

St. Joseph Catholic School Registration Form (PreK-8th)
(returning students)

Please print all information

Today's Date _____

Child's Name: _____
Last Name First Name Middle

Incoming Grade Level: _____ Check days attending for PreK: ___M___T___W___Th___F

Child's Name: _____
Last Name First Name Middle

Incoming Grade Level: _____ Check days attending for PreK: ___M___T___W___Th___F

Child's Name: _____
Last Name First Name Middle

Incoming Grade Level: _____

Child's Name: _____
Last Name First Name Middle

Incoming Grade Level: _____

Registration fee: _____ **Check #** _____ **Date:** _____

******Please make any UPDATES to Father and Mother information:**

Father: _____

Last Name

First Name

Middle

(*No Changes Needed: _____)

Religion: _____

Home Address: _____

Street

City

Zip Code

Home Telephone: _____

Occupation: _____ Business Address: _____

Cell Phone : _____ Business Phone : _____

Email Address: _____

Mother: _____

Maiden Name

Last Name

First Name

Middle

(*No Changes Needed: _____)

Religion: _____

Street

City

Zip Code

Home Telephone: _____

Occupation: _____ Business Address: _____

Cell Phone : _____ Business Phone : _____

Email Address: _____

