St. Joseph Catholic School

Enter to Learn • Leave to Achieve • Live to Serve

Registration Agreement
Academic Year 2026-2027

***Registration fee is due at the time of registration:
$50.00 first child; $35.00 second child; $25.00 third child*

Student Name: _____

Parent/Guardian Information:

	Mother	Father
Parent Name		
Street Address		
City, State, Zip		
Phone (home)		
Phone (cell)		
Phone (work)		
Email Address		

Student Information:

Male	Female	Birth Date	Ethnicity	Grade Entering

Student lives with (circle): Father Mother Both

School Last Attended: _____

Copy of Birth Certificate on file (circle) Yes No

Church Affiliation: _____ Baptized Yes No

Public School District in which you reside: _____

Name of Public School Building in District: _____

EMERGENCY CONTACTS Please list additional contact(s)

Name: _____
Relationship: _____
Home# _____
Cell# _____

Name: _____
Relationship: _____
Home# _____
Cell# _____

Name: _____
Relationship: _____
Home# _____
Cell# _____

PICK UP

The following person(s) is/are authorized to pick up my child from school:

Name: _____
Relationship: _____

Name: _____
Relationship: _____

Name: _____
Relationship: _____

Students WILL NOT be released to anyone other than an authorized person unless instructions are given in writing by an authorized parent/guardian to a staff member.

Please complete all information and review and sign reverse side.

COPY OF CHILD'S BIRTH CERTIFICATE, SOCIAL SECURITY CARD AND IMMUNIZATION RECOD MUST BE ON FILE BY AUGUST 1. 2026

2026-2027 PRESCHOOL REGISTRATION and TUITION AGREEMENT

The 2026-2027 Registration & Tuition costs for St. Joseph Catholic School, Crestline are as follows:

Registration Fee: $50.00 for the first child, $35.00 for the second child, $25.00 or the third child

Tuition: Free

Registration Fee: Due by first day of enrollment

½ Day PRESCHOOL	Full Day PRESCHOOL
Monday through Thursday **8:00 am -11:15 am**	**Monday through Thursday** **8:00 am – 2:30 pm**
½ Day PRESCHOOL	**Full Day PRESCHOOL**
Monday through Friday **8:00 am -11:15 am** ***4 YEAR OLDS ONLY!***	**Monday through Thursday** **8:00 am – 2:30 pm** **& ½ Day on Friday 8:00 -11:15 am** ***4 YEAR OLDS ONLY!***

***Please indicate which program your child will be attending.**

Statement of agreement to pay: *I agree to pay the total cost of the registration fee before the first day of enrollment.*

Responsible Party: _____ Date: _____

Principal: _____ Date: _____