

Pacelli Catholic Schools: 2021-22 Registration Information

The registration process for Pacelli Catholic Schools (PCS) consists of a few forms and a registration fee. Please return your completed forms to any PCS location or the PCS Central Office (1301 Maria Drive, Stevens Point, WI 54481).

Registration Checklist

- □ Complete registration form for each child.
- □ Complete parish verification form for each family and return with registration form and fee.
- □ Include registration fee(s): \$50 for 3K students, varies for K-12 students (see tuition schedule). Please make the check payable to PCS. The registration fee is non-refundable and must be paid before students will be allowed to register for classes.

Our parishes support PCS students at about 30% of the total cost to educate. Without this parish support, Catholic education might be financially out of reach for some. Thank you to Holy Spirit, St. Bronislava, St. Joseph, St. Peter, St. Stephen, St. Adalbert, St. Bartholomew, St. Casimir, St. James, St. Michael, St. Maximilian, Sacred Heart, St. Mary Immaculate Conception, St. Mary of Mount Carmel, St. Mary-Torun, and St. Wenceslaus parishes. Families who are not active members of a Catholic parish will be charged an additional fee to help make up the gap in the cost to educate a student at PCS.

Our fundraising supports your child/children's education at about 10% of the total cost with activities like our annual giving campaign, Panacea, Cardinal Crusade Live Auction + Dinner, and a variety of school activities. Volunteering at these events helps keep tuition at reasonable levels. Panacea is our largest fundraiser, typically bringing in over \$125,000 each year. This is a wonderful opportunity to give back to the school system and meet students and parents in our system to create great connections and friendships! Watch for emails in the future asking you and your family to volunteer.

Preschool

Our preschool programs at Pacelli Catholic Elementary School-St. Bronislava & Pacelli Catholic Schools Tim Copps Early Childhood Center offer classes for children ages 3 and up. Parents provide their own transportation for this program. Class schedules available at both locations are listed below. Childcare is also available at both facilities.

- 3K PCS Tim Copps Early Childhood Center (9:00am-11:30am): Monday/Wednesday/Friday
- 3K St. Bronislava (9:00am-11:30am): Two days/week. Monday/Wednesday or Tuesday/Thursday
- 3K St. Bronislava (9:00am-11:30am): Three days/week. Mon./Wed./Fri. or Tues./Thurs./Fri.

Registration for the 4K program is completed directly through the Stevens Point Area Public School District website,

https://www.pointschools.net/Page/106.

Kindergarten

Your child must be age 5 by September 1, 2021 to be enrolled in kindergarten. We must see an original birth certificate for your child with raised seal before your registration will be complete. Please bring the original certificate to the PCS Central Office, Pacelli Catholic Elementary School-St. Stephen, or Pacelli Catholic Elementary School-St. Bronislava. We will review the certificate and return it immediately.

For kindergarten students that will require bussing, prior to registering, contact the bus garage (715.345.5477) directly to verify whether your bus route is for Pacelli Catholic Elementary School-St. Stephen or Pacelli Catholic Elementary School-St. Bronislava. Do not make assumptions based on neighbors or a 4K route. The bus garage will easily verify the proper information based on your address.

K-12 Tuition Assistance

Tuition assistance opportunities have increased for 2021-22 thanks to several generous donors. Applications for tuition assistance are available at pacellicatholicschools.com. All information provided on the form is held strictly confidential. Once the application is completed, our committee will evaluate what families can afford to pay and how we might support that with tuition assistance. Incomplete applications will not be processed. Families that receive tuition assistance do not qualify for the pay-in-full discount.

Wisconsin Parental Choice Program (WPCP)

The WPCP offers students a free tuition voucher based on income and residency. The application period opens February 1, 2021. Deadlines are state mandated and are therefore firm—no exceptions. To learn more now and to see if you qualify, go to: http://dpi.wi.gov/choice. Staff members in the PCS Central Office are available to assist you with the application process, including information on what material you need to bring to the office for verification.

Busing

All new students or students that have not used bus transportation in the past but will require it for the 2021-22 school year, will need to be registered for transportation online. Any student needing transportation must sign up on the Stevens Point Area Public School District website, https://wio1932907.schoolwires.net/Page/5387. Parents may sign up after this current school year is complete. If you have questions, please contact the public school transportation department, 715.345.5477. Be sure to inform them that you are inquiring for the 2021-22 school year.

Gift Card Program

In addition to tuition, PCS charges a \$400 family fee for students in grades K-12. Families must pay \$400 or earn the equivalent through the gift card program, magazine sales, or a combination of all three. The family fee year runs from April 1, 2021 through March 31, 2022. Under the gift card program, PCS purchases gift cards from national retailers and local businesses at a discount, ranging from 2.5%-20%. These discounts are credited toward your family fee when you purchase gift cards. After the \$400 fee is met, 50% of any profit earned is credited to your tuition account. Gift cards are available at the PCS Central Office (1301 Maria Drive, Stevens Point, WI 54481) Monday-Friday from 7:30am-4:00pm and before and/or after most masses at local Catholic churches.

Preschool families are not required to pay or earn the family fee. However, we highly encourage you to participate in the gift card program because 50% of the profit you earn will be applied to your child's K-12 tuition. Call the PCS Central Office at 715. 341.2445 for more information.

Questions?

If you have any questions about the registration process or wish more information, please call any of the school principals or the PCS Central Office at 715.341.2445.





Pacelli Catholic Schools: 2021-22 K-12 Registration

Student Information

Pacelli Catholic Middle School Pacelli Catholic High Schoo	School (circle one): Pacelli Catholic Elementary School-St.Stephen Pacelli Catholic Middle School			Pacelli Catholic Elementary School-St. Bronislava Pacelli Catholic High School				
Address								
Address	Grade (circle one): K 1 2 3 4	5 6 7 8 9	10 11	12				
Form Plance Parish Par	Name							
Gender Birthdate Finot PCS, which public school would your child attend? Finot PCS, which public school would your child attend? Finot PCS, which public school would your child attend? Finot PCS, which public school would your child attend? Finot PCS, which public school would your child attend? Finot PCS, which public school would your child attend? Finot PCS, which public school would your child attend? Finot PCS, which public school would your child attend? Finot PCS, which public school would your child attend? Finot PCS, which public school would your child attend. Finot PCS, which public school would your child attend. Finot PCS, which public school would your child attend. Finot PCS, which public school would your child attend. Finot PCS, which public school would your child you count your child you child your c	Address	ressCity				Stat	:e	Zip
If not PCS, which public school would your child attend? Does child have a health condition? Circle One: No Yes If yes: Bee Sting Allergy ADD ADHD Asthma Selzure Diabetes Food Allergy: Other	Home Phone	Parish			Townsh	nip		
Size State State Aller	Gender Birthdate			_				
ADHD ASHMA Seizure Diabets Food Allergy:	If not PCS, which public school would	your child attend?						
Ethnic Background: American Indian	Does child have a health condition? Ci	rcle One: No	Yes					
Ethnic Background: American Indian African American Hispanic Asian/Pacific Islander White Other Parent/Guardian Information Responsible for tuition, fees, and other charges incurred for services rendered? Yes No NameEmail**	If yes: Bee Sting Allergy	ADD	ADHD	Asthma	Seizure		Diabete	es
Parent/Guardian Information Responsible for tuition, fees, and other charges incurred for services rendered? Yes No Name	Food Allergy:		Other					
Employer Occupation	Ethnic Background: American Indian	African American	Hispanic	Asian/Pacific Islander	White	Other		
EmployerOccupation	Parent/Guardian Information Respon	nsible for tuition, fee	es, and other	r charges incurred for serv	vices rende	red? Yes	No	
Please only complete if different than student. Address City	Name		Email**					
Please only complete if different than student. Address	Employer	Occupati	on		Work P	hone		
Single Married Divorced* Separated Widow *If parents do not live together, is there a custody agreement? Yes No Parent/Guardian Information Responsible for tuition, fees, and other charges incurred for services rendered? Yes No Name Email**	Cell Phone**							
Parent/Guardian Information Responsible for tuition, fees, and other charges incurred for services rendered? Yes No NameEmail** EmployerOccupationWork Phone Cell Phone** Please only complete if different than student. Address Single Married Divorced* Separated Widow *If parents do not live together, is there a custody agreement? Yes No Emergency Contacts Responsible local persons other than yourself to call in case of illness or accident if you cannot be reached: Name Relationship Phone In an emergency or in the event that persons named on this form cannot be reached, I give the school officials permission to take whatever action is deemed necessary in their judgment for the health of my child, and I will not hold PCS responsible for the emergency care and/or transportation of my child. I understand that information on this form will be shared with school personnel to protect the life and safety of my child. *I will provide to the school, as a condition of enrollment, that portion of any court decree or judgment that assigns custody, payment information, and other information pertinent to guardianship and school enrollment. **I will allow PCS to forward correspondence/texts to this cell phone, email address, and/or mailing address. Laccept the responsibility for prompt payment of tuition, fees, and other charges that are incurred for services rendered. My signature indicates that all information provided is correct and I understand that registration cannot be accepted without my signature. Pate:	Please only complete if different tha	n student. Address						
Parent/Guardian Information Responsible for tuition, fees, and other charges incurred for services rendered? Yes No Name Email** Employer Occupation Work Phone Cell Phone** Please only complete if different than student. Address City State Zip Single Married Divorced* Separated Widow *If parents do not live together, is there a custody agreement? Yes No Emergency Contacts Responsible local persons other than yourself to call in case of illness or accident if you cannot be reached: Name Relationship Phone In an emergency or in the event that persons named on this form cannot be reached, I give the school officials permission to take whatever action is deemed necessary in their judgment for the health of my child, and I will not hold PCS responsible for the emergency care and/or transportation of my child. I understand that information on this form will be shared with school personnel to protect the life and safety of my child. *I will provide to the school, as a condition of enrollment, that portion of any court decree or judgment that assigns custody, payment information, and other information pertinent to guardianship and school enrollment. **I will allow PCS to forward correspondence/texts to this cell phone, email address, and/or mailing address. Laccept the responsibility for prompt payment of tuition, fees, and other charges that are incurred for services rendered. My signature indicates that all information provided is correct and I understand that registration cannot be accepted without my signature. Parent/Guardian Signature(s)* ***	City			State	e	_Zip		
Email** Employer Occupation	Single Married Divorced* Separa	ated Widow *If pa	rents do not	live together, is there a c	ustody agr	eement?	Yes No	
EmployerOccupation	Parent/Guardian Information Respon	nsible for tuition, fee	es, and other	r charges incurred for serv	vices rende	red? Yes	No	
Please only complete if different than student. Address	Name		Email**					
Please only complete if different than student. Address	Employer	Occupati	on		Work P	hone		
StateZip Single Married Divorced* Separated Widow *If parents do not live together, is there a custody agreement? Yes No Emergency Contacts Responsible local persons other than yourself to call in case of illness or accident if you cannot be reached: Name Relationship Phone In an emergency or in the event that persons named on this form cannot be reached, I give the school officials permission to take whatever action is deemed necessary in their judgment for the health of my child, and I will not hold PCS responsible for the emergency care and/or transportation of my child. I understand that information on this form will be shared with school personnel to protect the life and safety of my child. *I will provide to the school, as a condition of enrollment, that portion of any court decree or judgment that assigns custody, payment information, and other information pertinent to guardianship and school enrollment. *I will allow PCS to forward correspondence/texts to this cell phone, email address, and/or mailing address. I accept the responsibility for prompt payment of tuition, fees, and other charges that are incurred for services rendered. My signature indicates that all information provided is correct and I understand that registration cannot be accepted without my signature. Parent/Guardian Signature(s)***	Cell Phone**							
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Name	Single Married Divorced* Separa	ated Widow *If pa	rents do not	live together, is there a c	ustody agr	eement?	Yes No	
Name	Emergency Contacts Responsible loc	cal persons other th	an yourself	to call in case of illness o	r accident	if you car	nnot be r	eached:
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Office Use Only: Reg. Fee Included-Amt Cash or Check # Date Initials Skyward1.27.2021	Parent/Guardian Signature(s)* **)ate:
	Office Use Only: Reg. Fee Included-Amt	Cash or (Check #	Date		Initials	i	Skyward1.27.2021