

St. Joseph School

BUILDING FAITH, KNOWLEDGE, AND HOPE FOR OUR FUTURE



**SJS PROVIDING THE FINEST IN
EARLY CHILDHOOD EDUCATION**

Preschool Program

**3 Year Old Morning Program on Monday and Tuesday
Morning Session 8:30am-11am**

Pre-Kindergarten Program

**4 Year Old Morning Program on Wednesday, Thursday, & Friday
Morning Session 8:30am-11:00am**

**4 Year Old Academy Program on Monday through Friday
Afternoon session from 12pm-2:45pm**



St. Joseph School
Three and Four Year Old
Early Childhood Program

Registration for Early Childhood Program 2010-2011 Date: _____

Family Name _____

Father's Name: _____ Mother's Name: _____

Home Address: _____

E-mail Address: _____ (Mother)

E-mail Address: _____ (Father)

Telephone: _____

Children's Names	3 YEAR OLD	4 YEAR OLD (Morning Session)	PK4 ACADEMY (5 Afternoons per week)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please complete Application for Admission for each child that will be entering Preschool at St. Joseph School for the first time in August of 2010.

Our family intends to abide by all the standards, policies, and regulations of St. Joseph School.

Signature of Parent/Guardian

Signature of Parent/ Guardian

Contributing Parishioner Status

___ Active

___ Inactive

Commitment Fee \$150.00

___ Paid-Check # _____

___ Date Received

Signature: _____

Date: _____

APPLICATION FOR ADMISSION

(One application per student is required)

FAMILY NAME: _____ (please print) DATE: _____

Child's Legal Name: _____ Child's Birth date: _____

* Pre-School 3 students-must be 3 years old by 9/1/10

* Pre-Kindergarten 4 Year Academy and Morning Session must be 4 years old by 9/1/10

Father's Legal Name: _____ Employment: _____

Mother's Legal Name: _____ Employment: _____

Address: _____ (street name)

_____ (city)

_____ (zip code)

Telephone #: (____) _____

E-mail Address: _____ (Mother)

E-mail Address: _____ (Father)

(Please print. E-mail addresses will be used to communicate information from St. Joseph.)

Early Childhood Program Choice

____ Pre-School 3 Year Old Morning Program

____ Pre-Kindergarten 4 Year Old Morning Session

____ Pre-Kindergarten 4 Year Old Academy

Name of school presently attending _____

How is this child academically?

Above Average _____ Average _____ Below Average _____

Does your child receive any special services? Please check any and all that apply

____ Speech ____ Developmentally Delayed Placement ____ Physical Therapy

____ Occupational Therapy ____ Learning Disability Services ____ Other

____ Check here if your child is served under an IEP or ISP

How does this child relate to his/her teacher? _____

How does this child get along with his/her classmates? _____

Child's Religion _____

Where was child baptized? _____ Baptism Date _____

Registered at: St. Joseph ____ St. Bernard ____ Mother of Good Counsel ____

Other _____

Marital Status: ____ Married ____ Divorced ____ Separated ____ Single Parent ____ Other

FOR OFFICE USE ONLY: Method of Payment:

Cash Check _____

Birth Certificate ____ Baptismal Certificate Sent f/records ____ rec'd ____

____ Verified 9/1 birth date for incoming Early Childhood Student