

St. Joseph Catholic School
Registration Form
2025 - 2026 School Year

Family Name _____ Phone _____

Home Address _____ City _____ Zip _____

Ethnicity _____ Language(s) Spoken _____

STUDENTS YOU ARE REGISTERING AT ST. JOSEPH (Please list oldest to youngest.)

First Middle Last Nickname Grade Birthdate

For Preschool students, select one:

2 days/week Half Days

2 days/week Full Days

3 days/week Half Days

3 days/week Full Days

5 days/ week Half Day

5 days/ week Full Days

* Note: A copy of all custody/divorce/guardianship papers must be on file in the school office*

MOTHER'S INFORMATION

Name _____ Phone (if different from above) _____

Address (if different from above) _____

Email Address (required - it is our primary means of correspondence) _____

Employer _____ Work Phone _____

Religion _____ Registered Member: St. Joseph St. Vincent (circle one)

FATHER'S INFORMATION

Name _____ Phone (if different from above) _____

Address (if different from above) _____

Email Address (required - it is our primary means of correspondence) _____

Employer _____ Work Phone _____

Religion _____ Registered Member: St. Joseph St. Vincent (circle one)

EMERGENCY CONTACTS (Responsible person(s) that may be called to come for your child(ren) in case of illness or another emergency if you cannot be reached)

Name _____ Relationship _____

Contact Number _____

Name _____ Relationship _____

Contact Number _____

(Continued on the other side ...)

AUTHORIZED PERSON(S) (Person(s) authorized to pick your child up from school in addition to emergency contacts noted above)

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Please circle the usual transportation for your child(ren):

Morning: bus car van

Afternoon: bus car van

According to your address, which public elementary school would your child(ren) attend if not enrolled at St. Joseph? _____

Please list any known allergies or health concerns: _____

(Permission to Treat, Medication Forms, and medication must be completed and turned into the school office. Medication must be in the original container, your child's name on the container, instructions, dosage, and duration)

- I give permission for my child(ren) to access the Internet on filtered school devices.
Please contact the school if you would like a copy of our Acceptable Use Policy. Parent Initials _____
- I give permission for my child(ren)'s photograph to be used in print and social media. Parent Initials _____
- I give permission for my contact information to be shared with room parents. Parent Initials _____

Parent Signature _____ Date _____

NEW STUDENTS ONLY

What school did your child(ren) attend last year (if any)? _____

Please list any additional academic concerns the school should be aware of:

Student _____ Concerns _____

Student _____ Concerns _____

Please list any academic support or enrichment services (special education, Title I, Title III, etc.) your child has received:

Student _____ Services _____

Student _____ Services _____