

# ST. JOSEPH SCHOOL BALTIC

## Enrollment Form 2025-2026

### **Student Information:**

Child's Full Name	Grade	Gender	Birthdate	Place of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Address:** \_\_\_\_\_

**City, State ZIP:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

### **Parent Information:**

#### **Father's Information:**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cellular: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

If different from above, please provide:

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

#### **Mother's Information:**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cellular: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

If different from above, please provide:

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

## **Family Profile:**

With whom do the child(ren) live?

☐ Both parents together ☐ Both parents separately

☐ Mother ☐ Father ☐ Guardian/Other

If parents are not married:

a. Who has primary custody of the child(ren)?

☐ Both parents ☐ Mother ☐ Father ☐ Guardian/Other

b. Who is responsible for school bills?

☐ Both parents ☐ Mother ☐ Father ☐ Guardian/Other

c. Who receives report cards?

☐ Both parents ☐ Mother ☐ Father ☐ Guardian/Other

d. Who is responsible for making school-related decisions?

☐ Both parents ☐ Mother ☐ Father ☐ Guardian/Other

e. Who should receive general school-related information?

☐ Both parents ☐ Mother ☐ Father ☐ Guardian/Other

Race or ethnicity: ☐ African American ☐ Asian ☐ Caucasian  
☐ Hispanic ☐ Native American ☐ Multiracial

Primary language spoken at home: \_\_\_\_\_

## **Authorized adults and emergency contacts:**

Please list the adults authorized to pick your child up from school.

**Name:**

**Telephone Number:**

_____	_____
_____	_____
_____	_____

Whom should we contact in case you are unable to be reached in an emergency?

**Name:**

**Telephone Number:**

**Relationship to Child:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Parish Information:**

Our family is:

- ☐ Catholic, registered as parishioners at \_\_\_\_\_.
- ☐ Catholic, not registered at any parish.
- ☐ non-Catholic.

☐ I would like my child to make First Holy Communion at St. Joseph during the upcoming academic year.

*We must have a copy of your child's baptismal certificate on file before the start of school. If your child has not been baptized, you will need to make arrangements with the Sister Mary Patrick – adminasst192@ahfbaltic.com.*

**Acknowledgements:**

I understand that the enrollment fee of \$100 is due upon registration and is non-refundable.

I understand there is a \$100 book fee per student.

I understand there is a \$50 Technology fee per student.

I understand that tuition must be paid via FACTS Tuition Management Company. (All families will receive an email from FACTS containing an online registration invitation. If you do not receive an online invitation, please contact FACTS at (866) 441-4637.)

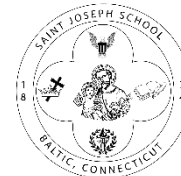
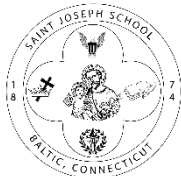
☐ I will pay the entire tuition by August 15, 2025

☐ I will pay the tuition in two payments with the first payment due on August 15, 2025 and the second payment due on January 15, 2026.

I understand that the Parish affiliation rate will be applied once St. Joseph School receives the parish affiliation form signed by the pastor of my church.

I understand that all academic and medical records for my child must be received by St. Joseph School prior to my child's admission and attendance.

I understand that if I withdraw my child from St. Joseph School after the academic year has started, any tuition refund will be at the discretion of the principal.



# ST. JOSEPH SCHOOL BALTIC

## Special Services 2025-2026

### **Resource Center**

The Resource Center provides both enrichment and remediation to St. Joseph students. All appropriate documentation must be in place before services can be implemented.

My child \_\_\_\_\_ has been in a special program for gifted/talented students at a previous school.

School: \_\_\_\_\_ Grades: \_\_\_\_\_

Type of program: \_\_\_\_\_

My child has an IEP (Individual Education Plan) from a previous school and receives assistance.

School: \_\_\_\_\_ Grades: \_\_\_\_\_

Type of program: \_\_\_\_\_

Services received: \_\_\_\_\_

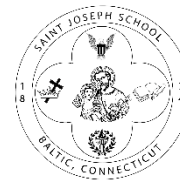
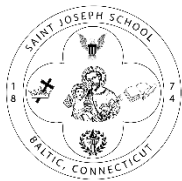
My child has a 504 Plan for specific educational accommodations from a previous school.

School: \_\_\_\_\_ Grades: \_\_\_\_\_

Type of accommodation: \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# ST JOSEPH SCHOOL BALTIC

## Tuition Schedule 2025 - 2026

**The enrollment fee is \$100 and is non-refundable.**

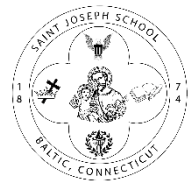
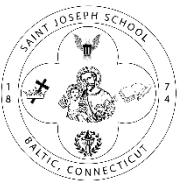
**Book fee - \$100 per student; Technology fee - \$50 per student**

Prekindergarten(three and four-year-olds): \$4,750

### **Kindergartento 8th grade:**

Catholic families with St. Mary Parish affiliation*	1st child	\$3,250
	2nd child	\$2,850
	3rd child	\$2,250
	4th child	\$1,750
Catholic families with other parish affiliation*	1st child	\$3,350
	2nd child	\$2,900
	3rd child	\$2,350
	4th child	\$2,850
Non-Catholic families	1st child	\$4,250
	2nd child	\$3,800
	3rd child	\$3,250
	4th child	\$2,750

\* Per diocesan policy, parishes are required to subsidize all active parishioners. If you are an active parishioner, you must have the Parish Affiliation Form approved by your pastor and returned with this registration form. Once we receive the signed parish affiliation form, your tuition will be adjusted to the parishioner rate.



# ST JOSEPH SCHOOL BALTIC

Parish Affiliation 2025-2026

## To be completed by parent or guardian:

**Parish:** \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

## Children attending parochial school:

Name:	Grade:
_____	_____
_____	_____
_____	_____

## To be completed by the pastor:

The individuals listed above are members of my parish. I am aware of the diocesan subsidy policy for each child attending a parochial school at another parish.

I will pay a total subsidy of \_\_\_\_\_ (\$1,000 per child) for the child(ren) listed above.

Pastor's signature: \_\_\_\_\_

Parish: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_