



SAINT JOSEPH CATHOLIC SCHOOL

127 N. Howes St, Fort Collins, CO 80521 Tel: 970.484-1171 Fax: 970.482.5291 Web: gosaintjoseph.org

2019-2020 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)s photograph, artwork, writing or video image in the school's newsletter, website, publications, or other public outlets.

Yes ___ No ___

Family Information

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Place of Employment: _____ Place of Employment: _____

Cell Number: _____ Cell Number: _____

Work Phone: _____ Work Phone: _____

E-mail Address: _____ E-mail Address: _____

Grandparents Name and Email (optional): _____

