



**ST. MARY SCHOOL
CONNECT ON PROGRAM
2024-2025 School Year**

257 South Washington Ave.
New Richmond, WI
715-246-2469
st-maryschool.com

**REGISTRATION/ENROLLMENT CONTRACT
2024-2025 School Year**

Parent/Guardian: _____ Family Name _____
 Address: _____
 Cell Phone: _____
 Work Phone: _____
 Email Address: _____
 Child(ren)'s Name _____ Birthdate _____

Please select the desired enrollment option and days. Registration fee: \$100.00
 Registration fee will be refunded if your child is not assigned to St. Mary School.

Connect On
Option 1-4: Monday-Thursday

OPTION 1 1 day per week \$40/week; \$1,420/year
 OPTION 2 2 days per week \$70/week; \$2,485/year
 OPTION 3 3 days per week \$100/week; \$3,550/year
 OPTION 4 4 days per week \$130 week; \$4,615/year
 OPTION 5 **Full Day Friday** \$60/day; \$2,130/year
 OPTION 6 Drop Ins ½ day \$35/day whole day \$65/day
 (Not contracted, billed as usual)

Office Use Only

Date Received _____
 Cash Check # _____
 Amount Received _____
 Received by _____

Please check Connect On Time: 7:25 – 11:30 am 11:00 am – 2:45 pm
Please circle contract days: Monday Tuesday Wednesday Thursday Friday
You will choose payment dates and payment options online. Please see attached letter.
CONNECT ON DATES SUBJECT TO SCHOOL CALENDAR (*on back)

I understand this is a commitment registration contract and I will be billed according to this contract. I have read and agree to the Policy for Connect On Collection Fees on the back of this form.

Parent/Guardian Signature _____ Date _____

If your account becomes past due we will take collection actions. All costs associated with collection will be passed on to the parent/guardian.

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