



# SAINT JOSEPH

CATHOLIC SCHOOL

127 N. Howes St, Fort Collins, CO 80521 Tel: 970.484-1171 Fax: 970.482.5291 Web: [gosaintjoseph.org](http://gosaintjoseph.org)

## 2018-2019 Preschool and Pre-Kindergarten Registration

*Please indicate preference:*

\_\_\_ *Preschool (3 year old program Tuesday and Thursday 7:45am-11:00am)*

\_\_\_ *Pre-Kindergarten (4 year old program Monday, Wednesday, Friday, 7:45am-2:45pm)*

\_\_\_ *Pre-Kindergarten (4 year old program Monday through Friday, 7:45am-2:45pm)*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Gender M \_\_\_ F \_\_\_

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

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
 Month/ Day/Year City State

Child was baptized on \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
 Date Church City, State

Has this student ever been evaluated for special education services?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Has your child/family ever received counseling services that the school should be made aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Does your son/daughter take any medication or have any medical concerns that might affect his/her daily function in school?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_

Is the student Hispanic? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the student Latino? Yes \_\_\_\_\_ No \_\_\_\_\_

Student (Please Circle): Black/African American American Indian/Native Alaskan Caucasian Asian Native Hawaiian/Pacific Islander Two/more races

**Photograph Release:** Saint Joseph Catholic School has my permission to use my child(ren) photograph, artwork, writing or video image in the school's newsletter, website, publications, or other public outlets.

Yes \_\_\_\_\_ No \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Situation: (Child lives with) Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Please list brothers and sisters living at home:

Name	Age	Birthday

Court Custodial Agreement – Need to be on file with the school office. (Attach to the registration form)

Previous School:

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Street City State Zip

Catholic School \_\_\_\_\_ Private School: \_\_\_\_\_ Public School: \_\_\_\_\_

Father: Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_ Please Specify \_\_\_\_\_

Mother: Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_ Please Specify \_\_\_\_\_

Child: Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_ Please Specify \_\_\_\_\_

Parish Affiliation \_\_\_\_\_

How did you hear about Saint Joseph School?

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

**Section H: Signature**

**I HERBY CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM, IS TRUE, ACCURATE, AND COMPLETE.**

\_\_\_\_\_  
Date Name of Parent/Guardian (Please Print) Signature of Parent/Guardian

**Mission Statement: Saint Joseph Catholic School is committed to providing an education rooted in the Gospel of Jesus Christ, Catholic teaching and academic excellence; which invites students to love God and others, to develop their unique talents and gifts and to become life-long learners.**

**Office Use Only:**

Non Refundable Registration Fee: Check # \_\_\_\_\_ Date# \_\_\_\_\_

Birth Certificate Received \_\_\_\_\_ Baptism Certificate Received \_\_\_\_\_

Current Immunization Record \_\_\_\_\_ Parish Affiliation Received \_\_\_\_\_