



St. Joseph School

10 School Hill Road, Baltic, CT 06330
www.stjosephschoolbaltic.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,

Sister Mary Patrick, SCMC
Principal



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Dear Parents/Guardians,

Welcome to St. Joseph School. We are please 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 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. FACTS tuition information and form. All students must be enrolled in the FACTS program online.

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 Ptrick, SCMC
Principal

PARISH AFFILIATION FORM

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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REGISTRATION FORM

NAME _____
Last First M.I.

GRADE ENTERING _____ DATE _____ M F

ADDRESS _____
Street Town Zip Code

TELEPHONE _____ PARENTS' 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 R _____

Street Town State Zip Code Telephone

PATERNAL GRANDFATHER R _____

Street Town State Zip Code Telephone

PATERNAL GRANDMOTHER R _____

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 4. Other _____

SACRAMENTS- VERIFIED BY CERTIFICATES

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

ETHNIC INFORMATION

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

Parent's Signature

Date

EMERGENCY INFORMATION

Student Last Name _____ Student First Name _____ MI _____

Street 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

Place of Employment Work Phone Cell Phone Occupation

Mother: _____

Last Name First Name Home Phone

Place of Employment Work Phone Cell Phone Occupation

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 Phone Cell Phone

Name Address Relationship Phone Cell Phone

Name Address Relationship Phone Cell Phone

Name Address Relationship Phone Cell Phone

Total number of children attending St. Joseph School: _____

Student's Physician: _____ Phone: _____

PARENT//Legal Guardian: Signature: _____ DATE: _____

PARENT/Legal Guardian: Signature: _____ DATE: _____

St. Joseph School Yearly Health Update

Year _____

Child's Name _____ Grade/Teacher _____

Please take time to fill out the questionnaire below thoroughly so we may care for your child properly. For the following questions, please answer yes or 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 medications (daily or occasionally)?
5. Does your child have any problem with vision, hearing or speech (glasses, contacts, 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 about your child's health with the school nurse?

Please explain any "yes" answers below. 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 my permission for my child to receive Acetaminophen (Tylenol) at St. Joseph School per manufacturer's dosing:

Circle: Yes No

Signature of parent/guardian _____
Date

Date	Time	Dose	Comments	Signature

Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be In the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist): _____

Name of Child/Student _____

Date of Birth ___/___/_____ Today's Date ___/___/_____

Address of Child/Student _____

Town _____

Medication Name/Generic Name of Drug:

_____ Controlled Drug? YES/NO

Condition for which drug is being administered:

Specific Instructions for Medication Administration

Dosage _____ Method/Route _____

Time of Administration _____ If PRN, frequency _____

StartDate ___/___/_____

End Date ___/___/_____

Medication shall be administered: Start Date: ___/___/_____ End Date: ___/___/_____

Relevant Side Effects of Medication- _____

Explain any allergies, reactions to/negative interaction with food or drugs

Plan of Management for Side Effects-

Prescriber's Name:

Phone Number

Prescriber's Address:

Prescriber's Signature _____ Date: _____

School Nurse Signature (if applicable): _____

Parent Guardian Authorization:

I request that medication be administered to my child/student as described and directed above. I hereby request that the above ordered medication be administered by school personnel and I give permission for the exchange of information between the prescriber and the school nurse to ensure the safe administration of this medication. I understand that I must supply the school with no more than three months' supply of medication. I have administered at least one dose of the medication to my child without adverse effects.

Parent/Guardian Signature _____ Relationship _____

Parent/Guardian's Address _____

Town _____ State _____

Home Phone#

Work Phone#

Cell Phone#

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration: YES/NO

Signature of prescriber _____ Date _____

Parent/Guardian authorization for self-administration: YES/NO

Signature _____

Date _____

School nurse, if applicable, approval for self-administration:
_____ YES/NO

Today's Date _____

PrintedNameofIndividualReceivingWrittenAuthorizationandMedication-----

Title/Position/Signature (in ink) _____

Note: This form is a sample form in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17a and 19-13-B27a(v.)

TUITION AND FEES

SCHOOL YEAR 2024-2025

Due at Registration: Registration-\$100.00 (Per Family)

Book Fee -\$100.00 (Per student K-8) Technology Fee-\$50.00 (Per student K-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	\$4,150.00	\$3,750.00	\$3,150.00	\$2,650.00
St. Mary's Subsidy	-\$1,000.00	-\$1,000.00	-\$1,000.00	-\$1,000.00
NET	\$3,150.00	\$2,750.00	\$2,150.00	\$1,650.00
Active in another Parish	\$4,250.00	\$3,800.00	\$3,250.00	\$2,750.00
Subsidy	-\$1,000.00	-\$1,000.00	-\$1,000.00	-\$1,000.00
Net	\$3,250.00	\$2,800.00	\$2,250.00	\$1,750.00
Non Catholics/ Others				
Total Tuition	\$3,750.00	\$3,300.00	\$2,850.00	\$2,350.00
Pre-Kindergarten				
5 Full Days	\$4,650.00	\$4,650.00	\$4,650.00	\$4,650.00
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 \$1,000.00 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. **The subsidies are not an additional subsidy and will not be subtracted from the Net tuition amount.**

ST. JOSEPH SCHOOL

FACTS TUITION PLAN FOR 2024-2025 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, 2024.

___ I WILL PAY THE TUITION IN TWO PAYMENTS. WITH THE

· FIRST PAYMENT DUE ON AUGUST 15, 2024, AND THE

· SECOND PAYMENT DUE ON JANUARY 15, 2025.

___ 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 _____



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SCHOOL MESSENGER

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 ___

Email address required:

Mother's emails"

Father's email:

FAMILY NAME:

PARISH AFFILIATION FORM
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 (s) 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 NAME AND ADDRESS

PARENT SIGNATURE

DATE

St. Joseph School-Baltic, CT

2024-2025 Supply List

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

Pre-Kindergarten

1- Backpack Plastic/Vinyl

1 -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 marker

1- 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.

Kindergarten

Backpack- large enough to hold students lunch box, folder, iPod & 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

1 – Box of Magic Markers

8-*Rolls of paper towels

8- *Boxes of tissues

4-*Refill packs of unscented baby wipes

Grade 1

1 -Book bag (NO WHEELS)

4- Pocket folders

1- Box 24 count crayons

2- Boxes of tissue

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)**

Grade 3

3- Glue sticks

1- Package of red pens

2- Large book covers

1- Box 24 Crayola crayons

1- Box 10 Crayola colored pencils

3- Folders

1- Package Index cards

24--#2 pencils

2- Highlighters

1- Pair of scissors

1- Large pencil eraser

1- Box Multiplication Flash Cards (Division optional)

Book bag (NO WHEELS)

1- Metric & Standard ruler

2- Boxes of tissues

2- Rolls of paper towels

2- Refill packs of Clorox wipes

Grade 4

3- Glue sticks

1- Package of red pens

1- Package of blue or black pens

1- Pen eraser

2- Large book covers

1- Box 24 Crayola crayons

1- Box 10 Crayola colored pencils

1- Package Index cards

24-- #2 pencils

2- Highlighters

1- Pair of scissors

1- Large pencil eraser

1- Box Multiplication Flash Cards (Division optional)

Book bag (NO WHEELS)

1- Metric & Standard ruler

2- Boxes of tissues

2- Rolls of paper towels

1- Protractor

2- Refill packs of Clorox wipes

4- Folders-one with holes

Pack lined, 3 holes, binder paper

Middle School: Grades 5-8

Book bag (NO WHEELS)

4- Boxes of tissues

4- Rolls paper towels

4- Refill baby wipe

1- Soft zippered pencil case

2- Package of #2 pencils

2- Package of red pens

3- Package of black/blue pens

1- Small hand-held pencil sharpener that holds shavings.

2- Box 24 count crayons

1- Pair of scissors with student's name

4- Packages of Index cards

Middle School: English/ Literature

2- White 1"-2" binders (1-Miss. Gray - 1 Sister Loreto)

9- Packages of lined paper

2- Composition books

1- Large sturdy folder w/pockets

2- Pkgs. - Mechanical pencils

2- Package of black/blue pens, erasable

Middle School: Math & Science

- 2- Box 24 count crayons
- 1- Metric ruler (Math & Science)
- 1- Scientific Calculator
- 2- Box 24 colored pencils (Math & Science)
- 5- Packages of lined paper-Math
- 2- Pad quadrille paper-graph paper ***MUST HAVE***
- 3- pocket folders: 2-red -Math & 2 blue Science
- 2- Yellow highlighters
- 2- Set colored felt-tip markers/sharpies
- 3- Dividers for binders (Science)
- 2- Pkgs blue/black erasable pens (Science)1- Protractor
- 1-Compass
- 1-Basic Calculator

Middle School: History

- 1- Notebook (note taking assignments)
- 1- Sturdy 2-pocket folder for papers
- 5- Blue or black pens

