



I am registering my child at St. Joseph the Worker Preschool for 2021-2022 for the:

3-Year-Old Preschool Program

4/5-Year-Old Preschool Program

Child's Full 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 Full Name: _____

Home Address: _____ Zip: _____

Work/Cell Phone Number: _____ Home Phone Number: _____

E-mail Address: _____

Have you attended Protecting God's Children? Yes: No:

If Yes: Where did you attend? _____ Date: _____

Mother's Full Name: _____

Home Address: _____ Zip: _____

Work/Cell Phone Number: _____ Home Phone Number: _____

E-mail Address: _____

Have you attended Protecting God's Children? Yes: No:

If Yes: Where did you attend? _____ Date: _____

Is your family registered members of St. Joseph the Worker Parish? Yes: No:

A non-refundable \$50.00 registration fee is due upon submitting this form.

Parent's Signature: _____

Date: _____



For office use only:

Date Received: _____ Registration Number: _____

Received by: _____ Check Number: _____