

REGISTRATION FOR ST. JOSEPH PRE-SCHOOL K/3 and K/4 ~ PLEASE CIRCLE ONE

NAME _____ MALE/FEMALE _____ BIRTHDATE _____ PLACE OF BIRTH _____
(CIRCLE ONE)

ADDRESS _____ PHONE _____ SOCIAL SECURITY _____
(STREET) (CITY) (ZIP)

BAPTISM _____
(CHURCH) (CITY, STATE) (DATE)

CHILD'S RELIGION _____

PLEASE CIRCLE THE ONE LAST ATTENDED:
HOME DAY-CARE NURSERY SCHOOL PRE-SCHOOL WHERE _____

SIBLINGS ATTENDING ST. JOSEPH SCHOOL _____

ETHNICITY – American Indian/Native Alaskan Asian Black Hispanic Native Hawaiian/Pacific Islander White Multi Racial
(Please circle one)

MOTHER'S MAIDEN NAME _____

BOTH PARENTS LIVING? _____ MOTHER'S LAST NAME (if different from child) _____

FATHER'S NAME _____ OCCUPATION _____ RELIGION _____

EMPLOYER AND PHONE NUMBER _____ MAY THIS NUMBER BE USED FOR AN EMERGENCY? _____

FATHER'S EDUCATION _____
(HIGH SCHOOL) (COLLEGE) (DEGREE)

MOTHER'S NAME _____ OCCUPATION _____ RELIGION _____

EMPLOYER AND PHONE NUMBER _____ MAY THIS NUMBER BE USED FOR AN EMERGENCY? _____

MOTHER'S EDUCATION _____
(HIGH SCHOOL) (COLLEGE) (DEGREE)

PARISH WHERE PARENTS ARE REGISTERED _____ DO YOU RECEIVE & USE ENVELOPES? _____
(on a regular basis)

ENVELOPE NUMBER _____

(over)

PLEASE CIRCLE ALL THAT APPLY: PARENTS MARRIED SINGLE PARENT PARENTS SEPARATED PARENTS DIVORCED

HOME SITUATION: ONE PARENT TWO PARENTS RESTRUCTURED/STEPFATHER OR STEPMOTHER

LEGAL CUSTODY IS WITH FATHER/MOTHER OR BOTH COURT DOCUMENTATION PROVIDED YES OR NO

NAME OF FAMILY PHYSICIAN _____ PHONE NUMBER _____

NAME OF FAMILY DENTIST _____ PHONE NUMBER _____

EMERGENCY NUMBERS (if parents cannot be reached) 1. _____

(NAME AND NUMBER)

2. _____

(NAME AND NUMBER)

NAME & NUMBER OF AFTER SCHOOL CAREGIVER

NAME

PHONE NUMBER

- ***I/We agree to pay all tuition for my child/children for the current school year and will abide by the policies and procedures that may be adopted from time to time by the diocese or the school, particularly those set forth in the Saint Joseph School handbook.***

Parents' Signature

Date

There is a registration fee of \$50.00 per family, payable upon submission of this application.