



St. Joseph Catholic School Little Lambs Registration 2017-2018

Half Day Program: (Circle option) 2 days 3 days 5 days [\$250.00 fee paid _____]

Days: My child will attend the following days: _____

Full Day Program: (Circle option) 2 days 3 days 5 days

Days: My child will attend the following days: _____

(This is a two-sided document.)

STUDENT INFORMATION		
Child's Name (please include any suffix—Jr, II, III, etc.)	Birthday(M/D/Y)	Social Security #
Address (street name, number, city, state, zip code)		

ETHNICITY (please circle): **Hispanic/Latino** **Non-Hispanic/Non -Latino**

RACE (please circle): **Native American** **Asian** **Black**
 Native Hawaiian/Pacific Island **White** **Two or More**

RELIGIOUS INFORMATION			
Catholic (circle one)		Yes	No
If Catholic, Name of Parish Registered	City	Envelope Number	
Has the child been baptized? (please circle) Yes No	Date	Church	City/State

Student lives with: _____ *Both parents* _____ *Mother* _____ *Father* _____ *Other* _____

PARENT INFORMATION	
Parents are (circle one) married divorced widowed other	
If parents are divorced, please explain the custody situation: (if a non-custodial parent is not permitted to have contact with a child, the school must have official court papers on file in the school office.)	
Mother's Name	Address (write same if same as child)
Email Address	Home Phone
Home Phone	Cell Phone
Occupation	Place of Work
Work Phone	Work Address
The Mother (please circle yes or no)	
*Is authorized to pick up the child from school	yes no * Is authorized to receive report cards yes no
*Is authorized as an emergency contact	yes no * Has custodial rights yes no

Father's Name	Address (write same if same as child)			
Email Address	Home Phone			
Home Phone	Cell Phone			
Occupation	Place of Work		see other side	
Work Phone	Work Address			
The Father (please circle yes or no)				
*Is authorized to pick up the child from school	yes	no	* Is authorized to receive report cards	yes no
*Is authorized as an emergency contact	yes	no	* Has custodial rights	yes no

Other Family Member Information (Grandparent, Stepparent, etc.)				
Relative's Name	Address (write same if same as child)			
Email Address	Home Phone			
Home Phone	Cell Phone			
Occupation	Place of Work			
Work Phone	Work Address			
This person (please circle yes or no)				
*Is authorized to pick up the child from school	yes	no	*Is authorized to receive report cards	yes no
*Is authorized as an emergency contact	yes	no	*Has custodial rights	yes no

List all children (including those not school-aged and those who are beyond SJCS-aged):

_____ Age/Gr _____ Age/Gr _____
 _____ Age/Gr _____ Age/Gr _____
 _____ Age/Gr _____ Age/Gr _____

I am a member of St. Joseph Parish: _____yes _____no

Being a member school of the Diocese of Palm Beach, St. Joseph Catholic School admits students of any race, color, national and ethnic origin. Students who attend St. Joseph Catholic School are entitled to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of color, race, national and ethnic origin in administration of educational policies, athletic and other school administered programs.

I understand that by signing this registration, I verify that the information I have given is true and given in good faith. I also agree to support the policies and procedures of the school.

Parent Signature: _____ Parent Signature: _____ Date: _____

If you were referred to St. Joseph Catholic School by a family, please write the family's name _____