

ST. JOSEPH SCHOOL - REGISTRATION FORM - PRE-K - 4 (PINK)

Name

First	Last	Middle Initial
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Address

Street	City/Town	Zip
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Phone

Home	Cell
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Birth

Date	Place of Birth
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Parents

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

Date of Baptism	Church	City
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Religion

Student's Religion	Parent's Religion
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Parish

Name of Parish

Occupation

Father	Mother
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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)