

ST. JOSEPH SCHOOL - REGISTRATION FORM - PRE-K – 2.9 (YELLOW)

Name

First	Last	Middle Initial
--------------	-------------	-----------------------

Address

Street	City/Town	Zip
---------------	------------------	------------

Phone

Home	Cell
-------------	-------------

Birth

Date	Place of Birth
-------------	-----------------------

Parents

Father's Name	Place of Birth
----------------------	-----------------------

Mother's Name (First, Maiden)	Place of Birth
--------------------------------------	-----------------------

Baptism

Date of Baptism	Church	City
------------------------	---------------	-------------

Religion

Student's Religion	Parent's Religion
---------------------------	--------------------------

Parish

Name of Parish

Occupation

Father	Mother
---------------	---------------

Choose Your Session and Days

Full Day	7:45am – 2:25pm		Half Day	7:45am – 11:00am	
				11:15am – 2:25pm	
	Monday			Monday	
	Tuesday			Tuesday	
	Wednesday			Wednesday	
	Thursday			Thursday	
	Friday			Friday	

Registration Fee (non-refundable) - \$150.00

Paid _____ (check _____ /cash)