

I am registering my child at St. Joseph the Worker Preschool for 2022-2023 for the:

☐ 3-Year-Old Preschool Program

☐ 4/5-Year-Old Preschool Program

Child's First Name: _____ 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 Name: _____ Last Name: _____

Home Address: _____ Zip: _____

Work/Cell Phone: _____ Home Phone: _____

E-mail Address: _____

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

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

Mother's First Name: _____ Last Name: _____

Home Address: _____ Zip: _____

Work/Cell Phone: _____ Home Phone: _____

E-mail Address: _____

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

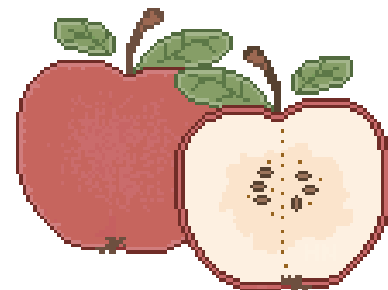
If Yes: Where did you attend? _____ Date: _____

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: _____



Date Received: _____

Received by: _____

For office use only:

Registration Number: _____

Check Number: _____