



SACRED HEART CATHOLIC SCHOOL

2025-2026 REGISTRATION

Family Information:

Last Name _____

Street _____

City _____ State _____ Zip _____

Phone _____ Emergency Phone _____

Religion _____ Parish _____

*Family E-Mail _____
(will be used as primary for receiving emails from school)

Name of City, Township or Village _____

Based on your address, what public school would your child(ren) attend (if in the Stevens Point school district, please list the specific school)?

**If parents do not live together, is there a custody agreement? Yes No

<p>Father <input type="checkbox"/>Single <input type="checkbox"/>Married **<input type="checkbox"/>Divorced <input type="checkbox"/>Deceased</p> <p>Name _____</p> <p>Occupation _____</p> <p>Employer _____ Work Phone _____</p> <p>Cell Phone _____</p> <p><input type="checkbox"/> Below information same as above. <i>If different, please complete:</i></p> <p>Religion _____ Parish _____</p> <p>Street _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone _____</p>	<p>Mother <input type="checkbox"/>Single <input type="checkbox"/>Married **<input type="checkbox"/>Divorced <input type="checkbox"/>Deceased</p> <p>Name _____</p> <p>Occupation _____</p> <p>Employer _____ Work Phone _____</p> <p>Cell Phone _____</p> <p><input type="checkbox"/> Below information same as above. <i>If different, please complete:</i></p> <p>Religion _____ Parish _____</p> <p>Street _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone _____</p>
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Family Emergency Contacts

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

4K – Must be 4 years old by September 1, 2025
5K – Must be 5 years old by September 1, 2025

<u>Child 1</u>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Last Name _____ First Name _____ Middle Name _____	
Birthdate _____ Grade of enrollment _____	
If new enrollee, please provide a birth certificate and a record of Sacraments received (<i>form available from office</i>)	
<u>Health</u> Does child have a health condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Seizure <input type="checkbox"/> Diabetes <input type="checkbox"/> Food Allergies <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
<u>Ethnic Background</u> <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Black Amer. <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	
<u>Child 2</u>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Last Name _____ First Name _____ Middle Name _____	
Birthdate _____ Grade of enrollment _____	
If new enrollee, please provide a birth certificate and a record of Sacraments received (<i>form available from office</i>)	
<u>Health</u> Does child have a health condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Seizure <input type="checkbox"/> Diabetes <input type="checkbox"/> Food Allergies <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
<u>Ethnic Background</u> <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Black Amer. <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	
<u>Child 3</u>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Last Name _____ First Name _____ Middle Name _____	
Birthdate _____ Grade of enrollment _____	
If new enrollee, please provide a birth certificate and a record of Sacraments received (<i>form available from office</i>)	
<u>Health</u> Does child have a health condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Bee Sting Allergy <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Seizure <input type="checkbox"/> Diabetes <input type="checkbox"/> Food Allergies <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
<u>Ethnic Background</u> <input type="checkbox"/> Amer. Indian <input type="checkbox"/> Black Amer. <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	

Child 4Male Female

Last Name _____ First Name _____ Middle Name _____

Birthdate _____ Grade of enrollment _____

If new enrollee, please provide a birth certificate and a record of Sacraments received (*form available from office*)**Health** Does child have a health condition? Yes No Bee Sting Allergy ADD/ADHD Asthma Seizure Diabetes Food Allergies Other _____ Other _____**Ethnic Background** Amer. Indian Black Amer. Hispanic White Asian/Pacific Islander Other**Child 5**Male Female

Last Name _____ First Name _____ Middle Name _____

Birthdate _____ Grade of enrollment _____

If new enrollee, please provide a birth certificate and a record of Sacraments received (*form available from office*)**Health** Does child have a health condition? Yes No Bee Sting Allergy ADD/ADHD Asthma Seizure Diabetes Food Allergies Other _____ Other _____**Ethnic Background** Amer. Indian Black Amer. Hispanic White Asian/Pacific Islander Other**Affirmation**

In an emergency or in the event that persons named on this form cannot be reached, I give the school permission to take whatever action is deemed necessary in their judgment for the health of my child, and I will not hold Sacred Heart School responsible for the emergency care and/or transportation of my child. I understand that information on this form will be shared with school personnel to protect the life and safety of my child.

*I will allow Sacred Heart School to forward correspondence to this e-mail address.

**I will provide to the school, as a condition of enrollment, that portion of any court decree or judgment that assigns custody, payment information, and other information pertinent to guardianship and school enrollment.

Sacred Heart School does not discriminate on the basis of race, color, or national and ethnic origin in administration of its education policies, scholarships, loan programs, athletic or other school-administered programs.

*Notice for 1st Time Enrollees.....*This enrollment application does not guarantee admittance to Sacred Heart School. Other documentation such as testing, special education, and discipline records may be required before your child is officially enrolled. In addition, students entering Sacred Heart School for the first time may be given applicable placement tests in order to insure that instruction is provided at your child's level of ability. Grade-level placement is at the discretion of Sacred Heart School. All children new to Sacred Heart School, along with their parents, are required to meet with the principal before enrollment is finalized.

I accept the responsibility for prompt payment of tuition, fees, and other charges that are incurred for services rendered. My signature indicates that all information provided is correct and I understand that **registration cannot be accepted without my signature.**

Parent/Guardian Signature: _____ Date: _____

Sacred Heart School 2025-2026 Tuition and Commitment Agreement

Family Surname _____

Father's First Name _____ Mother's First Name _____

We, the undersigned, understand and agree that as parents we are the primary teachers of our child(ren) and that Sacred Heart School exists to assist us with that teaching. The most important education we can provide our child(ren) is knowledge of and formation in the Faith. The primary mission of Sacred Heart School is to assist us in that most important responsibility. As parents of an enrolled child(ren), we are committed to the following:

- To be actively involved with the education of our child(ren)
- To provide our child(ren) with a proper study environment at home
- To participate, as members of the Home and School Association, in all fundraisers and events
- To support Sacred Heart School in its presentation of a Catholic worldview, being loyal to the perpetual teachings of Holy Mother Church and her practices
- To be actively involved in parish life by giving of our time and talents
- To support both the school and parish financially according to our means.

2025-2026 Tuition Schedule

Parishioners

Non-parishioners

1 st Child	\$1825	\$2340
2 nd Child	\$1575	\$1865
3 rd Child	\$1270	\$1600
4 th Child and Up	\$ 700	\$1000
4 Year-old Kindergarten	\$ 900	\$ 1000

Registration Fee

All required registration forms and documentation must be received by April 8, 2025, or a \$100 per child non-refundable registration fee will be assessed.

Tuition Payment Options (select an option by checking the box below)

- Our entire tuition payment will be paid in full by October 1, 2025
- We agree to pay our entire tuition bill in 10 equal monthly installments beginning September 2, 2025
- We request the following payment terms: _____
- Because of financial reasons we are unable to pay the full tuition bill. (Tanner Simonis Memorial Scholarship Application and required documentation must accompany this registration form.)

Name (Print)

Sign

Date

Name (Print)

Sign

Date

Office Use Only:

Total Family Tuition: _____

Date Received: _____