last Name Father's Cell Phone ______Work Phone _____ Mother's First Name _____ Last Name _____ Mother's Cell Phone ______ Work Phone _____ Address City Zip Additional Address (please specify) Religion _____ St. Joseph Parish Member? Yes No If no, what parish are you a member of? **Student Registration Information** Student First Name Birthdate Grade 24-25 Gender Religion **School Year** M/F M/F M/F If registering a child for K3 and/or K4, please circle full or half day: K3: Full Day or Half Day K4: Full Day or Half Day Race/Ethnicity (circle) American Indian Hispanic/Latino Asian Caucasian Black Other School Last Attended: _____School Address: ____ School Phone Number: Date of last attendance: Has/have your child/ren been subject to disciplinary action by school officials? Yes No If yes, please explain: Does your child/ren has/have any special educational needs? Yes No If yes, please explain: Does your child/ren have an individualized education plan (IEP)? Yes No

Yes

No

No

Has/have your child/ren ever been held back/retained?

Has/have your child/ren ever been expelled or pending expulsion? Yes

Tentative Tuition Schedule

	Tuition & Fees Non-Parish	Parish Subsidy	Tuition & Fees Active Parishioners	Minimum Recommended Parish Annual Stewardship
K3 – Half Day TUES/WED/THU	\$2,360.00		\$2,360.00	
K3 – Full Day TUES/WED/THU	\$3,360.00		\$3,360.00	
1 STUDENT (4K/Half Day)	\$4,720.00	\$1,835.00	\$2,885.00	\$1,300.00 (\$25/week)
1 STUDENT (Full Day K4-8)	\$6,720.00	\$3,220.00	\$3,500.00	\$1,300.00 (\$25/week)
2 STUDENTS (Full Day K3-8)	\$10,750.00	\$4,725.00	\$6,025.00	\$1,400.00 (\$27/week)
3 STUDENTS (Full Day K3-8)	\$16,125.00	\$8,075.00	\$8,150.00	\$1,450.00 (\$28/ week)
4 STUDENTS (Full Day K3-8)	\$21,500.00	\$12,125.00	\$9,375.00	\$1,500.00 (\$29/week)
5 STUDENTS (Full Day K3-8)	\$26,880.00	\$16,505.00	\$10,375.00	\$1,600.00 (\$31/week)

Half Day K3 students do not count towards multi-student discounts. A non-refundable registration fee of 100.00 per family is due with registration.

In accordance with Archdiocese of Milwaukee guidelines, active parish members are registered members who regularly participate in the prayer and worship life of the community and demonstrate stewardship through sharing of time, talent and financial contributions to the parish.

Registration Fee & Tuition There is a \$100 per family non-refundable registration fee. This fee is prepaid tuition and is due with this registration form. Please make checks payable to **St. Joseph School**. For tuition management, parents can enroll in Blackbaud (parent.blackbaud.school School ID# 11473). Services include online account access, tuition and fees invoicing, payment processing, and 24-hour customer service.

Financial Aid If you would like to apply for financial aid, please go to studentfinancialaid.blackbaud.school. The deadline for applying is May 1st. Awards will be given by May 31st as payments start in July for the upcoming school year. Financial Aid is only awarded to parishioners of St. Joseph Congregation.

My family is participating in the school choice program. M/WPCP (Milwaukee Parental Choice Program/Wisconsin Parental Choice Program)

Schedule of Payments Please circle option 1, 2, 3 or 4

- One annual payment in full by August 1st, 2023 send directly to the school or parish
- BLACKBAUD Tuition Management 10 monthly payments (July April)
- BLACKBAUD Tuition Management 12 monthly payments (July June) 3.
- BLACKBAUD Tuition Management quarterly payment plan (July, October, January, April)

For option 2, 3 or 4, please enroll online with BLACKBAUD: parent.blackbaud.school School ID is: 11473

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Payment	Tuition Owed:\$		Parishioner/Non Parishioner	
	\$	100.00	Registration Fee	
	\$		_ Balance Due	
accept the enr meeting the r	ollment of the above stude	ent(s) for t of St. Jos	ol, located at 2750 N. 122nd Street, Wauwatoso he 2024-2025 school year. This acceptance is con seph Catholic School and further upon their ool Family Handbook.	nditional upon the student(s)
As parent/leg	gal guardian, I verify tha	at all the i	nformation on this form is true to the bes	t of my knowledge.
Signature:			Date:	
St. Joseph	Catholic School is non-discriminat	tory in its adr	missions policies and admits students of any race, color, and	d national or ethnic origin.

For Office use only: Date Received: Amount Paid: Check Number: