



ST. MARY SCHOOL
CONNECT ON PROGRAM
2026-2027 School Year

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

REGISTRATION/ENROLLMENT CONTRACT
2026-2027 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 \$45/week; \$1,597.50/year
☐ OPTION 2 2 days per week \$75/week; \$2,662.50/year
☐ OPTION 3 3 days per week \$105/week; \$3,727.50/year
☐ OPTION 4 4 days per week \$135/week; \$4,792.50/year
☐ OPTION 5 Full Day Friday \$65/day; \$2,307/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.

OVER ➡