

# St. Joseph Catholic School Registration Form (up to 3 new students)

**Please print all information**

Today's Date \_\_\_\_\_

**Child's Name:** \_\_\_\_\_  
Last Name First Name Middle

Your child lives with: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Birthday: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Religion: \_\_\_\_\_

Church: \_\_\_\_\_ City, State \_\_\_\_\_

Has your child been baptized? \_\_\_\_\_ yes \_\_\_\_\_ no Baptismal date: \_\_\_\_\_

Child's Social Security Number: \_\_\_\_\_

# of children in family \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ Child's Rank in Family \_\_\_\_\_

Shirt size: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_  
Last Name First Name Middle

Your child lives with: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Birthday: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Religion: \_\_\_\_\_

Church: \_\_\_\_\_ City, State \_\_\_\_\_

Has your child been baptized? \_\_\_\_\_ yes \_\_\_\_\_ no Baptismal date: \_\_\_\_\_

Child's Social Security Number: \_\_\_\_\_

# of children in family \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ Child's Rank in Family \_\_\_\_\_

Shirt size: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_  
Last Name First Name Middle

Your child lives with: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Birthday: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Religion: \_\_\_\_\_

Church: \_\_\_\_\_ City, State \_\_\_\_\_

Has your child been baptized? \_\_\_\_\_ yes \_\_\_\_\_ no Baptismal date: \_\_\_\_\_

Child's Social Security Number: \_\_\_\_\_

# of children in family \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ Child's Rank in Family \_\_\_\_\_

Shirt size: \_\_\_\_\_

**Father:** \_\_\_\_\_  
Last Name First Name Middle

Home Address: \_\_\_\_\_  
Street City Zip Code

Home Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_

Cell Phone : \_\_\_\_\_ Business Phone : \_\_\_\_\_

Email Address: \_\_\_\_\_

**Mother:** \_\_\_\_\_  
Last Name                      Maiden Name                      First Name                      Middle

Home Address :  
Same as Father: \_\_\_\_\_

OR: \_\_\_\_\_  
Street    City    Zip Code

Home Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_

Cell Phone : \_\_\_\_\_ Business Phone : \_\_\_\_\_

Email Address: \_\_\_\_\_

**FOR PRE-KINDERGARTEN OR KINDERGARTEN STUDENTS:**

Is your child currently enrolled in Daycare? \_\_\_\_\_yes \_\_\_\_\_no

Name of Daycare: \_\_\_\_\_

**ANY ADDITIONAL INFORMATION WE NEED TO KNOW:**

\_\_\_\_\_  
\_\_\_\_\_

Registration fee: \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_  
(Checks should be made payable to St. Joseph Catholic School)

