

# Bishop Baraga Catholic School

Pre-K - 8<sup>th</sup> Grade

Application



## Student Information – please print

Student  
Legal  
Name:

\_\_\_\_\_

(first) (middle) (last)

Date of  
Birth:

Sex:  Male  Female

Religion: \_\_\_\_\_

Church Attending: \_\_\_\_\_

Grade  
Entering:

\_\_\_\_\_

Ethnicity: check all  
that apply

Asian American  Black or African  
American  Hispanic or Latino  
 Native American or Alaskan Native  
 Native Hawaiian or other Pacific  
Islander  White

With whom does your child primarily reside:

Mother / Father  Mother  Father  Guardian(s) \_\_\_\_\_

Please list name

My Child has received the following sacraments:

Baptism

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

Penance

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

Communion

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

Confirmation

Church: \_\_\_\_\_

City/State: \_\_\_\_\_

My child receives special services in the form of an IEP or 504:  Yes  No

(Please provide details at the end of this form and include a copy of the IEP or 504)

Contact Information:

Best Phone Number: \_\_\_\_\_

Who's number is this: \_\_\_\_\_

Best Address Contact: \_\_\_\_\_

# Bishop Baraga Catholic School

Pre-K - 8<sup>th</sup> Grade

Application



Father's Information – please print			
Name:	_____		
Address: <i>(if different from above)</i>	_____		
	(city)	(state)	(zip)
Cell phone and carrier:	_____	Home phone:	_____
Email for school communications:	_____		
Place of Employment:	_____		
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced - Single <input type="checkbox"/> Divorced-Remarried <input type="checkbox"/> Widower		

Mother's Information – please print			
Name:	_____		
Address: <i>(if different from above)</i>	_____		
	(city)	(state)	(zip)
Cell Phone and Carrier:	_____	Home Phone:	_____
Email for school communications:	_____		
Place of Employment:	_____		
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced - Single <input type="checkbox"/> Divorced-Remarried <input type="checkbox"/> Widower		

If transferring from another school, please provide the school name and address.

\_\_\_\_\_  
(name of the school)

\_\_\_\_\_  
(address of the school)

(Office Only)

DATE: \_\_\_\_\_

PARISH: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

CONTACT #: \_\_\_\_\_



**2021-2022 TUITION WORKSHEET AND CONTRACT**  
**PRESCHOOL AND PRE-KINDERGARTEN**

<b>Enrollment Options</b>	<b>Weekly Rate</b>	<b>Yearly Rate</b>
2 Day Preschool (1 Student) Tuesday and Thursday PM ONLY	25.75	1030
3 Day Preschool (1 Student) Monday, Wednesday, and Friday PM ONLY	31	1240
5 Day Preschool (1 Student) Monday – Friday PM ONLY	48	1700
½ Day Pre-Kindergarten (1 Student) Monday – Friday AM ONLY	48	1700
Full Day Pre-Kindergarten (1 Student)	110	3915

**TUITION** - Before any discounts are applied please fill in the tuition cost below.

1<sup>st</sup> Student's Name: \_\_\_\_\_ Gr.: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

2<sup>nd</sup> Student's Name: \_\_\_\_\_ Gr.: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

3<sup>rd</sup> Student's Name: \_\_\_\_\_ Gr.: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_

**TOTAL TUITION FOR 2021-2022: \$ \_\_\_\_\_ (A)**

**DISCOUNTS** – Those families with two or more children in the preschool or pre-kindergarten receive a \$500 early education discount. If you have only one child in the preschool/pre-kindergarten, leave this area blank.

Early Education Credit for families with two or more students in PS/PK  
(Value of \$500) \$ \_\_\_\_\_ (B)

**TOTAL INVESTMENT FOR 2021-2022: (A-B)= \$ \_\_\_\_\_**

**Bishop Baraga Catholic School requires the payment of tuition be made through an online payment portal called FACTS. You will find a link to FACTS on the school website at: <https://www.baragaup.com/enroll-online> There is also a \$50 nonrefundable registration fee to hold your child's place. This fee is paid through FACTS when you set up your payment plan. Please contact the principal if you have questions regarding FACTS.**

**I will enroll online through FACTS and pay the \$50 registration fee. I agree to pay the "total investment" using the following payment schedule:**

\_\_\_\_\_ **Option 1: Pay In Full - One payment in full made by October 15th.**

\_\_\_\_\_ **Option 2: Two Payments**  
**October** \_\_\_\_\_ 1st or \_\_\_\_\_ 15th of the month  
**February** \_\_\_\_\_ 1st or \_\_\_\_\_ 15th of the month

\_\_\_\_\_ **Option 3: Monthly Payments Ending in May**  
**10 Monthly Payments from August to May.**  
\_\_\_\_\_ 1st or \_\_\_\_\_ 15th of the month

\_\_\_\_\_ **Option 4: Monthly Payments Ending in June**  
**12 Monthly Payments from July to June.**  
\_\_\_\_\_ 1st or \_\_\_\_\_ 15th of the month

Signature: \_\_\_\_\_  
Parent, Guardian, or Financial Steward

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

Approved by: \_\_\_\_\_  
Principal Signature

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

---

For office use:

Enrollment Fee Paid (Date): \_\_\_\_\_

Amount: \_\_\_\_\_