

St. Joseph Catholic School—VPK Registration Form 2017-2018



Circle your option: **Morning Program Only (Half-Day)** **Enrichment Program (Full Day)** **Fee Paid \$ _____**

Put information in column of heading **(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 (include street, number, city, state, zip)		

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)	Date	Church	City/State
Yes No			
Has the child received First Communion? (please circle)	Date	Church	City/State
Yes No			

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				
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.)									
<i>Relative's Name</i>					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 _____
_____	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: _____ Date: _____

Parent Signature: _____ Date: _____

Has your child ever been tested for any form of a developmental discrepancy? _____yes _____no; if so, please describe:

Were you referred to St. Joseph Catholic School by a family presently attending the school? If yes, please write the name of the family: