

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

_____ 3-Year-Old $\frac{1}{2}$ day-T & TH
_____ 3-Year-Old, all day, T & TH

_____ 4-Year-Old $\frac{1}{2}$ day, M,W,F
_____ 4-Year-Old $\frac{1}{2}$ Everyday
_____ ALL DAY, M, W, F
_____ ALL DAY, EVERYDAY

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 _____

