



STUDENT REGISTRATION

St. Joseph's Preschool
844 N. Fifth St
Spearfish, SD 57783

Student information

Student's name _____ Student's birthdate _____
Address _____ Gender: ___ Boy ___ Girl
City _____ State ___ Zip _____ Has student attended preschool before? ___ Yes ___ No
If yes, where? _____

Parent/Guardian information

Name(s) _____ Name(s) _____
Address _____ Address _____
City _____ State ___ Zip _____ City _____ State ___ Zip _____
Home phone _____ Cell phone #1 _____ Home phone _____ Cell phone #1 _____
Cell phone #2 _____ Work phone _____ Cell phone #2 _____ Work phone _____
Email address #1 _____ Email address #1 _____
Email address #2 _____ Email address #2 _____

Emergency Contact

Name _____ phone _____ relationship to child _____
Name _____ phone _____ relationship to child _____

Preschool Options

Indicate your #1 and #2 choices below (we will do our best to accommodate, based on enrollment and preferences)

Preschool (ages 3 & 4)

Half-Day Options (2 days or 3 days)

___ MWF 8:00 am – 11:30 am ___ TTh 8:00 am – 11:30 am
___ MWF 12:30 pm – 4:00 pm ___ TTh 12:30 pm – 4:00 pm

Full-Day Options (2, 3, or 5 days)

___ TTh 8:00 am – 5:00 pm
___ MWF 8:00 am – 5:00 pm
___ M-F (5 days) 8:00 am - 5:00 pm

Prekindergarten (ages 4 & 5)

for those children who will attend kindergarten next fall

Half-Day

___ M-F (5 days) 8:00 am – 11:30 am
___ M-F (5 days) 12:30 pm – 4:00 pm

Full-Day

___ M-F (5 days) 8:00 am – 5:00 pm

Please print & mail this form with a \$50 non-refundable fee
St. Joseph Preschool 844 N 5th St, Spearfish SD 57783

OR

Email saved form to jloux@spe.midco.net & pay \$50 registration on-line
<https://stjosephspearfish.weshareonline.org/ws/opportunities> (scroll to bottom)

Questions? send to above email or call/text (605) 641-3162

