



## Registration for 2023 – 2024

Grade: 3K

A non-refundable \$200 registration fee per student, payable to St. Joseph School, must accompany this form.

### 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: \_\_\_\_\_

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

Select the 3K 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)
- 3 Full-days (7:45am - 2:30pm Monday, Wednesday, Friday)
- 5 Half-days (7:45am - 11:30am Monday-Friday)
- 4 Half-days (7:45am - 11:30am Monday, Tuesday, Thursday, Friday)
- 3 Half-days (7:45am - 11:30am Monday, Wednesday, 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? \_\_\_\_\_

Please list all other children in the family from birth to age 18 living at the child's address:

(Last)	(First)	(Middle)	(Date of Birth)	(M/F)	(Grade)

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

Did either parent attend St. Joseph Catholic School? (Circle all that apply): Yes, Mother / Yes, Father / No

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: \_\_\_\_\_
- Received & annotated birth certificate, date: \_\_\_\_\_
- Status: \_\_\_\_\_