Saint Joseph the Worker School

2091 North Winn Road

Mount Pleasant, Michigan 48858

(989) 644-3970 Mary Hauck, Principal

Father Tom Held, Parochial Administer

2019-2020 REGISTRATION AND PAYMENT INFORMATION

Mission Statement

Saint Joseph the Worker Roman Catholic parish and school encourages its members to live fully the message of Jesus Christ. Inspired by the Holy Spirit through faith, love, sacraments, and service, our parish family will be a community of lifelong achievers and a center for academic excellence.

	STUDEN	TIN	FORMATION			
Last Name:	First Name:			Middle Name	:	
Birthday:		G	rade:		Gender: M F	
Last Name:	First Name:			Middle Name	:	
Birthday:		G	rade:		Gender: M F	
Last Name:	First Name:			Middle Name	:	
Birthday:		G	rade:		Gender: M F	
Last Name:	First Name:			Middle Name	:	
Birthday:		G	rade:		Gender: M F	
Other child(ren) in household:						
School District:			Home Phone Numb	er:		
Home Street Address:	_					
City:		State	2:	Zip Code:		
P/	ARENT/GUAI	RDI/	AN INFORMATIO	N		
MOTHER'S Name:	MOTHER	r's M	AIDEN NAME:	RELIGION:		
Street Address:						
City:		State		Zip Code:		
Home Phone:			Cell Phone:			
Employer:			Work Phone:			
Email Address:						
Mother receives duplicate mailings? (ci	•					
FATHER'S NAME:	RELIGIO	N:				
Street Address:	T			T		
City:		State		Zip Code:		
Home Phone:			Cell Phone:			
Employer:			Work Phone:			
Email Address:) \(\(\frac{1}{2}\)					
Father receives duplicate mailings? (cir	•		TION SEE			
			ATION FEE			
\$100.00 PER STUDENT Non-Refundabl						
			LOGY FEE			
\$25.00 PER STUDENT Non-Refundable	Fee. Please ret	turn v	with form.			

We/I agree to work with the school staff in the education of faith formation of our/my child(ren). Besides our/my involvement and support of our parish, we/I will also pay tuition. This agreement presupposes my commitment to be actively engaged in living the Catholic way of life as a member of St. Joseph the Worker Parish.

OVER

Yearly Pay Plan								
really ray riall	Seme	ester Pay	Plan	Quarte	erly Pay Plan		Monthly Pay Plan	
\$1,600 Due August 1, 2019	\$800.00 Due Aug. 1, 2019		\$400.00 Due July 1, 2019		\$133.33 Due 1st of each			
	\$800.00 [Due Jan. 1	1, 2020		e Oct. 1, 2019		month for 11 months and	
				-	e Jan. 1, 2020		month \$133.37	
			T _		e April 1, 2020	July 2	1, 2019 – June 1, 2020	
We/I intend to pay:	Yearly		Semest	er	Quarterly _		Monthly	
OTHERS ~ TUITION ~ \$	4,100.00	Per St	tudent P	er Year				
Yearly	Pay Plan				Semeste		lan	
\$4,100.00 Due August 1, 201	19				Due August 1, 201			
<u> </u>			\$2,050.00	Due January 1, 20				
We/I Intend to pay:		Yearly			Semes	ter_		
LUNCHES								
Day: \$3.35 per lunch Wee	k: \$16.75		Month: \$6	57.00	Semester: \$301	.50	Year: \$603.00	
We/I intend to pay:	Weekly		Month	nly	Semester _		Year	
			•					
	F1	thnic C	haracter	istics Infor	mation			
Due to Federal r						nation	n completed	
Duc to reactain	•				the child's name		reompieted	
***	It is nocoss				i tile tilliu 3 liailit	⊏•		
		•	•	A una b <u>una</u>	=			
Part A: Is your child Hispanic,	/Latino (cho	ose only	<u>one)</u>		_			
*** Part A: Is your child Hispanic, NO, he/she is no	/Latino (cho	ose only	<u>one)</u>		-			
Part A: Is your child Hispanic, NO, he/she is no	<u>/Latino (cho</u> t Hispanic/L	oose only ∟atino. Cl	<u>rone)</u> hild's Nam	e(s):	-			
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Part A: Is your child Hispanic, NO, he/she is no	/ <u>Latino (cho</u> t Hispanic/L spanic/Latin	oose only atino. Cl	one) hild's Name son of Cub	e(s): an, Mexican,	-	uth or C	Central American or	
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PRACTICAL PARISHIONER TUITION ~ \$1,600.00 Per Family Per Year

NOTE: Both parts A and B <u>MUST</u> be completed. We encourage you to select an answer for both parts. If either part (A or B) is not answered, the U.S. Department of Education requires the school district to supply an answer on your behalf.