

St. Joseph Preschool Application Form



Child's Name _____ Birtdate __/__/__ Sex M___ F___ Ethnicity _____
 Last First Middle

**The child must be 3 or 4 by Aug. 1st
 Must be toilet trained before entering school.**

Address _____

City _____ Zip _____ Home Phone _____ Cell Phone _____ Email _____

Child Lives with: Last Name First Name Maiden Name Work Address Occupation Phone Religion/Parish

Natural Mother							
Natural Father							
Custodial Mother							
Custodial Father							
Other							

Marital Status: Married _____ Separated _____ *Divorced _____ Single _____ Remarried _____

PK - 3 yr. M. T. Afternoon 12:15 -2:45 \$985.00
 PK - 4yr. W.T.F. Afternoon 12:15 - 2:45 \$1,420.00
 Pk - 4 yr 5 day program 8:30 -11:00 \$2,400.00

* A copy of the divorce decree pertaining to the child must be on file in school

Brothers/Sisters:

3yr PK _____
 4 yr PK (3 day) _____ 4 yr PK (5 day) _____

Name Age School Grade

Does your child have any allergies or health problems?

NO ___ YES ___ (list)

Please indicate if you give permission for your child's photo to be taken and used in classroom displays, and promotional materials? YES _____ NO _____
 Would you like your name listed on the Preschool roster that is given to each family in your child's class? YES _____ NO _____

**Registration Fee \$75.00: Date Paid __/__/__ Check # ___ Cash ___ Money Order ___
 (Non-Refundable)**