

# St. Joseph Catholic School

138 N. Liberty St • Galion OH 44833 • 419-468-5436

## Preschool Registration 2019-2020

(Submit to the school office by April 26)

- ❖ All children must have reached the required age by August 1<sup>st</sup> and must be potty-trained.
- ❖ \$25 non-refundable registration fee due at time of registration.
- ❖ Lunch is available for purchase from 11:15-11:45 a.m.
- ❖ New students are required to:
  - \_ Turn in a copy of birth certificate with this form
  - \_ Turn in a copy of social security card with this form
  - \_ Turn in a copy of vaccination records with this form

Listed below are the Preschool program sessions from which you can choose for your child. You may choose any combination of sessions. Please circle each session your child will attend.

<b>Monday:</b>	Morning Session	Afternoon Session
<b>Tuesday:</b>	Morning Session	Afternoon Session
<b>Wednesday:</b>	Morning Session	Afternoon Session
<b>Thursday:</b>	Morning Session	Afternoon Session
<b>Friday:</b>	Morning Session	Afternoon Session

### Required Information *for Registration*

Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Birthday: \_\_\_\_\_

Age: \_\_\_\_\_

Social Security # \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

*If Catholic*, Baptismal date and location: \_\_\_\_\_

Circle all that applies: child lives with mom - dad - grandparent - aunt - uncle - other \_\_\_\_\_

(Over)

Office Records: Date Received \_\_\_\_\_

Enclosed Amount: \$ \_\_\_\_\_ cash/check

Required Information *for both parents or legal guardian*

Name:	_____	_____
please circle:	father – mother – legal guardian	father – mother – legal guardian
Address - street	_____	_____
city, state	_____	_____
Email:	_____	_____
Cell Phone:	_____	_____
Cell Phone Provider:	_____	_____
Phone: work:	_____	_____
Occupation:	_____	_____
Employer:	_____	_____

Name and address to whom correspondence should be mailed:

\_\_\_\_\_

Circle the Marital Status of Parents: Single - Married - Divorced - Separated – Remarried

List anything special we need to know about your child's custody rights, health, behavior, etc.

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

School District in which the child resides:

\_\_\_\_\_

Will you use the private bus service from Bucyrus?

\_\_\_\_\_

SCHOOL USE ONLY

- |   |                |
|---|----------------|
| 1. Copy of Birth Certificate made.                          | Yes ___ No ___ |
| 2. Child's Medical Statement and Health Information form.   | Yes ___ No ___ |
| 3. Student's Social Security Number listed above.           | Yes ___ No ___ |
| 4. Copy of Baptismal record made.                           | Yes ___ No ___ |
| 5. In cases of divorce or separation, legal custody papers. | Yes ___ No ___ |

Office Records: Date Received \_\_\_\_\_

Enclosed Amount: \$ \_\_\_\_\_ cash/check