

# 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). 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 School 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 Information

Child's Legal Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_/\_\_\_/\_\_\_    Birthplace: \_\_\_\_\_  
Month/Day/Year    City/State

Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

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:

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

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

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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](mailto: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: \_\_\_\_\_