



# St. Adalbert Catholic School

## 2024-2025 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 the child(ren) attend? \_\_\_\_\_

\*\*If parents don't live together, is there a custody agreement? Yes  No

**Father** Single Married \*\*Divorced Deceased

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

### **Family Emergency Contacts**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**3K - Must be 3 years old and potty trained by September 1, 2024**

**4K - Must be 4 years old by September 1, 2024**

**5K - Must be 5 years old by September 1, 2024**

**Child 1**

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 the child have a health condition? Yes  No

Do you wish to voluntarily share the health information with the school staff, teachers and peers? Yes  No

If yes, please supply information here:

**Ethnic Background**  Amer. Indian  Black Amer.  Hispanic  White  Asian/Pacific Islander  Other

**Child 2**

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 the child have a health condition? Yes  No

Do you wish to voluntarily share the health information with the school staff, teachers and peers? Yes  No

If yes, please supply information here:

**Ethnic Background**  Amer. Indian  Black Amer.  Hispanic  White  Asian/Pacific Islander  Other

**Child 3**

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 the child have a health condition? Yes  No

Do you wish to voluntarily share the health information with the school staff, teachers and peers? Yes  No

If yes, please supply information here:

**Ethnic Background**

Amer. Indian  Black Amer.  Hispanic  White  Asian/Pacific Islander  Other

**Child 4**

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 the child have a health condition? Yes  No

Do you wish to voluntarily share the health information with the school staff, teachers and peers? Yes  No

If yes, please supply information here:

**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 email 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 1<sup>st</sup> 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 ensure 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 2024-2025 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.

## 2024-2025 Tuition Schedule

Grade	Days of Operation	School Hours	Parishioner Tuition Fee	Non-Parishioner Tuition Fee
3K	Tuesday and Thursday	8 AM to 11AM	\$900	\$1100
4K	Monday-Thursday	8 AM to 3 PM	\$1520	\$2000
5K-Grade 8 - 1st Child	Monday-Friday	8 AM to 3 PM	\$1900	\$2530
5K-Grade 8 - 2nd Child	Monday-Friday	8 AM to 3 PM	\$1650	\$2025
5K-Grade 8 - 3rd Child	Monday-Friday	8 AM to 3 PM	\$1485	\$1710
5k-Grade 8 - 4th Child	Monday-Friday	8 AM to 3 PM	\$1185	\$1410

## 2024-2025 Registration Fee:

All registrations received after **April 1, 2024** will incur a \$50 per family non-refundable registration fee.

## Tuition Payment Options

- You **must** select an option by checking the box below, if no option is selected - your entire tuition payment will be paid in full by October 2, 2024.
  - **Payment may be in the form of cash, check or electronic - automated clearing house (ACH).**
  - **If payments are not received by the due date, you will incur a \$25 late fee per occurrence..**
- Our entire tuition payment will be paid in full by October 2, 2024
- We agree to pay our entire tuition bill in 9 equal monthly installments beginning September 8, 2024 and following payments due 10/8/24, 11/8/24, 12/8/24, 1/8/25, 2/8/25, 3/8/25, 4/8/25, 5/8/25.
- Please contact the bookkeeper if you need special payment terms.
- Because of financial reasons we are unable to pay the full tuition bill. (Please contact the bookkeeper to make arrangements. - anyone seeking tuition assistance will receive an application to complete from the bookkeeper. Note the minimum anyone can pay is the book expense for the year.)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

**Office Use Only:**

Total Family Tuition: \_\_\_\_\_

Packet Received: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Waived \_\_\_\_\_

Paid - Payment Due: \_\_\_\_\_

Application for financial assistance Sent: \_\_\_\_\_ Received \_\_\_\_\_

**Bookkeeper/Office Notes:**