



Registration for 2026-2027

Grade: 4K

A non-refundable \$100 registration fee per student, payable to St. Joseph School, must accompany this form. *This fee is waived for students enrolling in the Private School Choice Program.*

Name of referring family: _____

Child's Information

Name of Child: _____ Circle one: Male / Female
(Last) (First) (Middle)

Nickname: _____ Preference to be used by the teacher (circle one): Name / Nickname

Date of Birth: _____ Religion: _____ Will your child be bussed? Yes / No

Date of Baptism: _____ Church: _____ City: _____

Select the 4K option for which you are registering:

- 5 Full-days (7:45am - 2:30pm Monday-Friday)
- 4 Full-days (7:45am - 2:30pm Monday, Tuesday, Thursday, Friday)
- 5 Half-days (7:45am - 11:30am Monday-Friday)
- 4 Half-days (7:45am - 11:30am Monday, Tuesday, Thursday, Friday)

Are you considering using our after-school kids (ASK) program?

- ☐ Yes
☐ No
☐ Still Deciding

Father's Information

Name of Father: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip)

Daytime Phone: (____) _____ Circle: Mobile / Home / Work Email: _____

Place of Employment: _____ Occupation: _____ Religion: _____

Mother's Information

Name of Mother: _____
(Last) (First) (Middle) (Maiden)

Address: _____
(Street) (City) (Zip)

Daytime Phone: (____) _____ Circle: Mobile / Home / Work Email: _____

Place of Employment: _____ Occupation: _____ Religion: _____

PRIMARY PLACEMENT OR CUSTODY (please provide the court documentation upon acceptance)

Parents are (circle one): Married / Divorced / Separated / Remarried / Widowed / Unmarried

Individual with whom the child primarily lives (circle one): Both parents / Father / Mother / Other: _____

Does the parent with whom the child does not live have any court restrictions on his/her parental rights? Yes / No

If the child lives with the remarried parent, is the parent's spouse the adoptive parent? Yes / No

Additional Information

Has your child been recommended for an Individual Educational Plan (IEP)? Yes / No

If yes, please describe: _____

Are there any other special circumstances concerning your child that we should be made aware of? _____

I am a registered parish member of: (Circle one): St. Joseph Congregation / Other: _____

How did you hear about our school? (Circle all that apply): Church / Yard Sign / Banner / Website / Google / Facebook /

Door Hanger / Mailer / Friend / Relative / Other: _____

Acknowledgement

I understand that toilet independence is mandatory by the first day of school. _____ (initial)

By signing below, I acknowledge the information in this form is accurate. I acknowledge that new students are accepted on a probationary basis. I understand registration, placement and continued study are dependent upon accommodating religious, educational and behavioral needs of my child.

(Signature) Date: _____

(Print name)

**Please return this form to the School Office
along with the child's original birth certificate.
The birth certificate will be returned to you.**

Office Use Only

- Received registration form, date: _____
- Received registration fee:
 - Cash, receipt provided, date: _____
 - Check #: _____, date: _____
 - Not Applicable
- Received & annotated birth certificate, date: _____