

St. Joseph Preschool Application Form

Child's Name _____ Last _____ First _____ Middle _____ Birthdate __/__/__ Sex M ___ F ___ Ethnicity _____

Address _____ Is student catholic? YES ___ NO ___

City _____ Zip _____ Home Phone _____ Cell Phone _____ Email _____

The child must be 3 or 4 by Aug. 1st Must be self-sufficient in the bathroom before entering school.

Child Lives with: Last Name First Name Maiden Name Work Address Occupation Phone Religion/Parish

Natural Mother
Natural Father
Custodial Mother
Custodial Father
Other

Marital Status: Married _____ Separated _____ *Divorced _____ Single _____ Remarried _____

* A copy of the divorce decree pertaining to the child must be on file in school

Brothers/Sisters:

Name Age School Grade

Does your child have any allergies or health problems?

NO ___ YES ___ (list)

TUITION RATES

PK - 3 yr. M. 1. Afternoon 12:15 - 2:45 \$1,600.00
PK - 4yr. W,TH,F. Afternoon 12:15 - 2:45 \$2,100.00
PK - 4 yr 5 day program 8:30 - 11:00 \$3,000.00
3yr PK ___ 4 yr PK (3 day) ___ 4 yr PK (5 day) ___

Please indicate if you give permission for your child's photo to be taken and used in classroom displays, and promotional materials? YES ___ NO ___
Would you like your name listed on the Preschool roster that is given to each family in your child's class? YES ___ NO ___

Registration Fee \$100.00: Date Paid ___/___/___ Check # ___ Cash ___ Money Order ___ (Non-Refundable)