

# St. Theodore Catholic School

323 East Clark Street

Albert Lea, MN 56007

Phone: 507-373-9657

## KINDERGARTEN-5th GRADE ENROLLMENT 2024-2025

Entering Grade \_\_\_\_\_

### Student Information

Student's Full Legal Name

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Full Middle Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female

Cell Phone (Mom) \_\_\_\_\_

Cell Phone (Dad) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Race (Circle one for state reporting purposes):

African American Asian American Indian Caucasian Hispanic

Other \_\_\_\_\_

Place of Birth \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Student's Religion \_\_\_\_\_

Church Affiliation \_\_\_\_\_ School Attended last year

\_\_\_\_\_ School \_\_\_\_\_ City/State \_\_\_\_\_

How did you find out about St. Theodore School?

\_\_\_\_\_

**Yes No** Does this student need Special Need Services?

**Yes No** Has this student had Special Need Services previously?  
If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**Family Information: Please fill out completely.**

### Mother/Guardian

Name \_\_\_\_\_  
\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Mid Initial \_\_\_\_\_

Religion \_\_\_\_\_

Registered as an Adult & Active Parishioner at \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

### Father/Guardian

Name \_\_\_\_\_  
\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Mid. Initial \_\_\_\_\_

Religion \_\_\_\_\_

Registered as an Adult & Active Parishioner at \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

Marital Status of Parents (check one)

\_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single Parent

Does the non-custodial parent have a right to be informed of the student's progress?

\_\_\_ yes \_\_\_ no \_\_\_ does not apply

Student resides with (check one)

\_\_\_ Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardians

\_\_\_ Stepparents \_\_\_ Grandparents Other \_\_\_\_\_  
Please Specify

**Household Information** Please list all other children **under 18** in your household.

Last	First	Age	School
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Last	First	Age	School
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Last	First	Age	School
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If the student also resides in an additional household,

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Frequency \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

## Comments

**Sacraments Received (for Catholic students only)**

Baptism: Mo/Yr \_\_\_\_\_ Parish/City \_\_\_\_\_

1st Reconciliation Mo/Yr \_\_\_\_\_ Parish/City \_\_\_\_\_

1st Eucharist Mo/Yr \_\_\_\_\_ Parish/City \_\_\_\_\_

Note: Completing this enrollment form and submitting the accompanying fee (\$50.00/ per child) constitutes on your part, a request for enrollment. This fee is non-refundable.

[illegible]

**For Office Use Only:**

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

Fees: Early Bird Regis.	Returning Family Regis.
<p>Adults: \$100</p> <p>Children: \$50</p> <p>Infants: \$25</p>	<p>Adults: \$100</p> <p>Children: \$50</p> <p>Infants: \$25</p>

New Family Regis.

Cash Amount:

Check Number:

## Health/Emergency Information

If this student has health concerns or allergies, please explain

If this student takes any medication regularly, please specify

Contact Persons **other than parents** who can be reached in case of an emergency: Please list at least one person in Albert Lea.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Note: As a courtesy, please notify the persons you have listed above.

## Tuition Agreement

I realize that by enrolling this student in St. Theodore Catholic School, **I am accepting the responsibility to pay for the designated part of the cost of his/her Catholic education.** I recognize that payment of tuition is a serious obligation. No family will be turned away because of finances. **I agree to pay promptly and completely.**

Enclosed: \_\_\_\_\_ \$25 Early Bird, non-refundable (Before January 18th, 2024)  
 \_\_\_\_\_ \$50 Returning student registration, non-refundable  
 \_\_\_\_\_ \$50 New student registration, non-refundable

**Please send the registration form and fee in ASAP**

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date \_\_\_\_\_

**\*This must be turned in before January 18th to receive the Early Bird Special, NO EXCEPTIONS.**