



Kindergarten Application 2026-2027

Family Name _____ Church Envelope # _____

Child's Full Name _____

Birthdate _____ Male ___ Female ___
(child must be 5 on or before September 1, 2026)

Street Address _____ City/Zip _____

Home Phone _____

Current Preschool _____

Public School Dist # _____ Name of Public School child would attend _____

Father's Name _____ Occupation _____

Cell Phone _____ Email Address _____ @ _____

Mother's Name _____ Occupation _____

Cell Phone _____ Email Address _____ @ _____

Religious Affiliation _____ Race/Ethnic Origin _____

Are you an Alumni of St. Emily? Y Year ___ N

How did you hear of us? (circle one) we are Alumni we are Parishioners Internet search Social Media

School Family referral by: _____

Registration fee (\$100) is due by March 2, with this application. Current families \$150 after March 3, new families -- \$150 beginning May 1. Fee is non-applicable non-refundable.

****SES PK students returning for Kindergarten will receive a St. Emily Loyalty tuition credit of \$500.****

PLEASE COMPLETE THE REVERSE SIDE

Office Only									
Date of Registration	_____	Taken by	_____	Registration fee	_____				
Check #	_____	Cash	_____	Birth Cert	_____	Bapt Cert	_____	TA	ST PS



2026-2027 TUITION AGREEMENT

Family Name _____

Parish Env # _____

I understand that the continued success of St. Emily School is based on the ability to collect the tuition budgeted and, therefore, agree to meet all obligations outlined in my plan. I also understand that it is my responsibility to notify the School to make arrangements if I cannot make my payments as agreed. I understand that report cards and diplomas will be withheld and students may not participate in extracurricular activities if payment is 61-90 days past due. Student(s) will not be allowed to attend school if the tuition account or alternative tuition payment agreement is 91 days past due. Official records will not be released for students transferring, nor will students be allowed to re-enroll if our complete financial account is not current.

Mother Signature _____ **Date** _____

Father Signature _____ **Date** _____

Please **check** the Blackbaud Tuition Management plan (A, B, or C) that applies to your family, and the **number** of children, and indicate student **grades**.

_____ **Plan A*** Ten monthly payments, June, and August-April

_____	1 child	Grade _____	Pre-K # of days _____
_____	2 children	Grades _____	Pre-K # of days _____
_____	3 children	Grades _____	Pre-K # of days _____
_____	4+children	Grades _____	Pre-K # of days _____

_____ **Plan B** Single payment by August 15, 1% discount applied, Blackbaud fee waived

_____	1 child	Grade _____	Pre-K # of days _____
_____	2 children	Grades _____	Pre-K # of days _____
_____	3 children	Grades _____	Pre-K # of days _____
_____	4+children	Grades _____	Pre-K # of days _____

_____ **Plan C*** Two payments: ½ of Plan A total due August 15, ½ due January 15 (no discount)

_____	1 child	Grade _____	Pre-K # of days _____
_____	2 children	Grades _____	Pre-K # of days _____
_____	3 children	Grades _____	Pre-K # of days _____
_____	4+children	Grades _____	Pre-K # of days _____

****Our family has applied for financial assistance: yes__ no__**