

REGISTRATION FOR SAINT JOSEPH SCHOOL

A \$50.00 nonrefundable registration fee per child is required with the registration.

2011-2012

FAMILY NAME _____
LAST FATHER'S FIRST MOTHER'S FIRST

ADDRESS _____ PHONE _____

LOCALITY _____ NUMBER OF MILES FROM SCHOOL _____

MEMBERS OF _____ PARISH E-Mail _____

Father's Name _____
Last First Middle

Address _____ Phone _____

Birthplace _____ Religion _____

Occupation _____ Cell Phone # _____

Place of Work _____ Work Phone _____

Mother's Name _____
Last First Middle Maiden

Address _____ Phone _____

Birthplace _____ Religion _____

Occupation _____ Cell Phone # _____

Place of Work _____ Work Phone _____

GRADE FOR 2011-2012 STUDENT'S NAME AGE

youngest _____
to _____
oldest _____

NEW STUDENTS

Child's Name _____
Last First Middle

Date of Birth _____ Birthplace _____
Month/Day/Year City and State

Date of Baptism _____ Parish _____
Month/Day/Year Name City and State

THE INFORMATION REQUESTED ON THE BACK OF THIS FORM IS NEEDED FOR ALL STUDENTS

Please list two names and phone numbers in case neither parent can be reached in an emergency.

NAME _____ PHONE _____

NAME _____ PHONE _____

BABYSITTERS NAME _____ PHONE _____

DOCTOR PREFERRED IN AN EMERGENCY _____

Name Address and Phone

DENTIST PREFERRED IN AN EMERGENCY _____

Name Address and Phone

List ALL children in your family.....youngest to oldest.

NAME AGE NAME AGE

With whom does the child live?

Is there a child custody decree in effect? _____

_____ Both Parents

_____ Single Mother

If yes, a copy of that portion of the decree needs to be on file in school together with your schedule of shared custody agreement.

_____ Mother/Stepfather

_____ Single Father

_____ Father/Stepmother

_____ Guardian

ETHNIC BACKGROUND

_____ American Indian/Not Alaskan

_____ Asian

_____ Black

_____ Nat. Hawaiian/Pacific Islander

_____ Hispanic

_____ White

_____ Multiracial

If your child has a special health problem, such as epilepsy, diabetes, cardiac, hearing loss, sight problems, allergies to medicine, bee stings, bleeding problems, headaches, etc. Please indicate below:

Also indicate if your child has any other problems such as over activity, temper tantrums, speech problems, oversensitivity.

I give permission for my child's name, parent's name(s), address and phone number to be included in the school directory/and or class list. _____ Yes _____ No

I give permission for my child's photograph to be taken and/or used for promotional purposes by St. Joseph School. _____ Yes _____ No

I give permission for my child to be identified by name when his/her photograph is used in the newspaper and the yearbook. _____ Yes _____ No

**Authorization for Payment
To St. Joseph's Catholic School, Prescott**

Name (please print): _____ Home phone # _____
Address: _____ Cell phone # _____

Please check one of the following:

___ Full payment by check will be provided by July 15, 2011 (\$50 per family discount)

___ Semi-annual payments by check no later than August 1, 2011 or January 15, 2012. Payment authorization information must be provided below.

___ Monthly direct debit (ACH) over ___ nine or ___ ten or ___ twelve months

___ Quarterly direct debit (ACH) payments on 7/15/11, 10/15/11, 1/15/12 and 4/15/12

___ Semi-annual direct debit on 7/15/11 and 1/15/12

___ Full payment by direct debit by July 15, 2011 (\$50 per family discount)

Monthly payments for a 12 month period will start July 15, 2011. Monthly payments for the nine or ten month period must end no later than June 15, 2012.

BY AUTOMATIC WITHDRAWAL:

Checking account number _____ OR

Savings account number _____

Financial institution/bank name: _____

Financial institution routing number _____
(between these symbols 1:1: on the bottom left of your check)

I authorize St. Joseph's Catholic Parish of Prescott to initiate electronic entries to my checking/savings account on the 15th for tuition payments, and agree to the terms listed on this form. (If the 15th is on a weekend or Holiday, the payment will be on the business day after.)

Starting Date: _____

Signature: _____ Date: _____

If you need to have unequal deductions, please state need below:

Please include a voided check or voided savings slip to provide necessary routing information. Thank you.



281 Dakota Street South
PO Box 245
Prescott, WI 54021

Phone: 715-262-5912
Fax: 715-262-5901
www.stjosephprescott.com

February 22, 2011

ST. JOSEPH'S POLICY CHANGE ON TUITION PAYMENTS

To All Saint Joseph's School Parents,

Effective 7/1/2010, all tuition payments **MUST** be paid through one of the payment plans listed below:

1. Full payment by July 15 of 2011 (a \$50 discount applies per family).
2. Monthly, quarterly, or semi-annual direct debit (ACH) over 9 or 10 or 12 months.
3. Semi-annual payments by check no later than August 1, 2011 and January 15, 2012. Automatic payment information must be provided if you choose this method.

Automatic payments can be made over a period of nine, ten or twelve months, with some months having more deducted than others, if that works best for your financial situation. An authorization form with payment methods **MUST** be returned to St. Joseph's Parish Office no later than July 1, 2011. If you have already sent in an Authorization form for Automatic Payment and would like to make a change to it, you can complete another payment form and return by July 1.

If the authorization form is not returned by July 1, a late fee of \$25 per month will be added to your amount due.

THERE ARE NO EXCEPTIONS FOR NOT TURNING IN THE TUITION PAYMENT FORM. IN ADDITION TO A LATE FEE, REPORT CARDS WILL NOT BE PROVIDED UNTIL PAYMENT PLANS ARE PROVIDED AND PAYMENTS ARE MADE CURRENT.