

Dear Parents/Guardians,

Welcome to St. Joseph School. We are pleased to have you become a part of the Saint Joseph School family. Please review the attached material and complete the forms in a timely manner.

The following are documents that must accompany your registration form:

- 1. Release information form
- 2. Emergency form
- 3. Parish Affiliation form
- 4. Original birth certificate (to be copied at our school)
- 5. Baptismal certificate for Catholic students (to be copied at our school)
- 6. Social Security card (to be copied at our school)
- 7. Registration fee of \$75.00 per family
- 8. Book fee of \$100.00 for each child in grades K 8
- 9. Technology fee \$50.00
- 10. Academic records for transfer students
- 11. Immunization record and school records
- 12. Release of records for transfer students
- 13. F.A.C.T.S tuition information and form. All students must be enrolled in the F.A.C.T.S program on-line.

Should you have any questions, please feel free to contact me at (860) 822-6141 or email me at sistermarypatrick@gmail.com.

God bless you!

Sincerely in Jesus and Mary,

Sister Mary Patrick, SCMC

Sister Mary Patrick, SCMC

Principal

Phone: 860-822-6141

Fax: 860-822-1479

E-mail: sistermarypatrick@gmail.com



Dear Prospective Student/Parent/Guardian,

Thank you for taking an interest in St. Joseph School, Baltic, a traditional Catholic school in the Diocese of Norwich. We are more than happy to share with you some basic information regarding our school with the hope that this is the school for you! St. Joseph School family is a great school with happy students, wonderful teachers and staff, and very supportive parents.

Please feel free to contact me for further information at (860) 822-6141 or at sistermarypatrick@gmail.com.

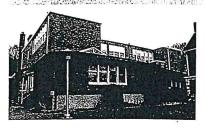
God bless you!

Sincerely in Jesus and Mary,

Letw Mary Patres, sem

Sister Mary Patrick, SCMC

Principal



REGISTRATION FORM

NAME							
Last	First	<u>M.I.</u>					
GRADE ENTERING DATE	2	F					
ADDRESS							
Street	Town State/Zip/Code						
TELEPHONE		18.					
STUDENT'S BIRTHPLACE Town							
Town	Sta	ate/Country					
STUDENT'S RELIGION	DATE OI	F BIRTH					
FATHERLast		_					
Last	First M.	I. Religion					
ADDRESS	TOWN/STATE/	ZIP CODE					
WORK NUMBER OCCUPATION	PLACE OF EMPLOYME	ENT CELL PHONE					
MOTHER							
MOTHERLast MAIDEN NAME	First M	.I. Religion					
		*					
ADDRESS	TOWN/STATE/ZIP CODE						
WORK NUMBER OCCUPATION	PLACE OF EMPLOYMI	ENT CELL PHONE					
STUDENT LIVES WITH Both parents	Mother Fathe	rOther					
		Relationship					

Street		Town	State Zip Code	Telephone
MATERNA	AL GRANDMOTHE	R		
Street		Town	State Zip Code	Telephone
PATERNA	L GRANDFATHER			
Street		Town	State Zip Code	Telephone
PATERNA	L GRANDMOTHER	₹		
SCHOOLS	PREVIOUSLY ATT		State Zip Code	Telephone
SCHOOLS		TENDED	State Zip Code	Telephone Date Reason
SCHOOLS Gr. Level	Name of School	TENDED	State Zip Code ate/Zip Code Date Entered	Telephone Date Reason
SCHOOLS Gr. Level	Name of School	TENDED Town Sta	State Zip Code nte/Zip Code Date Entered	Telephone Date Reason
Gr. Level (1)Moved SACRAME	Name of School (2) Illness (3) I	TENDED Town Sta	State Zip Code nte/Zip Code Date Entered h Other CATES	Telephone Date Reason
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SCHOOLS Gr. Level (1)Moved SACRAME Date Church City/State	Name of School (2) Illness (3) I ENTS - VERIFIED B Baptism	TENDED Town Sta	State Zip Code ate/Zip Code Date Entered CATES ation Fin	Telephone Date Reason Withdrew



TUITION AND FEES

SCHOOL YEAR 2023-2024

Due at Registration: Registration-\$75.00 (Per Family)

Book Fee-\$100.00(Per student K-8) Technology Fee-\$50.00 (Per student K-8)

TUITION CHARGED- GRADES PK-8

First Child	Second Child	Third Child	Fourth Child			
			and a second second second			
\$3,800.00	\$3,400.00	\$2,800.00	\$2,300.00			
-\$750.00	-\$750.00	-\$750.00	-\$750.00			
\$3,050.00	\$2,650.00	\$2,050.00	\$1,550.00			
\$3,900.00	\$3,450.00	\$3,000.00	\$2,400.00			
-\$750.00	-\$750.00	-\$750.00	-\$750.00			
\$3,150.00	\$2,700.00	\$2,250.00	\$1,650.00			
\$3,650.00	\$3,200.00	\$2,750.00	\$2,250.00			
\$4 550 00	\$4.550.00	\$4.550.00	\$4.550.00			
Ψ1,550.00	ψτ,550.00	φ4,230.00	\$4,550.00			
	\$3,800.00 -\$750.00 \$3,050.00 \$3,900.00 -\$750.00 \$3,150.00	\$3,800.00 \$3,400.00 -\$750.00 -\$750.00 \$3,050.00 \$2,650.00 \$3,900.00 \$3,450.00 -\$750.00 -\$750.00 \$3,150.00 \$2,700.00 \$3,650.00 \$3,200.00	\$3,800.00 \$3,400.00 \$2,800.00 -\$750.00 -\$750.00 \$2,050.00 \$2,050.00 \$3,900.00 \$3,450.00 \$3,150.00 \$2,700.00 \$2,250.00 \$3,650.00 \$2,700.00 \$2,250.00 \$2,250.00 \$3,650.00 \$2,750.00 \$2,750.00 \$2,750.00 \$2,750.00			

The Subsidy by St. Mary's is for Catholics who are active parishioners. Active parishioners are those who attend Mass regularly and contribute through the envelope system. The \$750.00 subsidy for Catholics who attend other parishes will be remitted by that Pastor when he verifies your status. If not, the full tuition is your responsibility.

Phone: 860-822-6141 Fax: 860-822-1479

E-mail: sistermarypatrick@gmail.com



ST. JOSEPH SCHOOL

TUITION PLAN FOR 2023-2024 SCHOOL YEAR

MANDATORY THAT <u>ALL</u> FAMILIES <u>MUST</u> ENROLL WITH THE FACTS TUITION MANAGEMENT PROGRAM FOR ALL PAYMENTS.

FACTS ENROLLMENT	
LINK: https://online.factsmgt	.com/signin/3JJWK
I WILL PAY THE ENTIRE TUITION	BY AUGUST 15, 2023.
I WILL PAY THE TUITION IN TWO	PAYMENTS.WITH THE
FIRST PAYMENT DUE ON AUGUST 15	5, 2023, AND THE
SECOND PAYMENT DUE ON JANUAR	Y 15, 2024.
I WILL <u>BEGIN/CONTINUE</u> TO USE	THE FACTS TUITION PROGRAMMONTHLY.
\$100.00 Book fee per child-	included with Re-Registration
\$ 100.00 Book fee per child -	-Please add into my FACTS Plan
FACTS ENROLLMENT FEE	
ONE PAYMENT IN FULL:	\$ 0.00
TWO PAYMENTS:	\$10.00
THREE OR MORE PAYMENTS:	\$ 45.00
PARENT'S SIGNITURE:	DATE:
CHILD'S/CHILDREN'S NAME/S	

Phone: 860-822-6141

Fax: 860-822-1479

E-mail: sistermarypatrick@gmail.com



EMERGENCY INFORMATION

Student Last Name		Student First Name	MI						
Student Address:		Home Phone:							
Town:	STATE	:Zip Code:	_ Birth Date:						
Name of parent(s)/guard	lian(s) with whom the child re	sides:							
Father:									
Last Name	· First Name	Home	Phone						
Occupation	Place of Employmen	t Work Phone Cell	Phone						
Mother:									
Last Name	First Name	Home	Phone						
Occupation	Place of Employmen	t Work Phone Cell	Phone						
	the event of an emergency, pa ority, those people whom the								
Name A	ddress	Relationship	Cell#						
Name A	ddress	Relationship	Cell#						
Name A	ddress	Relationship	Cell#						
Total number of children	attending St. Joseph School:								
Signature of parent/Legal	Guardian		Date						

Signature of parent/Legal Guardian
Phone: 860-822-6141 Fax: 860-822-1479

Date

E-mail: sistermarypatrick@gmail.com

RELEASE INFORMATION

Student's Nam	e:	School	School Year:								
For your child's safety, please complete the information below for the persons authorized by you to take your child from school during school hours. It is very important that this information be updated whenever any change takes place. Please inform those listed below that they will need to show their identification to the school staff. It only one parent signs this form, please list the other as someone											
	pick up your child.										
Name	Address	Relationship	Cell#								
Name	Address	Relationship	Cell#								
Name	Address	Relationship	Cell#								
Name	Address	Relationship	Cell#								
Please list any	person who <u>MAY NOT</u> pick u	p your child from school.									
Name	Address	Relationship	Cell#								
Name	Address	Relationship	Cell#								
Name	Address	Relationship	Cell#								
Name	Address	Relationship	Cell#								
Signature of pa	arent/Legal Guardian		Date								
Signature of pa	arent/Legal Guardian		Date								

ST. JOSEPH SCHOOL

YEARLY HEALTH UPDATE _____

CHILD'S	NAME		GRADE/TEACHE	R
Please tak	e the time to fill	out the questionn	naire below thoroughly so we n	
properly.		4		
2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 2005 - 20				Yes No
1) Do you ha	ave any concerns ab	out your child's gene	eral health (eating, sleeping, weight,	etc)?
2) Does your	r child have any spe	cific illness or proble	em?	
4) Does your	r child have any alle r child take any med	ergies (lood, insects, r	medications, etc): ^ ^	
5) Does your	child have any pro	blems with vision, he	asionany): earing, or speech (glasses, contact, el	c)?
6) Has your	child had any hospi	talization, operation	, or major illness? Specify below.	
7) Has your	child had any signif	icant injury or accid	lent? Specify below.	
8) Would yo	u like to discuss any	thing with the schoo	l nurse about your child's health?	
Please expla	in any "YES" answ	ers here. For illness/	/injury include year/child's age at th	e time:
** If your ch	ild will be taking m	edication at school s	an authorization form must be filled	out by the physician.
II your es	oo takaag ia	edication at school, a		out by the physician
			is form for confidential use in me I permission to treat and/or transpo	
emergency.		•	•	•
 			<u> </u>	
Si	gnature of Parent/G	uardian	Date	
****	*****	*****	**********	*****
PARENT/G	UARDÍAN AUTHO	RIZATION FOR A	DMINISTRATION OF ACETAMI	NOPHEN
Under the s	standing orders of	our medical adviso	or, Acetaminophen (Tylenol) may	be given to students with
parent/guard	dian written permis	sion for headaches,	, earaches, menstrual cramps, and	toothaches. If you wish to
allow your c	hild to receive Aceta	minophen for these	ailments at school please complete	the following:
I give permis	ssion for my child to	receive Acetaminop	ohen (Tylenol) at school per manufa	cturer's dosing:
YES	NO			
120		Si	ignature of Parent/Guardiau	
Date	Time	Dose	Comments	Signature
	·			-
	1		1	4



SCHOOL MESSENGER

Dear Parents/Guardians:

School messenger is a program St. Joseph School uses to send out alerts to our parents/guardians. Messages are sent by phone, email and text.

Mother's Phone#:
Father's Phone#:
Other Phone#:
I would like to receive text messages: Yes No
E-Mail Address Required:
Mother's email:
Father's email:
FAMILY NAME:

Phone: 860-822-6141

Fax: 860-822-1479

E-mail: sistermarypatrick@gmail.com

PARISH AFFILIATION FORM

2023-2024

Saint Joseph School, Baltic, CT 06330

TO BE COMPLETED BY PARENT OR GUARDIAN

Parish Attending:			
Father's Name:			
Telephone: Home:	v	Vork:	
Mother's Name :	(N	laiden Name)	
Address:			
(If different from Father'			
Telephone: Home:	Wo	ork:	
Children Attending Paro	ochial School:		
Child's Name(s):			-
		ofore returning this form into the School Office	_
	a a	efore returning this form into the School Office.) ***********************************	¥
		also aware of the Diocesan subsidy er attending parochial schools in othe	r
I will pay a total of \$	in subsidy mo	ney for the above-named child(ren).	
Pastor's Signature	Parish	Date	

2/14/2023



WRITTEN PARENT CONSENT FOR TRANSFER OF STUDENT RECORDS

I HEREBY REQUEST:		
SCHOOL NAME		
SCHOOL ADDRESS		
TO RELEASE OR OBTAIN THE FO	OLLOWING RECORDS/IN	FORMATION REGARDING
CHILD'S NAME	Address	
DOB	CITY/STATE/ZIP	
TELEPHONE		
RECORDS: ACADEMIC PSYCHOLOGICAL SPECIAL EDUCATION MEDICAL DISCIPLINE OTHER	OBTAIN	RELEASE
TO:SCHOOL		
STREET/P.O. BOX		
CITY/STATE/ZIP		
signature of parent/Legal Guardian		Date

Phone: 860-822-6141

Fax: 860-822-1479

E-mail: sistermarypatrick@gmail.com

ST. Joseph School-Baltic, CT

2023-2024 Supply List

**It is <u>MANDATORY</u> that <u>EVERY</u> student brings a filled, re-fill able, spill-proof water bottle to school daily, to be used throughout each day. **

<u>Pre-Kindergarten-</u>**1-Backpack**Plastic/Vinyl sleeping mat-3 folds only. Please write child's name with a sharpie Marker. Mats sold at Wal-Mart or Target.

- 1-folder- write name in magic marker1-Small blanket, crib sheet& small pillow
- 1-Lunch bag & cold pack
- 1-Placemat
- 1-Ziploc bag with child's name-with a set of clothing and one pair of extra shoes. (Please make sure clothes fit & are seasonally appropriate) *The following will be requested on a rotating basis, as needed every month: Paper towels, boxes of tissues, sanitizing wipes, hand sanitizer-unscented, disinfecting spray cleaner, Lysol disinfecting spray, plastic cutlery, napkins& plastic cups.

<u>Kindergarten-Backpack- large enough</u> to hold students lunch box, folder, iPad & sweater.

- 1-Ziploc bag with child's name-with two complete sets of clothing changes and one pair of extra shoes.
- 12-Glue sticks&1-Pencil case
- 1-Box 24 Crayola glitter/ metallic crayons
- 3-boxes of scotch tape
- 8-*Rolls of paper towels
- 8- *Boxes of tissues
- 4-*refill packs of unscented baby wipes

Grade 1-Book bag (NO WHEELS)

- 4- Pocket folders
- 1-box 24 count crayons
- 2-Boxes of tissues
- 2- Rolls of paper towels
- 3-Clorox/Lysol wipes
- 1-Large eraser &1-Ruler (inches & cm.)
- 2-boxes of washable markers (thin & thick)
- 1-box of 12 colored pencils
- 1-Pair of scissors &4- Glue sticks

Grade 2

6-Pocket folders

Book bag (NO WHEELS)

- 2-Boxes of tissues
- 2- Rolls of paper towels
- 2- wet wipes/ wet ones
- 3-Clorox/Lysol wipes
- 1-box washable markers
- 1-box of 12 colored pencils (optional)
- 1-Pair of scissors
- **12-#2** pencils
- **1-**Of each Addition & Subtraction Flash cards (Check Dollar Tree)

Grades 3 & 4

- 3-Glue sticks
- 1-Package of red pens
- 1-Package of blue or black pens (GR. 4 ONLY)
- 1-Pen eraser (4th grade only)

2-Large book covers 2-Box 24 count crayons **1-**Box 24 Crayola crayons 1-Pair of scissors with students name 1-Box 10 Crayola colored pencils 4-Packages of Index cards 3-Folders Middle School: English/Literature 1-Package Index cards 2-White 1"-2" binders (1-Miss. Gray-1 Sister Loreto) **24--**#2 pencils 9- Packages of lined paper 2- Highlighters **2**-Composition books 1-Pair of scissors 1-Large sturdy folder w/pockets 1-Large pencil eraser 2-pkgs. - Mechanical pencils 1-Box Multiplication Flash Cards (Division optional) 2-Package of black/blue pens, erasable Book bag (NO WHEELS) Math & Science 1-Metric & Standard ruler 2-Box 24 count crayons 2- Boxes of tissues 1-Metric ruler (Math & Science) **2**-Rolls of paper towels 1-Scientific Calculator *Protractor (*Gr. 4 only) 2-box 24 colored pencils (Math & Science) 5- Packages of lined paper-Math 2- Refill packs of Clorox wipes 2-Pad quadrille paper-graph paper Must HAVE 4-Folders-one with holes 3-pocket folders: 2-red -Math & 1 blue Middle School: Grades 5-8 Science Book bag (NO WHEELS) 4-Boxes of tissues 2- Yellow highlighters 2-Set colored felt-tip markers/sharpies 4- Rolls paper towels 3- Dividers for binders (Science) 4- Refill baby wipe 2- pkgs blue/black erasable pens (Science) 1-Soft zippered pencil case 2-Package of #2 pencils 1-Protractor1-Compass 1-Basic Calculator 2-Package of red pens History **1**-Notebook note taking assignments 3-Package of black/blue pens

1- Sturdy 2-pocket folder for papers

5- Blue or black pens

holds shavings.

1-Small hand-held pencil sharpener that

St. Joseph School- Baltic, CT 06330

2023 - 2024 School Calendar – Updated 4.27.23

Su M Tu W Th F S Su Su Su Su Su Su		_				_			1			-					_								_								
August 23 (3)		26	19	12	5		Su			25	18	11	4		SU			26	19	12	G		Su		Γ	1	27 6	3	13	6	SU		
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IMPORTANT ACADEMIC DATES
NWEA tests for grades 1 - 8 - (Sept. 25 - Oct. 16, Jan. 8 - 31), Apr. 22- May 10)

Progress Reports Home	Marking Period Ends	Report Cards Sent
Oct. 6th	Nov. 10 th	Nov. 23 rd
Jan. 18 th	Mar.8th	Mar. 21st
Apr. 19th	Jun, 6 th	Jun. 21st

OTHER IMPORTANT DATES: JULY - RUMMAGE SALE DATES (dates subject to change)