



**ST. MARY SCHOOL  
WRAP AROUND 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

**Wrap Around**  
**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 5 days per week \$160/week; \$5,680/year  
 OPTION 6 Drop Ins \$30/1/2 day \$50 full day

Office Use Only

Date Received \_\_\_\_\_  
 Cash  Check # \_\_\_\_\_  
 Amount Received \_\_\_\_\_  
 Received by \_\_\_\_\_

**Please circle contract days: Monday Tuesday Wednesday Thursday Friday**  
**You will choose payment dates and payment options online. Please see attached letter.**  
**WRAP AROUND DATES SUBJECT TO SCHOOL CALENDAR (#1 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 Wrap Around 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.

OVER ⇨