

ST. JOSEPH SCHOOL
K4 REGISTRATION FOR 2020-2021 SCHOOL YEAR

Today's Date _____

Are you are parishioner? _____

Family Name _____

Street Address _____

City _____

Zip Code _____

Father's Name _____

Occupation _____

Religion _____

Mother's Name _____

Occupation _____

Religion _____

Phone Number _____

Preferred Daytime Phone Number _____

E-mail address _____

Will your child be bussed? Yes _____ No _____

School your child would attend if not enrolled at St. Joe's: _____

Non-Refundable Registration Fee per student: *(fee must accompany this form)*
K4 Registration fee - \$200 per student

Child's Name _____

Date of Birth _____

Gender _____

Class Desired *(Please select length of day and number of days.*

4 Half Day, 7:45a.m.-11:30a.m. (M,T,TH,F);
Annual tuition: **\$2850.00**

5 Half Days, 7:45a.m.-11:30a.m.;
Annual tuition: **\$3100.00**

4 Full Day, 7:45a.m.-2:30p.m. (M,T,TH,F);
Annual tuition: **\$3300.00**

5 Full Days, 7:45a.m.-2:30p.m.;
Annual tuition: **\$3550.00**

I understand that toilet independence is mandatory by the first day of school. _____
Initials

New students are accepted on a probationary basis. The student's progress will be evaluated to determine permanent placement. If St. Joseph School cannot accommodate the needs of the child, a recommendation will be made for placement under the auspices of the public school system.

I understand registration, placement and continued study are dependent upon accommodating religious, educational and behavioral needs of my child.

Parent's Signature _____

Date _____