

ST. MARY'S VISITATION

Catholic School  Elm Grove, WI

Application for Enrollment

Thank you for your interest! Completion of this application is the first step for enrollment at St. Mary's Visitation (SMV). We will need separate documentation to complete the registration and confirm your child's enrollment. Once this application is received by our School Office, we will follow up with what else is needed to confirm your enrollment.

****To be eligible to enroll in SMV, your child must reach the associated kindergarten age (3, 4 or 5) or first grade age by September 1st of the school year of enrollment.**

- We require that children be toilet trained.
- Half-day options are available for both K3 and K4 students. The tuition is still the same, regardless of option (whole day rate charged).
- Hours for K3 & K4: Full day: 7:45am - 2:30pm Half-day: 7:45am - 11:30am.

If you have more than one child to enroll, please complete a separate form for each child

Child's Grade for Next Year:

List Grade: _____

Or, check one of the following kindergarten options: (Full day rate charged for all.)

___ **K3** - 2 days (T, TH) + ___ Full day or ___ Half day (7:45am - 11:30am)

___ **K3** - 3 days (M, W, F) + ___ Full day or ___ Half day (7:45am - 11:30am)

___ **K3** - 5 days (M - F) + ___ Full day or ___ Half day (7:45am - 11:30am)

___ **K4** + ___ Full day or ___ Half day (7:45am - 11:30am)

___ **K5** *Only full day option for K5*

Child's Legal Name: _____
Last First Middle

Date of Birth: ___/___/___ Gender: Male: ___ Female: ___
Month/Day/Year

Birthplace: _____
City/State

School Last Attended (if applicable): _____

Address: _____ City: _____ State: ___ Zip: _____

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Race: (Race and Ethnicity information is needed for national record-keeping purposes)

American Indian Asian Black or African/American Pacific Islander White

Ethnicity: Hispanic Non-Hispanic

Child's Sacramental Preparation:

Baptism: Yes No Parish _____
City/State _____

1st Communion: Yes No Parish _____
City/State _____

1st Reconciliation: Yes No Parish _____
City/State _____

Parent/Legal Guardian Information:

Father/Guardian Information:

Name: _____
First Middle Last

Home address: _____

City State Zip Code

Place of Employment: _____ **Occupation:** _____

Phone: Primary #: _____ **Work:** _____ **Cell:** _____

Email: _____ **Religion:** _____

Are you a registered member of St. Mary's Visitation? Yes: **No:** **Alumnus?** _____

Mother/Guardian Information:

Name: _____
First Middle Last

Maiden Name: _____

Home address: _____

City State Zip Code

Place of Employment: _____ **Occupation:** _____

Phone: Primary #: _____ **Work:** _____ **Cell:** _____

Email: _____ **Religion:** _____

Are you a registered member of St. Mary's Visitation? Yes: **No:** **Alumnus?** _____

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Does your child have an Individualized Education Plan (IEP), Service Plan or receive separate specialized services currently? ___ Yes ___ No

Describe services:

Please identify any significant physical, medical or restrictive conditions of your child:

List the Names and Ages of All children in your family (list oldest child first):

Marital Status of Parents: ___ Married ___ Separated ___ Divorced ___ Single

Child Resides With:

___ Birth Parents ___ Single Parent ___ Blended Family ___ Adoptive Parents

Other: _____

Language(s) spoken at home: _____

Signature: _____

(Sign/ type name of person filling out form)

Once your application is received, we will send you a link to our Give Central portal for payment of the registration fee, which will hold your registration. Our current fees are:

- \$115 - 1 child
- \$220 - 2 children
- \$310 - 3 or more children

Contact us with questions at: 262-782-7057.

This form must be submitted to the School Office. You may drop off or send to:

jnordstrom@stmaryeg.org (State Enrollment Application in the subject line of the email.)

or

Jill Nordstrom, School Secretary
St. Mary's Visitation School
13000 Juneau Blvd., Elm Grove, WI 53122

Thank you for your interest in St. Mary's Visitation!

For School Office Use Only:

Date received: _____ Fee paid: _____ Birth Cert.: _____ Baptismal Cert.: _____ Immunizations: _____