



333 Brookside Drive
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Fully Accredited by the
Ohio Catholic School
Accrediting Association



2026-2027 REGISTRATION—Preschool-Grade 6

STUDENT(S) LAST NAME

Father's Name _____ Cell Phone # _____

Address _____ City _____ Zip Code _____

Religion _____ Employer _____ Phone # _____

Father's email _____

Mother's Name _____ Cell Phone # _____

Address _____ City _____ Zip Code _____

Religion _____ Employer _____ Phone # _____

Mother's email _____

If divorced, who has legal custody? _____
(CUSTODY PAPERS MUST BE ON FILE IN SCHOOL OFFICE)

NEW STUDENTS: A copy of the student's birth certificate **MUST** accompany this registration.

STUDENT NAME	BIRTHDATE	ETHNICITY * See below	RELIGION	GRADE IN FALL (indicate full or half day Preschool)	GENDER
					M F
					M F
					M F
					M F

***ETHNICITY** is defined as: Native American—Asian—Black (Non-Hispanic)—Native Hawaii—Pacific Islander (other than Native Hawaiian)—Hispanic—Caucasian/White (Non-Hispanic)—American Indian/Native American—Alaskan Native—Two or more races

Please circle which school district you live in:

Swanton—Evergreen—Pike-Delta-York—Liberty Center—Toledo—Wauseon—Napoleon—Anthony
Wayne—Springfield—Otsego—Sylvania—Other _____

Please circle (all that apply) what your child(ren) will use at the beginning and end of the day:

Swanton bus Pick up After School Care Before School Care

PLEASE INDICATE EMERGENCY CONTACT AND/OR AUTHORIZED PICK UP (only those listed will be allowed to take your child):

Emergency Contact Authorized Pick Up

<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
		Name	Relationship	Phone
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
		Name	Relationship	Phone
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
		Name	Relationship	Phone
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
		Name	Relationship	Phone

FAMILY REGISTRATION FEE (nonrefundable):
During the month of: February=\$50; March and after=\$100

TUITION

Kindergarten to Grade 6 = \$6,300 per child (Paid 10 months \$630.00) (Weekly costs = \$175)

Prekindergarten = \$4,150 per child (Paid monthly \$415.00) (Weekly costs = \$115.28)

Preschool (Half day) = \$2,900 per child (Paid monthly \$290) (Weekly cost = \$80.56)

****Payments will be finalized per family tuition contract****



venmo

FUNDRAISER OPTIONS (Must select one option.)

_____ I agree to participate in all school fundraisers this school year by selling at least 2 items per fundraiser.

_____ I will pay a lump sum of \$150.

TUITION PAYMENT METHOD (Must select one option.)

_____ All tuition will be PREPAID in full BEFORE **August 1, 2026**.

_____ I would like a payment plan.

I understand that my tuition account will be credited any scholarship and/or financial aid amount after July 1, 2026 or when it becomes available and that I must have a tuition agreement in place by August 1, 2026.

Parent Signature: _____ **Date:** _____

How did you hear about us? _____

FOR OFFICE USE ONLY

Registration Fee Amount _____

Check # _____ Cash _____ Venmo _____ Date paid _____

Family Tuition Amount _____

TOTAL DUE _____