

# St. Joseph Catholic School Registration Pre-K

School Year 2010/2011

Parish Name \_\_\_\_\_

Parish Number \_\_\_\_\_

**Student:** \_\_\_\_\_

Last name

First name

Middle name

Name your child goes by: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age on September 1, 2010 \_\_\_\_\_

Gender: \_\_\_\_\_

Baptized Catholic? ( ) Yes ( ) No

**Father:** \_\_\_\_\_

Last Name

First Name

Middle Initial

Baptized Catholic? ( ) Yes ( ) No If yes, \_\_\_\_\_  
Date Church City/State

Home Address: \_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation Employer Work Phone

E-mail address \_\_\_\_\_  
(Please list best email(s) for school communication)

**Mother:** \_\_\_\_\_

Last Name

First Name

Maiden Name

Baptized Catholic? ( ) Yes ( ) No If yes, \_\_\_\_\_  
Date Church City/State

Home Address (if different from above): \_\_\_\_\_  
City State Zip

Home Phone (if different from above): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation Employer Work Phone

E-mail address: \_\_\_\_\_  
(Please list best email(s) for school communication)

**Marital Status:** ( ) single ( ) married ( ) widowed ( ) separated ( ) divorced

**If parents are Alumni of St. Joseph School:** ( ) Father graduated in 19\_\_ ( ) Mother graduated in 19\_\_

**(OVER)**

To ascertain our ability to meet the needs of your child, we request that you answer the following questions as accurately as possible. Please feel free to attach a separate sheet of paper if needed.

1. Has your child been referred for or received special health services beyond ordinary care? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

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2. Has your child had any special health or learning needs? (e.g. autism, diabetes, allergies, ADD/ADHD, learning disabilities, Tourett's, epilepsy etc.) No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is your child on any regular, ongoing medication? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please list and explain: \_\_\_\_\_

\_\_\_\_\_

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4. Has your child been referred for or received any special services for behavioral/disciplinary difficulties?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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5. Has your child had previous school experience? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please give the name and phone number of the program: \_\_\_\_\_

6. Has your child been referred for or received services for vision/speech? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

7. Class preference: \_\_\_\_\_ Morning 8:40-11:10 \_\_\_\_\_ Afternoon 12:15-2:45

**The following must accompany this form for registration to be complete:**

\_\_\_ **Copy of birth certificate**

\_\_\_ **Copy of baptismal certificate, if Catholic**

\_\_\_ **Immunization form**

\_\_\_ **\$60 non-refundable Registration fee**

Completed registration forms received by February 26, 2010, will be accepted based on the priority policy of the school as found in your registration packet. All registrations received after this date will be processed on a first come, first served basis.

Requests for morning or afternoon class placement will be honored in the order that registrations are received until a class is filled.

***By signing below, I am verifying the accuracy of the above statements. I realize if this information is found to be untrue, my student's enrollment could be affected.***

I give permission for St. Joseph Catholic School to request information/records from previous schools.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_