



Dear Parent, Guardians and Students,

Welcome to St. Joseph School. It is important that we in education set students up for a positive learning experience and successful achievement. Every student comes from a diverse background with quality experience to share. The school's curriculum and environment reflects that of familiarity and not of alienation to the student. St. Joseph School is culturally sensitive to all.

Parents, guardians, teachers and administrators work collaboratively in each classroom to formulate common goals for every student. The school has a rich language based environment. Every student is unique and has his or her own temperament and learning style. The students bring this uniqueness into each new experience and take an active role in the process of learning. It is in collaboration between school and home that helps each student to reach their fullest potential.

Please feel free to contact the school at 860-822-6141 for more information and a tour.

God Bless,

*Dr. Gail Kingston*  
*Dr. Gail Kingston*  
Superintendent/Principal

10 School Hill Road, Baltic CT 06330 (860-822-6141) Fax(860-822-1479 [www.stjosephschoolbaltic.com](http://www.stjosephschoolbaltic.com)  
[gkingston@stjosephschoolbaltic.com](mailto:gkingston@stjosephschoolbaltic.com)

*Under the guidance of Saint Joseph, Patron Saint of the Universal Church, Saint Joseph School endeavors to achieve academic excellence in a faith-filled and safe environment. The school staff and parents collaborate to develop student's spiritual, intellectual, emotional, and physical well-being in a traditional Catholic setting.*



# ST. JOSEPH SCHOOL BALTIC

## Enrollment Form 2026-2027

### Student Information:

Child's Full Name	Grade	Gender	Birthdate	Place of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Address:** \_\_\_\_\_

**City, State ZIP:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

### Parent Information:

#### Father's Information:

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cellular: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

If different from above, please provide:

Address: \_\_\_\_\_

\_\_\_\_\_

#### Mother's Information:

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cellular: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

If different from above, please provide:

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

**Family Profile:**

With whom do the child(ren) live?

- Both parents together  Both parents separately  
 Mother  Father  Guardian/Other

If parents are not married:

- a. Who has primary custody of the child(ren)?  
 Both parents  Mother  Father  Guardian/Other
- b. Who is responsible for school bills?  
 Both parents  Mother  Father  Guardian/Other
- c. Who receives report cards?  
 Both parents  Mother  Father  Guardian/Other
- d. Who is responsible for making school-related decisions?  
 Both parents  Mother  Father  Guardian/Other
- e. Who should receive general school-related information?  
 Both parents  Mother  Father  Guardian/Other

Race or ethnicity:  African American  Asian  Caucasian  
 Hispanic  Native American  Multiracial

Primary language spoken at home: \_\_\_\_\_

**Authorized adults and emergency contacts:**

Please list the adults authorized to pick your child up from school.

<b>Name:</b>	<b>Telephone Number:</b>
_____	_____
_____	_____
_____	_____

Whom should we contact in case you are unable to be reached in an emergency?

<b>Name:</b>	<b>Telephone Number:</b>	<b>Relationship to Child:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **Parish Information:**

Our family is:

- Catholic, registered as parishioners at \_\_\_\_\_.
- Catholic, not registered at any parish.
- non-Catholic.

I would like my child to make First Holy Communion at St. Joseph during the upcoming academic year.

*We must have a copy of your child's baptismal certificate on file before the start of school. If your child has not been baptized, you will need to make arrangements with the Sister Mary Patrick – adminasst192@ahfbaltic.com.*

### **Acknowledgements:**

I understand that the enrollment fee of \$100 is due upon registration and is non-refundable.

I understand there is a \$100 book fee per student.

I understand there is a \$50 Technology fee per student.

I understand that tuition must be paid via FACTS Tuition Management Company. (All families will receive an email from FACTS containing an online registration invitation. If you do not receive an online invitation, please contact FACTS at (866) 441-4637.)

I will pay the entire tuition by August 15, 2026

I will pay the tuition in two payments with the first payment due on August 15, 2026 and the second payment due on January 15, 2027.

I understand that the Parish affiliation rate will be applied once St. Joseph School receives the parish affiliation form signed by the pastor of my church.

I understand that all academic and medical records for my child must be received by St. Joseph School prior to my child's admission and attendance.

I understand that if I withdraw my child from St. Joseph School after the academic year has started, any tuition refund will be at the discretion of the principal.

# ST. JOSEPH SCHOOL BALTIC

## Special Services

### Resource Center

The Resource Center provides both enrichment and remediation to St. Joseph students. All appropriate documentation must be in place before services can be implemented.

My child \_\_\_\_\_ has been in a special program for gifted/talented students at a previous school.

School: \_\_\_\_\_ Grades: \_\_\_\_\_

Type of program: \_\_\_\_\_

My child has an IEP (Individual Education Plan) from a previous school and receives assistance.

School: \_\_\_\_\_ Grades: \_\_\_\_\_

Type of program: \_\_\_\_\_

Services received: \_\_\_\_\_

My child has a 504 Plan for specific educational accommodations from a previous school.

School: \_\_\_\_\_ Grades: \_\_\_\_\_

Type of accommodation: \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

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

# ST JOSEPH SCHOOL BALTIC

Tuition Schedule 2026 - 2027

**The enrollment fee is \$100 and is non-refundable.**

**Book fee - \$100 per student; Technology fee - \$50 per student**

## Pre Kindergarten to 8th grade:

Pre Kindergarten (three and four year olds):		\$5,000
	1st child	\$4,500
	2nd child	\$4,100
	3rd child	\$3,500
	4th child	\$3,000

Catholic families with parish affiliation will be given the \$1,000 parish affiliation per student once the Parish Affiliation Form has been approved by Pastor

Per diocesan policy, parishes are required to subsidize all active parishioners. If you are an active parishioner, you must have the Parish Affiliation Form approved by your pastor and returned with this registration form. Once we receive the signed parish affiliation form, your tuition will be adjusted to the parishioner rate.

# ST JOSEPH SCHOOL BALTIC

Parish Affiliation 2026-2027

**To be completed by parent or guardian:**

**Parish:** \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**Children attending parochial school:**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To be completed by the pastor:**

The individuals listed above are members of my parish. I am aware of the diocesan subsidy policy for each child attending a parochial school at another parish.

I will pay a total subsidy of \_\_\_\_\_ (\$1,000 per child) for the child(ren) listed above.

Pastor's signature: \_\_\_\_\_

Parish: \_\_\_\_\_

Address: \_\_\_\_\_