



St. Joseph School

10 School Hill Road, Baltic, CT 06330

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
Principal



St. Joseph School

10 School Hill Road, Baltic, CT 06330

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.

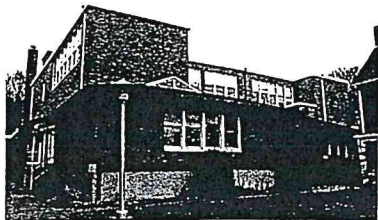
Please feel free to contact me for further information at (860) 822-6141 or at sistermarypatrick@gmail.com.

God bless you!

Sincerely in Jesus and Mary,

Sister Mary Patrick, SCMC

Principal



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REGISTRATION FORM

NAME _____
Last First M.I.

GRADE ENTERING _____ DATE _____ M F

ADDRESS _____

Street Town State/Zip/Code

TELEPHONE _____ PARENT'S EMAIL _____

STUDENT'S BIRTHPLACE _____
Town State/Country

STUDENT'S RELIGION _____ DATE OF BIRTH _____

FATHER _____
Last First M.I. Religion

ADDRESS _____ TOWN/STATE/ZIP CODE _____

WORK NUMBER OCCUPATION PLACE OF EMPLOYMENT CELL PHONE

MOTHER _____
Last First M.I. Religion

MAIDEN NAME _____

ADDRESS _____ TOWN/STATE/ZIP CODE _____

WORK NUMBER OCCUPATION PLACE OF EMPLOYMENT CELL PHONE

STUDENT LIVES WITH ___ Both parents ___ Mother ___ Father ___ Other
Relationship

MATERNAL GRANDFATHER _____

Street _____ Town _____ State Zip Code _____ Telephone _____

MATERNAL GRANDMOTHER _____

Street _____ Town _____ State Zip Code _____ Telephone _____

PATERNAL GRANDFATHER _____

Street _____ Town _____ State Zip Code _____ Telephone _____

PATERNAL GRANDMOTHER _____

Street _____ Town _____ State Zip Code _____ Telephone _____

SCHOOLS PREVIOUSLY ATTENDED

Gr. Level	Name of School	Town	State/Zip Code	Date Entered	Date Withdrew	Reason
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

(1) Moved (2) Illness (3) Parental Wish Other _____

SACRAMENTS - VERIFIED BY CERTIFICATES

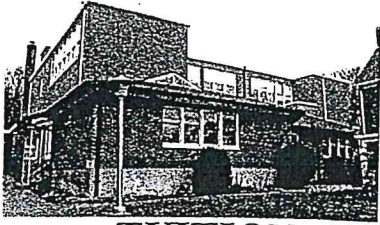
	Baptism	Reconciliation	First Holy Communion
Date	_____	_____	_____
Church	_____	_____	_____
City/State	_____	_____	_____

ETHNIC INFORMATION

___ African American ___ Asian ___ Caucasian ___ Hispanic ___ Other _____

Parent's Signature _____

Date _____



St. Joseph School

10 School Hill Road, Baltic, CT 06330

TUITION AND FEES

SCHOOL YEAR 2023-2024

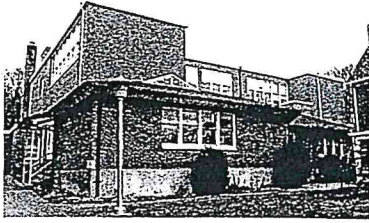
Due at Registration: Registration-\$75.00 (Per Family)

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

TUITION CHARGED- GRADES PK-8

Active Parishioner of St. Mary's	First Child	Second Child	Third Child	Fourth Child
Total Tuition St.Mary's	\$3,800.00	\$3,400.00	\$2,800.00	\$2,300.00
St. Mary's Subsidy	-\$750.00	-\$750.00	-\$750.00	-\$750.00
NET	\$3,050.00	\$2,650.00	\$2,050.00	\$1,550.00
Active in another Parish	\$3,900.00	\$3,450.00	\$3,000.00	\$2,400.00
Subsidy	-\$750.00	-\$750.00	-\$750.00	-\$750.00
Net	\$3,150.00	\$2,700.00	\$2,250.00	\$1,650.00
Non Catholics/ Others				
Total Tuition	\$3,650.00	\$3,200.00	\$2,750.00	\$2,250.00
Pre-Kindergarten				
5 Full Days	\$4,550.00	\$4,550.00	\$4,550.00	\$4,550.00
No subsidies available for Pre-K				

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.



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EMERGENCY INFORMATION

Student Last Name _____ Student First Name _____ MI _____

Student Address: _____ Home Phone: _____

Town: _____ STATE: _____ Zip Code: _____ Birth Date: _____

Name of parent(s)/guardian(s) with whom the child resides: _____

Father:

Last Name	First Name	Home Phone
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Occupation	Place of Employment	Work Phone	Cell Phone
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Mother:

Last Name	First Name	Home Phone
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Occupation	Place of Employment	Work Phone	Cell Phone
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Emergency Contacts: In the event of an emergency, parents/legal guardians will be notified first. Please list, in order of priority, those people whom the school is to contact if a parent/guardian cannot be reached.

Name	Address	Relationship	Cell#
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Name	Address	Relationship	Cell#
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Name	Address	Relationship	Cell#
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Total number of children attending St. Joseph School: _____

Signature of parent/Legal Guardian	Date
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RELEASE INFORMATION

Student's Name: _____ 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 authorized to pick up your child.

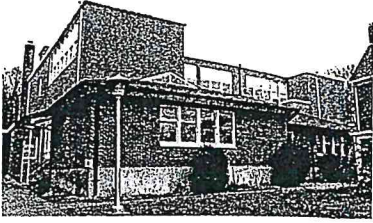
Name	Address	Relationship	Cell#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any person who MAY NOT pick up your child from school.

Name	Address	Relationship	Cell#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of parent/Legal Guardian	Date
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Signature of parent/Legal Guardian	Date
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ST. JOSEPH SCHOOL

TUITION PLAN FOR 2022-2023 SCHOOL YEAR

MANDATORY THAT ALL FAMILIES MUST 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, 2022.

___ I WILL PAY THE TUITION IN TWO PAYMENTS. WITH THE
FIRST PAYMENT DUE ON AUGUST 15, 2022, AND THE
SECOND PAYMENT DUE ON JANUARY 15, 2023.

___ I WILL BEGIN/CONTINUE TO USE THE FACTS TUITION PROGRAM MONTHLY.

___ \$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 SIGNATURE: _____ DATE: _____

CHILD'S/CHILDREN'S NAME/S _____

ST. JOSEPH SCHOOL

YEARLY HEALTH UPDATE _____

CHILD'S NAME _____ GRADE/TEACHER _____

Please take the time to fill out the questionnaire below thoroughly so we may care for your child properly.

- | | Yes | No |
|--|-------|-------|
| 1) Do you have any concerns about your child's general health (eating, sleeping, weight, etc)? | _____ | _____ |
| 2) Does your child have any specific illness or problem? | _____ | _____ |
| 3) Does your child have any allergies (food, insects, medications, etc)?** | _____ | _____ |
| 4) Does your child take any medication (daily or occasionally)? | _____ | _____ |
| 5) Does your child have any problems with vision, hearing, or speech (glasses, contact, etc)? | _____ | _____ |
| 6) Has your child had any hospitalization, operation, or major illness? Specify below. | _____ | _____ |
| 7) Has your child had any significant injury or accident? Specify below. | _____ | _____ |
| 8) Would you like to discuss anything with the school nurse about your child's health? | _____ | _____ |

Please explain any "YES" answers here. For illness/injury include year/child's age at the time:

**** If your child will be taking medication at school, an authorization form must be filled out by the physician.**

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school. I give St. Joseph School permission to treat and/or transport my child in the event of an emergency.

Signature of Parent/Guardian

Date _____

PARENT/GUARDIAN AUTHORIZATION FOR ADMINISTRATION OF ACETAMINOPHEN

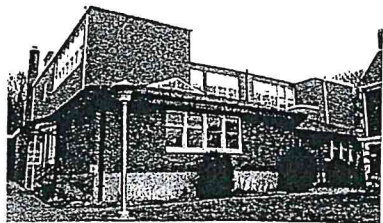
Under the standing orders of our medical advisor, Acetaminophen (Tylenol) may be given to students with parent/guardian written permission for headaches, earaches, menstrual cramps, and toothaches. If you wish to allow your child to receive Acetaminophen for these ailments at school please complete the following:

I give permission for my child to receive Acetaminophen (Tylenol) at school per manufacturer's dosing:

YES _____ NO _____

Signature of Parent/Guardian

[illegible]



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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: _____

PARISH AFFILIATION FORM

2023-2024

Saint Joseph School, Baltic, CT 06330

TO BE COMPLETED BY PARENT OR GUARDIAN

Parish Attending: _____

Father's Name: _____

Address: _____

Telephone: Home: _____ Work: _____

Mother's Name : _____ (Maiden Name) _____

Address: _____

(If different from Father's)

Telephone: Home: _____ Work: _____

Children Attending Parochial School:

Child's

Name(s): _____

Grade attending in the fall: _____

(Please have your pastor fill in the information below before returning this form into the School Office.)

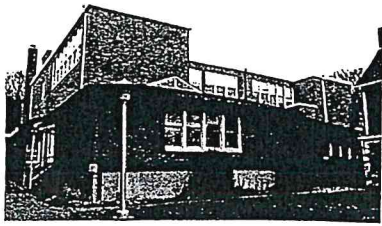
The above are members of my parish. I am also aware of the Diocesan subsidy policy and parish obligation for each member attending parochial schools in other parishes.

I will pay a total of \$ _____ in subsidy money for the above-named child(ren).

Pastor's Signature

Parish

Date



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WRITTEN PARENT CONSENT FOR TRANSFER OF STUDENT RECORDS

I HEREBY REQUEST:

SCHOOL NAME

SCHOOL ADDRESS

TO RELEASE OR OBTAIN THE FOLLOWING RECORDS/INFORMATION REGARDING MY CHILD:

CHILD'S NAME

Address

DOB

CITY/STATE/ZIP

TELEPHONE

RECORDS:

OBTAIN

RELEASE

ACADEMIC

PSYCHOLOGICAL

SPECIAL EDUCATION

MEDICAL

DISCIPLINE

OTHER

TO:

SCHOOL

STREET/P.O. BOX

CITY/STATE/ZIP

signature of parent/Legal Guardian

Date