



St. Adalbert Catholic School

2022-2023 REGISTRATION

Family Information:

Last Name _____

Street _____

City _____ State _____ Zip _____

Phone _____ Emergency Phone _____

Religion _____ Parish _____

*Family E-Mail _____

(will be used as primary for receiving emails from school)

Name of City, Township or Village _____

What specific public school (not district) would child(ren) attend? _____

**If parents do not live together, is there a custody agreement? Yes No

Father Single Married ** Divorced Deceased

Name _____

Occupation _____

Employer _____ Work Phone _____

Cell Phone _____

Below information same as above. *If different, please complete:*

Religion _____ Parish _____

Street _____

City _____ State _____ Zip _____

Home Phone _____

Mother Single Married ** Divorced Deceased

Name _____

Occupation _____

Employer _____ Work Phone _____

Cell Phone _____

Below information same as above. *If different, please complete:*

Religion _____ Parish _____

Street _____

City _____ State _____ Zip _____

Home Phone _____

Family Emergency Contacts

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

4K - Must be 4 years old by September 1, 2022
5K - Must be 5 years old by September 1, 2022

<u>Child 1</u>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Last Name _____ First Name _____ Middle Name _____	
Birthdate _____ Grade of enrollment _____	
If new enrollee, please provide a birth certificate and a record of Sacraments received (<i>form available from office</i>)	
<u>Health</u> Does child have a health condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Seizure <input type="checkbox"/> Diabetes <input type="checkbox"/> Food Allergies-Please list: _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
<u>Ethnic Background</u> <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Black Amer. <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	
<u>Child 2</u>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Last Name _____ First Name _____ Middle Name _____	
Birthdate _____ Grade of enrollment _____	
If new enrollee, please provide a birth certificate and a record of Sacraments received (<i>form available from office</i>)	
<u>Health</u> Does child have a health condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Seizure <input type="checkbox"/> Diabetes <input type="checkbox"/> Food Allergies-Please list: _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
<u>Ethnic Background</u> <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Black Amer. <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	
<u>Child 3</u>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Last Name _____ First Name _____ Middle Name _____	
Birthdate _____ Grade of enrollment _____	
If new enrollee, please provide a birth certificate and a record of Sacraments received (<i>form available from office</i>)	
<u>Health</u> Does child have a health condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Seizure <input type="checkbox"/> Diabetes <input type="checkbox"/> Food Allergies-Please list: _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
<u>Ethnic Background</u> <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Black Amer. <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	

Child 4Male Female

Last Name _____ First Name _____ Middle Name _____

Birthdate _____ Grade of enrollment _____

If new enrollee, please provide a birth certificate and a record of Sacraments received (*form available from office*)**Health**Does child have a health condition? Yes No Bee Sting Allergy ADD/ADHD Asthma Seizure Diabetes Food Allergies-Please list: _____ Other _____ Other _____**Ethnic Background** Amer. Indian Black Amer. Hispanic White Asian/Pacific Islander Other**Child 5**Male Female

Last Name _____ First Name _____ Middle Name _____

Birthdate _____ Grade of enrollment _____

If new enrollee, please provide a birth certificate and a record of Sacraments received (*form available from office*)**Health**Does child have a health condition? Yes No Bee Sting Allergy ADD/ADHD Asthma Seizure Diabetes Food Allergies-Please list: _____ Other _____ Other _____**Ethnic Background** Amer. Indian Black Amer. Hispanic White Asian/Pacific Islander Other**Affirmation**

In an emergency or in the event that persons named on this form cannot be reached, I give the school permission to take whatever action is deemed necessary in their judgment for the health of my child, and I will not hold St. Adalbert School responsible for the emergency care and/or transportation of my child. I understand that information on this form will be shared with school personnel to protect the life and safety of my child.

*I will allow St. Adalbert School to forward correspondence to this e-mail address.

**I will provide to the school, as a condition of enrollment, that portion of any court decree or judgment that assigns custody, payment information, and other information pertinent to guardianship and school enrollment.

St. Adalbert School does not discriminate on the basis of race, color, or national and ethnic origin in administration of its education policies, scholarships, loan programs, athletic or other school-administered programs.

*Notice for 1st Time Enrollees.....*This enrollment application does not guarantee admittance to St. Adalbert School. Other documentation such as testing, special education, and discipline records may be required before your child is officially enrolled. In addition, students entering St. Adalbert School for the first time may be given applicable placement tests in order to insure that instruction is provided at your child's level of ability. Grade-level placement is at the discretion of St. Adalbert School. All children new to St. Adalbert School, along with their parents, are required to meet with the principal before enrollment is finalized.

I accept the responsibility for prompt payment of tuition, fees, and other charges that are incurred for services rendered. My signature indicates that all information provided is correct and I understand that **registration cannot be accepted without my signature.**

Parent/Guardian Signature: _____ Date: _____

St. Adalbert School 2022-2023 Tuition and Commitment Agreement

Family Surname _____

Father's First Name _____ Mother's First Name _____

We, the undersigned, understand and agree that as parents we are the primary teachers of our child(ren) and that St. Adalbert School exists to assist us with that teaching. The most important education we can provide our child(ren) is knowledge of and formation in the Faith. The primary mission of St. Adalbert School is to assist us in that most important responsibility. As parents of an enrolled child(ren), we are committed to the following:

- To be actively involved with the education of our child(ren)
- To provide our child(ren) with a proper study environment at home
- To participate, as members of the Home and School Association, in all fundraisers and events
- To support St. Adalbert School in its presentation of a Catholic worldview, being loyal to the perpetual teachings of Holy Mother Church and her practices
- To be actively involved in parish life by giving of our time and talents
- To support both the school and parish financially according to our means.

2022-2023 Tuition Schedule

Parishioners

Non-parishioners

1 st Child	\$1650	\$2200
2 nd Child	\$1430	\$1760
3 rd Child	\$1100	\$1485
4 th Child and Up	\$495	\$660
4 Year-old Kindergarten	\$800	\$900

2022-2023 Registration Fee:

All registrations received after April 15th, 2022 will incur a \$50 per family non-refundable registration fee.

Tuition Payment Options (select an option by checking the box below)

- Our entire tuition payment will be paid in full by October 1, 2022
- We agree to pay our entire tuition bill in 10 equal monthly installments beginning September 1, 2022
- We request the following payment terms: _____
- Because of financial reasons we are unable to pay the full tuition bill. (Please contact the school to make arrangements.)

Name (Print)

Sign

Date

Name (Print)

Sign

Date

Office Use Only:

Total Family Tuition: _____

Packet Received: _____

Registration Fee: _____ Waived _____ Paid - Payment Due: _____