



Registration for 2024 - 2025

Grade: 4K

A non-refundable \$200 registration fee per student, payable to St. Joseph School, must accompany this form. This fee is waived for students enrolling in the Private School Choice Program.

Child's Information

Name of Child: \_\_\_\_\_ Circle one: Male / Female
(Last) (First) (Middle)

Nickname: \_\_\_\_\_ Preference to be used by the teacher (circle one): Name / Nickname

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_ Will your child be bussed? Yes / No

Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

Select the 4K option for which you are registering:

- 5 Full-days (7:45am - 2:30pm Monday-Friday)
4 Full-days (7:45am - 2:30pm Monday, Tuesday, Thursday, Friday)
5 Half-days (7:45am - 11:30am Monday-Friday)
4 Half-days (7:45am - 11:30am Monday, Tuesday, Thursday, Friday)

Are you considering using our after-school kids (ASK) program?

- Yes
No
Still Deciding

Father's Information

Name of Father: \_\_\_\_\_
(Last) (First) (Middle)

Address: \_\_\_\_\_
(Street) (City) (Zip)

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Circle: Mobile / Home / Work Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Information

Name of Mother: \_\_\_\_\_
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_
(Street) (City) (Zip)

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Circle: Mobile / Home / Work Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_

PRIMARY PLACEMENT OR CUSTODY (please provide the court documentation upon acceptance)

Parents are (circle one): Married / Divorced / Separated / Remarried / Widowed / Unmarried

Individual with whom the child primarily lives (circle one): Both parents / Father / Mother / Other: \_\_\_\_\_

Does the parent with whom the child does not live have any court restrictions on his/her parental rights? Yes / No

If the child lives with the remarried parent, is the parent's spouse the adoptive parent? Yes / No

## Additional Information

Has your child been recommended for an Individual Educational Plan (IEP)? Yes / No

If yes, please describe: \_\_\_\_\_

Are there any other special circumstances concerning your child that we should be made aware of? \_\_\_\_\_

I am a registered parish member of: (Circle one): St. Joseph Congregation / Other: \_\_\_\_\_

How did you hear about our school? (Circle all that apply): Church / Yard Sign / Banner / Website / Google / Facebook /  
Door Hanger / Mailer / Friend / Relative / Other: \_\_\_\_\_

## Acknowledgement

I understand that toilet independence is mandatory by the first day of school. \_\_\_\_\_ (initial)

By signing below, I acknowledge the information in this form is accurate. I acknowledge that new students are accepted on a probationary basis. I understand registration, placement and continued study are dependent upon accommodating religious, educational and behavioral needs of my child.

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

\_\_\_\_\_  
(Print name)

**Please return this form to the School Office  
along with the child's original birth certificate.  
The birth certificate will be returned to you.**

## Office Use Only

- Received registration form, date: \_\_\_\_\_
- Received registration fee:
  - Cash, receipt provided, date: \_\_\_\_\_
  - Check #: \_\_\_\_\_, date: \_\_\_\_\_
  - Not Applicable
- Received & annotated birth certificate, date: \_\_\_\_\_
- Status: