



# St. Joseph the Worker Preschool Registration



700 E. Spruce Street Chatham, Illinois 62629

(217)-483-3772

I am registering my child at St. Joseph the Worker Preschool for the 2024-2025 in the:

- ☐ 3-Year-Old Preschool Program
- ☐ 4/5-Year-Old Preschool Program

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

What does your child like to be called: \_\_\_\_\_

Are your child's immunizations current? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Father's First & Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you attended Protecting God's Children or completed the Safe Environment Program? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, where did you attend? \_\_\_\_\_ Date: \_\_\_\_\_

Mother's First & Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you attended Protecting God's Children or completed the Safe Environment Program? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, where did you attend? \_\_\_\_\_ Date: \_\_\_\_\_

Check all that apply:

- ☐ My child is a current preschooler in the program (Current Family).
- ☐ I had a child attend the preschool in the past (Alumni Family).
- ☐ My family are parishioners at St. Joseph the Worker Parish (Parish Family).
- ☐ My family is NOT a parishioner at St. Joseph the Worker Parish (Public Family).

Were you referred to the preschool by a current/past preschool family? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, who referred you? \_\_\_\_\_

All registration forms will be accepted starting January 29. However, the order registration forms are received DOES NOT determine the order that students are accepted into the program. You will be notified about your placement in the preschool no later than February 20.

Registration forms will be considered in the following order: Current Families, Alumni Families, Parish Families, Public Families

**A non-refundable \$75.00 registration fee is due upon submitting this form.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For office use only:

☐ Current Family ☐ Alumni Family ☐ Parish Family ☐ Public Family

Date Received: \_\_\_\_\_ Registration Number: \_\_\_\_\_  
Received by: \_\_\_\_\_ Check Number: \_\_\_\_\_