



St. Joseph School Pre-K Registration Form

Student's Name: Last: _____ First: _____ Middle: _____

Date of Birth: _____ City of Birth: _____ Sex: _____

Father's Name: _____ Religion: _____

Occupation: _____ Marital Status: _____

Mother's Name: _____ Religion: _____

(First & Maiden)

Occupation: _____ Marital Status: _____

Child lives with: _____ both birth parents _____ birth mother & stepfather

_____ birth father & stepmother _____ other: _____

Please indicate how you wish your mailings to be addressed:

Circle one: Mr. & Mrs. Mrs. Mr. Ms. Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Siblings' Names and Ages: _____

Parish Affiliation: _____

Please indicate the Pre-K class you prefer to register your child in:

3-year-olds: _____ T/Th..... 9-11 or _____ T/Th..... 12:30-2:30

4/5 year olds: _____ M/W/F.... 9-11:30 or _____ M/W/F.... 12:10-2:40

Today's Date: _____

Please submit this completed form with a \$50 deposit to complete your child's registration.

Thank you.