



## Student Information

Please print clearly as this information must be accurately entered into our data system.

<b>First Student Information</b>	
<b>Grade Entering</b>	<b>Current Age</b>
<b>Student Name (Legal Last, First, and Full Middle) (Must match the birth certificate)</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of birth</b>
<b>Health</b> (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.) (New student or if there are any changes from previous year)	
<b><u>Federal Ethnicity and Race</u></b> <i>Is the student Hispanic or Latino</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Ethnicity (mark all that apply)</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<b>Has student been baptized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (New student only)	
<b>Baptism Date (if applicable) (New student only)</b>	<b>Baptism Location (if applicable) (New student only)</b>
<b>Has Student received First Holy Communion?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (New student only)	
<b>Date</b>	<b>Location</b>
<b>Second Student Information</b>	
<b>Grade Entering</b>	<b>Current Age</b>
<b>Student Name (Legal Last, First, and Full Middle) (Must match the birth certificate)</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of birth</b>
<b>Health</b> (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.) (New student or if there are any changes from previous year.)	
<b><u>Federal Ethnicity and Race</u></b> <i>Is the student Hispanic or Latino</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Ethnicity (mark all that apply)</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<b>Has student been baptized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (New student only)	
<b>Baptism Date (if applicable) (New student only)</b>	<b>Baptism Location (if applicable) (New student only)</b>
<b>Has Student received First Holy Communion?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (New student only)	
<b>Date</b>	<b>Location</b>

### Third Student Information

<b>Grade Entering</b>	<b>Current Age</b>
<b>Student Name (Legal Last, First, and Full Middle) (Must match the birth certificate. New student only, submit a copy to the office.)</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of birth</b>
<b>Health</b> (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.) (New student or if there are any changes from previous year.)	
<b><u>Federal Ethnicity and Race</u></b> <i>Is the student Hispanic or Latino</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Ethnicity (mark all that apply)</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<b>Has student been baptized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (New student only)	
<b>Baptism Date (if applicable) (New student only)</b>	<b>Baptism Location (if applicable) (New student only)</b>
<b>Has Student received First Holy Communion?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (New student only)	
<b>Date</b>	<b>Location</b>

### Fourth Student Information

<b>Grade Entering</b>	<b>Current Age</b>
<b>Student Name (Legal Last, First, and Full Middle) (Must match the birth certificate. New student only, submit a copy to the office.)</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of birth</b>
<b>Health</b> (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.) (New student or if there are any changes from previous year.)	
<b><u>Federal Ethnicity and Race</u></b> <i>Is the student Hispanic or Latino</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Ethnicity (mark all that apply)</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<b>Has student been baptized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (New student only)	
<b>Baptism Date (if applicable) (New student only)</b>	<b>Baptism Location (if applicable) (New student only)</b>
<b>Has Student received First Holy Communion?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (New student only)	
<b>Date</b>	<b>Location</b>

### Fifth Student Information

<b>Grade Entering</b>	<b>Current Age</b>
<b>Student Name (Legal Last, First, and Full Middle) (Must match the birth certificate. New student only, submit a copy to the office.)</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of birth</b>
<b>Health</b> (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.) (New student or if there are any changes from previous year.)	
<b><u>Federal Ethnicity and Race</u></b> <i>Is the student Hispanic or Latino</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Ethnicity (mark all that apply)</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<b>Has student been baptized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (New student only)	
<b>Baptism Date (if applicable) (New student only)</b>	<b>Baptism Location (if applicable) (New student only)</b>
<b>Has Student received First Holy Communion?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (New student only)	
<b>Date</b>	<b>Location</b>

### Emergency Contact Information

<b>Primary Emergency Contact Name (Last, First)</b>	
<b>Home phone</b> <input type="checkbox"/> preferred	<b>Cell phone</b> <input type="checkbox"/> preferred
<b>Work phone</b> <input type="checkbox"/> preferred	<b>Relationship</b>
<b>Secondary Emergency Contact Name (Last, First)</b>	
<b>Home phone</b> <input type="checkbox"/> preferred	<b>Cell phone</b> <input type="checkbox"/> preferred
<b>Work phone</b> <input type="checkbox"/> preferred	<b>Relationship</b>
<b>Doctor Name and Phone</b>	<b>Dentist Name and Phone</b>

**FAMILY PARTICIPATION POLICY:** The purpose of this policy is to promote the welfare of Christ Child Academy. All parents are expected to serve twenty (20) volunteer hours during the school year. We trust you will share your time and God given talents with us that we may have a more efficient, operating school. When you, as a parent, exercise the privilege of sending your child to CCA, you also become a member of our school community. By signing this registration form, you agree to volunteer twenty (20) hours per school year.

<b>Tuition Information</b>				
<b>K through 8<sup>th</sup> Grade Tuition</b>				
1 Child	2 Children	3 Children	4 Children	5 Children
\$3,850	\$6,500	\$9,525	\$11,700	\$14,075

<b>3K &amp; 4K Full Day Tuition</b>		
<b>5 Full days per week</b>	Monday-Friday (8:00 am-3:00 pm)	\$3,850/year

<b>3K &amp; 4K Half Day Tuition</b>		
<b>5 Mornings per week</b>	Monday-Friday (8:00 am-11:15 am)	\$2,550/year

**Payment Options with FACTS: (Full payment or semi-annual payment is \$25/Quarterly payments or monthly payments are \$55).**

**Full Tuition Payment (\$25 Enrollment Fee\*)**  
**Semi-Annual Tuition Payments (\$25 Enrollment Fee\*)**  
**Quarterly Tuition Payments (\$55 Enrollment Fee\*)**  
**Monthly Tuition Payments (\$55 Enrollment Fee\*)**

*If a two-payment plan is selected and additional tuition payments over two are made, FACTS will charge the appropriate enrollment fee for the increased number of payments.*  
*\*The enrollment fee is a fee paid to FACTS for their tuition management.*

**NEW FAMILIES – will receive a welcome email from FACTS with a link to sign-in and set-up payment plan.**

**2025-2026 Financial Assistance (check all assistance you are requesting)**

HREN Foundation - Due **April 17, 2025**  
 \*\*Assistance is available to students in Preschool through 8<sup>th</sup> Grade. This assistance is from the generosity of the Carl and Charlotte Hren Foundation. Enroll online via FACTS (<https://factsmgt.com/>) \$45 fee is required to register. This fee plus a \$100 tuition credit will be added to your 2025-2026 FACTS tuition account if you do not qualify for assistance.

Knights of Columbus (Only families of members are eligible)

Wisconsin Parental Choice Program (Open enrollment is February 3 through April 17, 2025). The application link is found at <https://sms.dpi.wi.gov/ChoiceParent/>.

**Expected financial assistance: \$ \_\_\_\_\_**

## Tuition Responsibility Page

I, \_\_\_\_\_ (Parent/Guardian), am responsible for the payment of the registration fee and tuition for **(list student(s) name and grade)**: \_\_\_\_\_

	Number of Students	Applicable Tuition Fee
Full Day (K – 8th Grade) Students		\$
3K & 4K (5 Full days per week) \$3,850		\$
3K & 4K (5 Mornings per week) \$2,550		
<b>TOTAL TUITION DUE</b>		\$
<b>Current Family Non-refundable Tuition Down Payment – If received by <u>March 7, 2025</u>, a \$50 Early Discount will be applied to your FACTS Account at the start of the new-school year.</b>		- \$100.00 <b>Current Family</b>
<b>NEW FAMILY ONLY Non-refundable Tuition Down Payment</b>		- \$50.00 <b>New Family</b>
<b>Wisconsin Private School Choice Family – No Down Payment Required</b>		\$0 <b>Private School Choice</b>
<b>Remaining Tuition Balance (without financial aid)</b>		\$

All fees and tuition for the 2024-2025 school year must be current before registering for the 2025-2026 school year. If for any reason there is a change in your financial situation, please call the Business Manager or Principal to make payment arrangements. Your child will not be enrolled into Christ Child Academy for the 2025-2026 school year until payment options have been agreed upon or your account is current. Failure to follow this procedure will result in forfeiture of the registration deposit.

By signing the tuition responsibility page, I understand and agree to fulfill my financial commitment and obligation to Christ Child Academy.

I, the undersigned, hereby register the above students for the 2025-2026 school year with the understanding I will:

- 1) Sign and date this form certifying that all information given is accurate and attach the tuition down payment with this form to the school office.
- 2) Enroll in the FACTS Grant and Aid Program.
- 3) Volunteer twenty (20) hours.

<b>Signature of Parent/Guardian</b>	<b>Date</b>
-------------------------------------	-------------

**Please attach the following documents to this registration form:**

- Non-refundable registration down payment made payable to Christ Child Academy.
- Copy of Birth Certificate(s) (new student only)
- Immunization Form (new student only)
- New Student Transferring from \_\_\_\_\_ School (new K-8 students only)

<b>For Office Use Only:</b> Payment and Registration received by: _____		Date: _____
LAST NAME: _____		New Family: YES or No
CCA Cash _____	Check _____	Check # _____
EDP Cash _____	Check _____	Check # _____