



**SJS Early Childhood Program
Serving
Three and Four Year Old Children
Half Day and Full Day Sessions**

Date: _____

Family Name _____

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

Home Address: _____

E-mail Address: _____ (Mother)

E-mail Address: _____ (Father)

Home Telephone: _____ Cell Phone: _____ (Mother)

Cell Phone: _____ (Father)

Children's Names	3 YEAR OLD	4 YEAR OLD	PK 4 YEAR OLD
	(List 3, 4, or 5 Full Day Option)	(List 4 or 5 Day Morning Options)	(Full Day Option)

_____	_____	_____	_____
_____	_____	_____	_____

Please complete Application for Admission for each child that will be entering the Early Childhood Program at St. Joseph School for the first time in August of 2021.

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 \$300.00

___ Paid-Check # _____

___ Date Received

Signature: _____

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 Year Old students must be 3 years old by 9/1/21

* Pre-Kindergarten 4 Year Old students must be 4 years old by 9/1/21

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

 ___ 3 Day Morning Option ___ 4 Day Morning Option ___ 5 Day Morning Option

 ___ 3 Day Full Day (M-W) ___ 4 Day Full Day (M-Th) ___ 5 Day Full Day (M-F)

___ Pre-Kindergarten 4 Year Old Morning Session

 ___ 4 Day Option ___ 5 Day Option

___ Pre-Kindergarten 4 (Monday-Friday Full Day Program)

___ Pre-Kindergarten 4 (Tuesday-Friday Full Day Program)

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 ___ St. John Vianney ___ 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



ST. JOSEPH SCHOOL

2010 National Blue Ribbon School of Excellence

Multi-Age Morning Program Tuition Program for 3 & 4 Year Olds

3 Year Old Pre-School Tuition Morning Sessions

- 3 Day Program-\$2300 (Monday through Wednesday)
- 4 Day Program-\$2500 (Monday through Thursday)
- 5 Day Program-\$2800 (Monday through Friday)

4 Year Old Pre-Kindergarten Tuition Morning Sessions

- 4 Day Program-\$2500 (Tuesday through Friday)
- 5 Day Program-\$2800 (Monday through Friday)

Full Day Program Tuition for Preschool 3 & Pre-Kindergarten 4 Year Olds

- 5 Days-Full Time - \$5450
- 4 Days-Full Time - \$5150
- 3 Days-Full Time - \$4900