

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.)

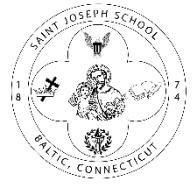
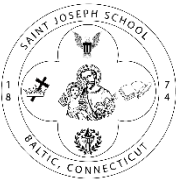
I will pay the entire tuition by August 15, 2025

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.



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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: _____

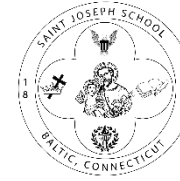
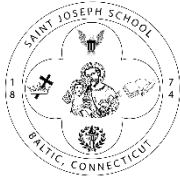
My child has a 504 Plan for specific educational accommodations from a previous school.

School: _____ Grades: _____

Type of accommodation: _____

Parent's Signature: _____

Date: _____



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Tuition Schedule 2025 - 2026

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

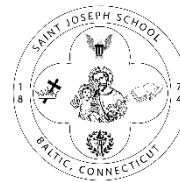
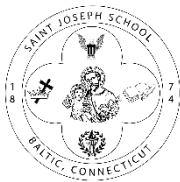
Book fee - \$100 per student; Technology fee - \$50 per student

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

Kindergarten to 8th grade:

Catholic families with St. Mary Parish affiliation*	1st child	\$4,250
	2nd child	\$3,850
	3rd child	\$3,250
	4th child	\$2,750
Catholic families with other parish affiliation*	1st child	\$4,350
	2nd child	\$3,900
	3rd child	\$3,350
	4th child	\$2,850
Non-Catholic families	1st child	\$3,850
	2nd child	\$3,400
	3rd child	\$2,950
	4th child	\$2,450

* 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.



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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: _____
