

St. Joseph School

2015-2016 Pre-School Registration Form

Parent/Guardian (as you wish your name to appear on official communication)

Please Print

M/M Dr. Mr. Mrs. Ms.

_____ Last Name First Name MI

Mailing Address

_____ Street City/Town State Zip

Telephone (home) _____
 Mother (work) _____ (cell) _____
 Father (work) _____ (cell) _____

Email Address _____

Please Check:
 Black (non Hispanic) _____ Asian/Pacific _____ Hispanic _____ White (non Hispanic) _____

I/We are registered members of _____ Parish/Church.

Our family resides in _____ Public School District.

Student's Last Name	First Name	M/F	Date of Birth	Present School	School September 2015

Pre-School Options: Please check: 3 yr. olds 3 day ____ 5 day ____ Full ____
 4 yr. olds 5 day ____ Full ____

<u>SCHOOL VERIFICATION</u> (for office use only)
Registration Fee \$ _____ Date _____ Cash _____ Check # _____

COMPLETE BOTH SIDES

STUDENT EMERGENCY DATA

FAMILY NAME _____

CHILD'S FIRST NAME _____

NAMES OF PARENTS OR GUARDIANS

HOME ADDRESS

FATHER'S PLACE OF BUSINESS

PHONE

MOTHER'S PLACE OF BUSINESS

PHONE

IN CASE OF EMERGENCY AND YOU ARE UNABLE TO REACH ME, YOU HAVE MY PERMISSION

TO TAKE MY CHILD TO DOCTOR _____

PHONE _____

OR TO _____ HOSPITAL

IN CASE MY CHILD BECOMES ILL IN SCHOOL AND YOU ARE UNABLE TO CONTACT ME, PLEASE NOTIFY:

Name

Phone

Signature of Parent or Guardian