

**St. Joseph School  
Registration and Emergency Form  
Kindergarten**

\_\_\_\_\_ Half Day- 7:45 a.m. - 11:15 a.m.      \_\_\_\_\_ All Day- 7:45 a.m. - 2:45 p.m.

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Child's Father \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address of Father \_\_\_\_\_ Home Phone # \_\_\_\_\_

Father's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Mother \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address of Mother \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Stepfather or Stepmother Information (Where applicable)

Name \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

In case of emergency, please contact (other than parent)

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Please list any special conditions that your child has that the school needs to be aware of:

\_\_\_\_\_

Babysitter \_\_\_\_\_ Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Are you a registered member of St. Joseph or St. Vincent? Yes\_\_\_ No\_\_\_ Which one? \_\_\_\_\_

As a registered member of St. Joseph or St. Vincent, do you receive mailings, statements, and church envelopes? Yes \_\_\_\_\_ No \_\_\_\_\_

