2022-2023 Registration/Tuition Form

Please fill in completely and print clearly as this information must be accurately entered into our data symste.

Father/Guardian Information

Father/Guardian's Name (Last, First)

Home Address (Number, Street, City, State, Zip) ☐ Same as Student's Address

Home Phone	Cell Phone	Work Phone

Email Address

Employer	Occupation

Religion ☐ Catholic ☐ other	Parish ☐ Holy Name of Jesus ☐ St. Dominic ☐ St. Clement ☐ other

Father/Guardian (Please check all that apply)

☐ Live with student   ☐ List Home/Cell Phone in School Directory
☐ List email in School Directory   ☐ List Address in School Directory

Mother/Guardian Information

Mother/Guardian's Name (Last, First)

Home Address (Number, Street, City, State, Zip) ☐ Same as Student's Address

Home Phone	Cell Phone	Work Phone

Email Address

Employer	Occupation

Religion ☐ Catholic ☐ other	Parish ☐ Holy Name of Jesus ☐ St. Dominic ☐ St. Clement ☐ other

Mother/Guardian (Please check all that apply)

☐ Live with student   ☐ List Home/Cell Phone in School Directory
☐ List email in School Directory   ☐ List Address in School Directory

Marital Status   ☐ Married   ☐ Single   ☐ Widowed   ☐ Divorced/Separated

If parents do not live together, is there a custody agreement on file?   ☐ Yes   ☐ No

Bus service requested.   ☐ Yes   ☐ No

Emergency Contact Information- All Information Required, Print Clearly

Primary Emergency Contact Name (Last, First)

Home phone	**Cell phone**
____preferred	____preferred

Relationship

Secondary Emergency Contact Name (Last, First)

Home phone	**Cell phone**
____preferred	____preferred

Relationship

Third Emergency Contact Name (Last, First)

Home phone	**Cell phone**
____preferred	____preferred

Relationship

Required First Student Information- Print Clearly

Grade Entering	**Current Age** □SNSP □Choice

Student Name (Last, First, Middle)

□ **Male** □ **Female**	**Date of birth**

Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)

Ethnicity (for office use only)
□ White, Non-Hispanic □ Hispanic □ Asian/Pacific Islander □ Black/Non-Hispanic
□ Multiracial □ American Indian/Alaskan □ Other

Fill in below for new families only.

Has student been baptized? □ **Yes** □ **No**

Baptism Date (if applicable)	**Baptism Location (if applicable)**

Has Student received First Holy Communion? □ **Yes** □ **No**

Date	**Location**

Required Second Student Information- Print Clearly		
Grade Entering	**Current Age**	☐SNSP ☐Choice
Student Name (Last, First, Middle)		
☐ **Male** ☐ **Female**	**Date of birth**	

Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)

Ethnicity (for office use only)
☐ White, Non-Hispanic ☐ Hispanic ☐ Asian/Pacific Islander ☐ Black/Non-Hispanic
☐ Multiracial ☐ American Indian/Alaskan ☐ Other

Fill in below for new families only.

Has student been baptized? ☐ **Yes** ☐ **No**

Baptism Date (if applicable)	**Baptism Location (if applicable)**

Has Student received First Holy Communion? ☐ **Yes** ☐ **No**

Date	**Location**

Required Third Student Information- Print Clearly		
Grade Entering	**Current Age**	☐SNSP ☐Choice
Student Name (Last, First, Middle)		
☐ **Male** ☐ **Female**	**Date of birth**	

Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)

Ethnicity (for office use only)
☐ White, Non-Hispanic ☐ Hispanic ☐ Asian/Pacific Islander ☐ Black/Non-Hispanic
☐ Multiracial ☐ American Indian/Alaskan ☐ Other

Fill in below for new families only.

Has student been baptized? ☐ **Yes** ☐ **No**

Baptism Date (if applicable)	**Baptism Location (if applicable)**

Has Student received First Holy Communion? ☐ **Yes** ☐ **No**

Date	**Location**

Required Fourth Student Information-Print Clearly

Grade Entering	Current Age	☐SNSP ☐Choice

Student Name (Last, First, Middle)

☐ Male ☐ Female	Date of birth

Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)

Ethnicity (for office use only)
☐ White, Non-Hispanic ☐ Hispanic ☐ Asian/Pacific Islander ☐ Black/Non-Hispanic
☐ Multiracial ☐ American Indian/Alaskan ☐ Other

Fill in below for new families only.

Has student been baptized? ☐ Yes ☐ No

Baptism Date (if applicable)	Baptism Location (if applicable)

Has Student received First Holy Communion? ☐ Yes ☐ No

Date	Location

Required Fifth Student Information- Print Clearly

Grade Entering	Current Age	☐SNSP ☐Choice

Student Name (Last, First, Middle)

☐ Male ☐ Female	Date of birth

Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)

Ethnicity (for office use only)
☐ White, Non-Hispanic ☐ Hispanic ☐ Asian/Pacific Islander ☐ Black/Non-Hispanic
☐ Multiracial ☐ American Indian/Alaskan ☐ Other

Fill in below for new families only.

Has student been baptized? ☐ Yes ☐ No

Baptism Date (if applicable)	Baptism Location (if applicable)

Has Student received First Holy Communion? ☐ Yes ☐ No

Date	Location

Tuition Form- Check Your Schedule Choice for 4K

Early Registration FULL day 4K through 7th Grade Tuition (ENDS April 4, 2022)
Parish member (P) and Non-Parish member (NP)

1 Child	2 Children	3 Children	4 Children	5 Children
$3,400 P/ $3,650 NP	$5,500 P/ $5,900 NP	$8,300 P/ $8,900 NP	$11,100 P/ $11,900 NP	$13,550 P/ $14,900 NP

FULL day 4K through 7th Grade Tuition (BEGINS April 5, 2022)
Parish member (P) and Non-Parish member (NP)

1 Child	2 Children	3 Children	4 Children	5 Children
$3,500 P/ $3,750 NP	$5,600 P/ $6,000 NP	$8,400 P/ $9,000 NP	$11,200 P/ $12,000 NP	$13,650 P/ $15,000 NP

Eighth Grade Tuition

Early Registration (ENDS April 4, 2022) is $3,440 (Parish) $3,690 (Non-Parish) to cover graduation expenses.

Regular Tuition (BEGINS April 5, 2022) is $3,540 (Parish) $3,790 (Non-Parish) to cover graduation expenses.

4K Tuition (early registration discount applies to only full day registration)

☐ **5 Half Days**	Monday-Friday (7:55am-11:00am)	$2,150 (Parish) $2,400 (Non-Parish)
☐ **5 Full Days**	Monday-Friday (7:55am-3:00pm)	See full day tuition tables above.

Payment Options (please check one)

☐ **Full Payment** via FACTS on or before 7/6/2022 (no fee for single payment)	☐ **Semi-Annual payment** via FACTS 50% due 7/6/2022 and 50% due 2/5/2023 ($10 fee for two payments)

☐ **Monthly Payments** via FACTS

ACH must be set up by 6/1/2022 with first payment in July. Draws are scheduled for the 5th and 20th of the month.
($41 fee for three or more payments)
Visit https://online.factsmgt.com/signin/4HRLZ to set up ACH and apply for financial assistance.

2022-2023 Financial Assistance (check all assistance you are requesting)
*Tuition payment is based on income but not less than $500 per student.

_____ HREN Foundation- Due **April 15, 2022** (Apply online via FACTS) ____ Thank You letter with Registration

_____ St. Vincent de Paul Society (Required forms will be sent home in all)mid-summer/early f

_____ Knights of Columbus (K of C families are eligible)

_____ SNSP Application for those with IEP's

_____ Wisconsin School Choice Program (Open enrollment is February 1 through April 30, 2022. The
application link is found at dpi.wi.gov/sms/choice-programs)

Requested financial assistance: $ _____

Our cost per student is $8,550. Tuition of $3,500 means that $5,050 of expenses per child must be covered by Parish support and fundraising. This includes multi-student discounts. Any financial assistance not covered by the groups above adds to the required Parish support and fundraising needs. **Refusal to apply for financial assistance in a timely manner may result in denial of financial assistance.**

Tuition Responsibility Agreement-Fill in Completely

I, _____(Parent/Guardian), am responsible for the payment of the registration fee and tuition for:

Student (List Names)	Grade	SNSP	Choice	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
Total Tuition Due (without financial aid)			$	
Non-refundable Tuition Deposit			- $100	
Scrip Credit (Office use only.)			-	
Remaining Tuition Balance (Office use only.)			$	
I am able and willing to pay more toward the total cost of $8,550 to educate my child. Please add this amount to my balance due.			$	

All fees and tuition for the 2022-23 school year will be paid in full by May 21, 2023. If, for any reason, a change is required to the payment plan, a call to the school office must be made. By signing the tuition responsibility agreement, I understand and agree to fulfill my financial commitment and obligation to St. Elizabeth Ann Seton Catholic School. If tuition, aftercare, and lunch balances for the current 2021-22 school year are not paid in full by May 21, 2022, a meeting with the principal is required prior to the beginning of the 2022-2023 school year to make payment arrangements. Your child will not be enrolled into St. Elizabeth Ann Seton Catholic School for the 2022-2023 school year until this meeting has taken place and an acceptable resolution has been agreed upon. Failure to follow this procedure will result in forfeiture of the registration deposit.

Signature of Parent/Guardian		Date

Please attach the following documents to this registration form:

☐ Non-refundable registration deposit of $100 made payable to St. Elizabeth Ann Seton Catholic School.
☐ Immunization Form (only K, 6, and all new to Seton)
☐ Acceptable Use Form (one per student grades 1-8)