ST. JOSEPH
PARISH SCHOOL

2017-2018 REGISTRATION

A $60.00 nonrefundable registration fee per child is required with the registration by March 17th.
A $100.00 nonrefundable registration fee per child is required if returned after March 17th.

Father's Name_____
Last First Middle

Address_____Phone_____

Birthplace_____Religion_____St. Joseph Parishioner? Yes No

Occupation_____Cell Phone #_____

Place of Work_____Work Phone_____

Father's email _____

Mother's Name_____
Last First Middle Maiden

Address_____Phone_____

Birthplace_____Religion_____St. Joseph Parishioner? Yes No

Occupation_____Cell Phone #_____

Place of Work_____Work Phone_____

Mother's e-mail _____

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STUDENT(S) REGISTERING FOR THE 2017-2018 SCHOOL YEAR

Student Name	Age	Grade Entering	Ethnic Background (use number below)	Hispanic/ Non Hispanic	Religion

ETHNIC BACKGROUND

1	American Indian/Native Alaskan	4	Hawaiian/Pacific Islander
2	Asian	5	White
3	Black/African American	6	2 or more races (write in races)

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NEW STUDENTS ONLY

****A front & back copy of each new child's baptismal record must be turned in along with this registration form.**

1. Child's Name _____

Last First Middle

Date of Birth _____ Birthplace _____
Month/Day/Year City and State

Date of Baptism _____ Parish _____
Month/Day/Year Name City and State

2. Child's Name _____
Last First Middle

Date of Birth _____ Birthplace _____
Month/Day/Year City and State

Date of Baptism _____ Parish _____
Month/Day/Year Name City and State

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RESIDENCY

With whom does the child (do the children) live?

_____ Both Parents _____ Single Mother

_____ Mother/Stepfather _____ Single Father

_____ Father/Stepmother _____ Guardian

Is there a child custody decree in effect?_____
If yes, a copy of that portion of the decree needs to be on file in school together with your schedule of shared custody agreement.

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EMERGENCY CONTACTS

Please list two names and phone numbers in case neither parent can be reached in an emergency.

NAME_____ PHONE_____

NAME_____ PHONE_____

BABYSITTERS NAME_____ PHONE_____

DOCTOR PREFERRED IN AN EMERGENCY **CLINIC:** _____

_____
Doctor's Name Clinic Address and Phone

DENTIST PREFERRED IN AN EMERGENCY **CLINIC:** _____

_____
Dentist's Name Clinic Address and Phone

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List all children in your family who are not in school yet, birth to 5 years old.

1. _____ Age: _____
2. _____ Age: _____
3. _____ Age: _____