



**2026-2027 Registration/Tuition Form**  
**New Family Information**

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

**Father/Guardian Information**

|   |            |            |
|---|------------|------------|
| Father/Guardian's Name (Last, First, Middle)                      |            |            |
| Home Address (Number, Street, City, State, Zip) (Please complete) |            |            |
| Home Phone  | Cell Phone | Work Phone |
| Email Address   |            |            |
| Employer  | Occupation |            |
| Religion  | Parish     |            |
| <b>Father/Guardian</b>  |            |            |
| <input type="checkbox"/> Live with student                        |            |            |

**Mother/Guardian Information**

|  |            |            |
|--|------------|------------|
| Mother/Guardian's Name (Last, First, Middle, and Maiden)                               |            |            |
| Home Address (Number, Street, City, State, Zip) <input type="checkbox"/> Same as above |            |            |
| Home Phone   | Cell Phone | Work Phone |
| Email Address  |            |            |
| Employer   | Occupation |            |
| Religion   | Parish     |            |
| <b>Mother/Guardian</b>   |            |            |
| <input type="checkbox"/> Live with student   |            |            |

Marital Status     Married     Single     Widowed     Divorced/Separated  
 If parents do not live together, is there a custody agreement on file?     Yes     No     N/A  
 Bus service requested if eligible? (Grades 4K – 8)     Yes     No  
 Are you interested in utilizing the Extended Day Program?     Before School     After School     N/A

## 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><br><i>Is the student Hispanic or Latino</i> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Ethnicity (mark all that apply)</b><br><input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander |  |
| <b>Has the 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 the 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><br><i>Is the student Hispanic or Latino</i> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Ethnicity (mark all that apply)</b><br><input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander |  |
| <b>Has the 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 the 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><br><i>Is the student Hispanic or Latino</i> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Ethnicity (mark all that apply)</b><br><input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native<br><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 the 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><br><i>Is the student Hispanic or Latino</i> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Ethnicity (mark all that apply)</b><br><input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander |  |
| <b>Has the 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 the 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

Primary Emergency Contact Name (Last, First)

Home phone  preferred

Cell phone  preferred

Work phone  preferred

Relationship

Secondary Emergency Contact Name (Last, First)

Home phone  preferred

Cell phone  preferred

Work phone  preferred

Relationship

## Medical/Dental Contact Information

Doctor Name and Phone

Dentist Name and Phone

**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.

## Tuition Information

### K through 8<sup>th</sup> Grade Tuition

|         |            |            |            |
|---------|------------|------------|------------|
| 1 Child | 2 Children | 3 Children | 4 Children |
| \$4,100 | \$7,000    | \$10,275   | \$12,700   |

### 3K & 4K Full Day Tuition

|                      |                                 |              |
|----------------------|---------------------------------|--------------|
| 5 Full days per week | Monday-Friday (8:00 am-3:00 pm) | \$4,100/year |
|----------------------|---------------------------------|--------------|

### 3K & 4K Half Day Tuition

|                     |                                  |              |
|---------------------|----------------------------------|--------------|
| 5 Mornings per week | Monday-Friday (8:00 am-11:15 am) | \$2,800/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.**

### 2026-2027 Financial Assistance (check all assistance you are requesting)

**HREN Foundation** – Due by **April 17, 2026**

\*\*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 2026-2027 FACTS tuition account if you do not qualify for assistance.

**Knights of Columbus** (Only families of members are eligible)

**Wisconsin Parental Choice Program** - The WPCP application will be open during the following application periods: **February** (February 2-20, 2026), **March** (March 1-20, 2026), **April** (April 1-20, 2026), **May** (May 1-20, 2026), **June** (June 1-22, 2026), **July** (July 1-20, 2026), and **August** (August 1-20, 2026). **Please be sure to fill out your WPCP application as soon as possible, do not wait until the final application period to secure your WPCP seat.** 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) \$4,100  |                    | \$                                  |
| 3K & 4K (5 Mornings per week) \$2,800   |                    | \$                                  |
| <b>TOTAL TUITION DUE</b>  |                    | \$                                  |
| <b>NEW FAMILY ONLY Non-refundable Tuition Down Payment</b>  |                    | - \$50.00<br><b>New Family</b>      |
| <b>Wisconsin Private School Choice Family – No Down Payment Required</b>  |                    | \$0<br><b>Private School Choice</b> |
| <b>Remaining Tuition Balance (without financial aid)</b>  |                    | \$                                  |
| <p>All fees and tuition for the 2025-2026 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 2026-2027 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.</p> <p>By signing the tuition responsibility page, I understand and agree to fulfill my financial commitment and obligation to Christ Child Academy.</p> <p>I, the undersigned, hereby register the above students for the 2026-2027 school year with the understanding I will:</p> <ol style="list-style-type: none"> <li><b>1)</b> 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.</li> <li><b>2)</b> Enroll in the FACTS Financial Aid Program.</li> <li><b>3)</b> Volunteer twenty (20) hours.</li> </ol> |                    |                                     |
| <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)

**For Office Use Only:** Payment and Registration received by: \_\_\_\_\_ Date: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ New Family: YES or No

**CCA** Cash \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_ **EDP** Cash \_\_\_\_\_ Check \_\_\_\_\_ Check # \_\_\_\_\_