



## **Our Lady of the Prairie Catholic School**

Archdiocese of St. Paul and Minneapolis  
200 East Church Street  
Belle Plaine, MN 56011  
Telephone: 952.873.6564  
www.school.ourladyoftheprairie.com

### ***APPLICATION AND REGISTRATION FORM*** ***Kindergarten-Grade 6 2023-2024 ACADEMIC YEAR***

**EARLY BIRD SPECIAL:** Register before March 1<sup>st</sup> and receive \$25 off your \$100 registration fee. Be sure to register before April 15<sup>th</sup>, or your registration fee goes up to \$150.

#### **Family Registration Information**

Family Name

Mother's Name / Guardian

Father's Name / Guardian

Address

Address

City, State, Zip

City, State, Zip

Home Phone

Work Phone

Home Phone

Work Phone

Employer / Occupation

Employer / Occupation

Mother's E Mail

Father's E-Mail

**Children's Primary Residence:** ☐ Both Parents ☐ Mother ☐ Father ☐ Other (please explain)

**Party Responsible for Children's Tuition:** ☐ Both Parents ☐ Mother ☐ Father ☐ Other (please explain)

*In order to support the OLP Catholic Christian faith teachings, it is an expectation that all families will support their child's on-going faith formation, including regular Sunday worship by church attendance at OLP or your family's home church.*

**Our family is registered & regularly attends church at:**

Parish / Church Name and Location

**Religion (optional):** \_\_\_\_\_

Signature of Parent / Guardian

Date

**Registration Fee:** A non-refundable registration fee is required at the time of registration. If registering before April 15<sup>th</sup>, the amount due is \$100 per family. If registering April 15<sup>th</sup> and after, the amount due is \$150 per family. This registration is non-refundable (except in extenuating circumstances, on a case-by-case basis).



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### **Student Registration for the 2023-2024 School Year Kindergarten – Grade 6**

<b>Student's Full Name</b>	<b>Date of Birth</b>	<b>Church of Baptism</b>	<b>Grade level for 2023-24</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**Please list the names and ages of children not attending Our Lady of the Prairie School:**

Child's Name	Age	School Child Currently Attends / Home

\_\_\_\_\_  
 Parent / Guardian Signature

\_\_\_\_\_  
 Date

**NOTE:** Any legal document relating to parental rights to student pick up, dissemination of student information, responsibility for tuition and fundraising assessment must be provided to Our Lady of the Prairie.



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### **REGISTRATION CHECKLIST**

The following items must be included in your completed registration packet. Failure to submit any of the items, or to fully complete any form, will delay the acceptance of your application. If you have any questions regarding any of the required forms or documents, please contact the school immediately.

### **Registration Forms and Documents**

- \_\_\_\_\_ Application and Registration Forms – **one set per family**
- \_\_\_\_\_ Tuition Contract – **one per family**
- \_\_\_\_\_ Copy of Birth Certificate – **one per student**

### **Fees**

- \_\_\_\_\_ Registration Fee: Before April 15<sup>th</sup>, \$100 per family, after April 15<sup>th</sup>, \$150 per family, payable at time of registration.

**FOLLOWING IS ADDITIONAL INFORMATION THAT MUST BE INCLUDED IN THE PACKETS OF STUDENTS if we do not already have them:**

### **NEW STUDENTS ONLY & ALL KINDERGARTEN STUDENTS:**

#### **Immunization Records**

- \_\_\_\_\_ Copy of health records (Kindergarten students must be in compliance by 9/1/23)

#### **Religious Documents**

- \_\_\_\_\_ Baptismal Certificate (for students entering 2<sup>nd</sup> grade only)

## **TUITION CONTRACT**

**Our Lady of the Prairie Catholic School**

**200 East Church Street**

**Belle Plaine, MN 56011 952.873.6564**

### **2023-24**

Kindergarten through Grade 6 Tuition:

1<sup>st</sup> Child: \$3550 2<sup>nd</sup> Child: \$3350 3<sup>rd</sup> Child: \$3150 4<sup>th</sup> Child: \$3150 5<sup>th</sup> Child: \$3150

*The above rates are based on current year attendance and will change as the number of family members enrolled changes.*

K – 6 Registration Fee

\$100 non-refundable (before April 15)

\$150 non-refundable (after April 15)

Family Fundraising Assessment:

1 Child: \$400 2 Children: \$600 3 Children: \$700 4 or more Children: \$750

The *Family Fundraising Assessment* is required of all families with K-6 students. Families have many opportunities to meet their fundraising assessment through our annual fundraising events. In addition, each family will be required to serve as a co-chair or committee member for one of the fundraising/community involvement events. Our Lady of the Prairie School's fundraisers provide us with nearly 20% of our school's operating budget. To be successful, all families need to participate. Any remaining fundraising assessment obligations after the Gala event, will be added to your existing tuition balance.

### **2023-24 Total Tuition and Fundraising Assessment Obligation** (Please fill in the amounts below)

Total K-7 Family Tuition: \$ \_\_\_\_\_

Total Preschool Tuition: \$ \_\_\_\_\_

Total Registration Fee(s): \$ \_\_\_\_\_

Family Fundraising Assessment: \$ \_\_\_\_\_

**TOTAL FINANCIAL OBLIGATION** \$ \_\_\_\_\_

**Billing & Tuition** management services will be provided by Tuition Aid Data Services (TADS). Look for information from TADS over the summer.

\_\_\_ I prefer correspondence from TADS via email.

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

\_\_\_ I prefer correspondence from TADS via USPS

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

### **Financial Assistance**

\_\_\_ I request financial assistance which requires the completion of the application process through TADS. Please visit [www.TADS.com](http://www.TADS.com) to complete your application. **Applications must be completed by April 1, for processing.**

\_\_\_ I fully accept the terms of enrollment and the financial obligations associated with my child's attendance at Our Lady of the Prairie Catholic School

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\*SS#: \_\_\_\_\_ Associated Name: \_\_\_\_\_

\*One Social Security Number is **required** from either parent for billing purposes only.