St. Joseph Pre-Kindergarten
11822 Zell Road. Sainte Genevieve. Missouri 63670
(573) 883-5097

REGISTRATION FORM

Please return registration form along with Registration Fee and School Supply Fee (see bottom of form)

Student:_____
Family Name First Middle Today's Date

Address:_____
Phone Religion

Birth:_____
City State Month/Day/Year Social Security #

Baptism:_____
Month/Day/Year Church City State

Father:_____
Family Name First Middle Religion

Occupation:_____
Business Address Phone

Mother:_____
Family Name First Middle Maiden Name Religion

Occupation:_____
Business Address Phone

E-Mail Address_____

Marital Status: Married_____ Divorced_____ Single_____ Remarried_____

If not married, which parent has legal custody_____

Date of most recent custodial decree, including modifications_____

Guardian—if child is not living with parents:

Name:_____
Family Name First Middle Religion

Address:_____
City State Phone

Occupation:_____
Business Address Phone

Is there any pertinent information which the principal should know about your child? Illness? Allergy? _
_____

Are there any diagnosed medical conditions the student has which may require the school to make adjustments or plans for emergency response?_____
_____

Please mark the days your child will attend (3 day minimum):

Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

School Supply Fee $30
Registration Fee $25