



## 2019-2020 Registration/Tuition Form

### 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)		<input type="checkbox"/> Same as Student's Address
Home Phone	Cell Phone	Work Phone
Email Address		
Employer	Occupation	
Religion	Parish	
Father/Guardian (Please check all that apply)		
<input type="checkbox"/> Live with student <input type="checkbox"/> List Home/Cell Phone in School Directory <input type="checkbox"/> List email address in School Directory <input type="checkbox"/> List Address in School Directory		

Mother/Guardian Information		
Mother/Guardian's Name (Last, First, Middle, and Maiden)		
Home Address (Number, Street, City, State, Zip)		<input type="checkbox"/> Same as Student's Address
Home Phone	Cell Phone	Work Phone
Email Address		
Employer	Occupation	
Religion	Parish	
Mother/Guardian (Please check all that apply)		
<input type="checkbox"/> Live with student <input type="checkbox"/> List Home/Cell Phone in School Directory <input type="checkbox"/> List email address in School Directory <input type="checkbox"/> 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   
  N/A  
 Bus service requested if eligible? (3K students are not able to ride the bus)   
  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.

First Student Information	
<b>Grade Entering</b>	<b>Current Age</b>
<b>Student Name (Last, First, Middle)</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of birth</b>
<b>What public school would your child attend?</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.)	
<b>Ethnicity</b> <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other	
<b>Has student been baptized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Baptism Date (if applicable)</b>	<b>Baptism Location (if applicable)</b>
<b>Has Student received First Holy Communion?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Date</b>	<b>Location</b>

Second Student Information	
<b>Grade Entering</b>	<b>Current Age</b>
<b>Student Name (Last, First, Middle)</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of birth</b>
<b>What public school would your child attend?</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.)	
<b>Ethnicity</b> <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other	
<b>Has student been baptized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Baptism Date (if applicable)</b>	<b>Baptism Location (if applicable)</b>
<b>Has Student received First Holy Communion?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Date</b>	<b>Location</b>

Third Student Information	
Grade Entering	Current Age
Student Name (Last, First, Middle)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
What public school would your child attend?	
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 <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other	
Has student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Baptism Date (if applicable)	Baptism Location (if applicable)
Has Student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	Location

Fourth Student Information	
Grade Entering	Current Age
Student Name (Last, First, Middle)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
What public school would your child attend?	
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 <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other	
Has student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Baptism Date (if applicable)	Baptism Location (if applicable)
Has Student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	Location

### Fifth Student Information

<b>Grade Entering</b>	<b>Current Age</b>
<b>Student Name (Last, First, Middle)</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of birth</b>
<b>What public school would your child attend?</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.)	
<b>Ethnicity</b> <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other	
<b>Has student been baptized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Baptism Date (if applicable)</b>	<b>Baptism Location (if applicable)</b>
<b>Has Student received First Holy Communion?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<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 encouraged 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. During the school year, please email [ccaworkhours@gmail.com](mailto:ccaworkhours@gmail.com) to enter your volunteer hours as you complete them. By signing this registration form, you agree to volunteer twenty (20) hours per school year.

## Tuition Form

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

1 Child	2 Children	3 Children	4 Children	5 Children
\$3,250	\$5,300	\$7,275	\$9,300	\$11,075

### 3K Tuition

<b>5 Mornings per week</b>	Monday-Friday (8:10 am-11:15 am)	\$2,000/year
<b>OR</b>		
<b>3 Mornings per week</b>	Mon., Wed., Fri. (8:10 am-11:15 am)	\$1,200/year

### 4K Tuition

<b>5 Mornings per week</b>	Monday-Friday (8:00 am-11:15 am)	\$2,000/year
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### Payment Options with FACTS

(two or less payments is \$20/three or more payments is \$50)

**Full Tuition Payment (\$20 Enrollment Fee)**

**Semi-Annual Tuition Payments (\$20 Enrollment Fee)**

**Quarterly Tuition Payments (\$50 Enrollment Fee)**

**Monthly Tuition Payments (\$50 Enrollment Fee)**

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

### 2019-2020 Financial Assistance (check all assistance you are requesting)

HREN Foundation - Due **April 18, 2019**

\*\*Aid is available to students in Preschool through 8<sup>th</sup> Grade. This aid is from the generosity of the Carl and Charlotte Hren Foundation. Enroll online via FACTS ([www.factstuitionaid.com](http://www.factstuitionaid.com)) \$35 fee is required to register. This fee will be refunded to your tuition account if you do not qualify for assistance.

St. Vincent de Paul Society (Forms will be sent home in early fall)

Knights of Columbus (Only families of members are eligible)

Wisconsin Parental Choice Program (Open enrollment is February 1 through April 20, 2019. The application link is found at <https://www.dpi.wi.gov/sms/choice-programs>)

**Expected financial assistance: \$**

## Tuition Responsibility Page

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

	Number of Students	Applicable Tuition Fee
Full Day (K – 8th Grade) Students		
4K (5 Mornings per week)		
3K (5 Mornings per week)		
3K (3 Mornings per week)		
<b>Total Tuition Due</b>		\$
<b>Current Family Non-refundable Tuition Deposit – If received by March 1, 2019</b> a \$50 Early Discount will be applied to your FACTS Account at the start of new-school year.		- \$100.00 <b>Current Family Deposit</b>
<b>NEW FAMILY ONLY Non-refundable Tuition Deposit</b>		- \$50.00 <b>New Family Deposit</b>
<b>Remaining Tuition Balance (without financial aid)</b>		\$

All fees and tuition for the 2018-19 school year must be current before registering for the 2019-2020 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 2019-2020 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 2019-2020 school year with the understanding I will:

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

<b>Signature of Parent/Guardian</b>	<b>Date</b>
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**Please attach the following documents to this registration form:**

- Non-refundable registration deposit made payable to Christ Child Academy.
- Immunization Form (Information can be found at <https://www.dhfsvir.org/PR/clientSearch.do?language=en>)

*For Office Use Only:*

Payment and Registration received by: \_\_\_\_\_ Date: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ New Family: \_\_\_\_\_

Customer ID: \_\_\_\_\_ Student ID: \_\_\_\_\_