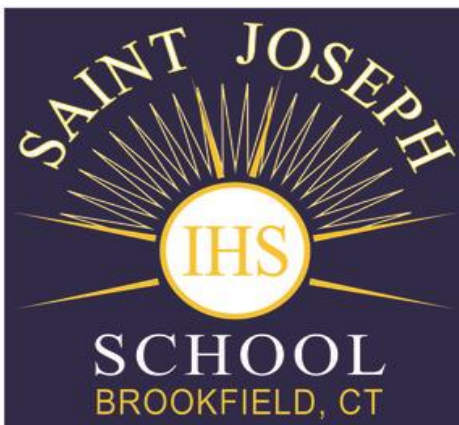


For Office Use Only:

Reg. Fee Check #: _____

Amount: \$ _____

Date: _____



www.sjsbrookfield.org

Phone: (203)775-2774
Fax: (203)775-5810

New Family Application/Registration Form 2017 – 2018

Registration for: Pre-School Kindergarten Elementary/Intermediate/Middle

Contact Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Responsible for Payment of Tuition

Student(s) Information

New registrant (all others – must provide certified birth certificate and sacramental certificate copies)

We would like to register the following children in Saint Joseph School for 2017 – 2018:

1. _____

Grade Last Name First Name Middle Name

Nickname Birth Date Age Male Female Religion Affiliation

Check if sacrament has been received – new registrants attach certificate copies.

Baptism: _____ First Eucharist: _____ Reconciliation: _____
Date Date Date

Former School Name: _____
City State Telephone

After School Care 3:15 p.m. – 6:00 p.m.

2. _____

Grade Last Name First Name Middle Name

Nickname Birth Date Age Male Female Religion Affiliation

Check if sacrament has been received – new registrants attach certificate copies.

Baptism: _____ First Eucharist: _____ Reconciliation: _____
Date Date Date

Former School Name: _____
City State Telephone

After School Care 3:15 p.m. – 6:00 p.m.

3. _____

 Grade Last Name First Name Middle Name

 Nickname Birth Date Age Male Female Religion Affiliation

Check if sacrament has been received – new registrants attach certificate copies.

Baptism: _____ First Eucharist: _____ Reconciliation: _____
 Date Date Date

Former School Name: _____

 City State Telephone

After School Care 3:15 p.m. – 6:00 p.m.

Emergency Contact Information

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Applicant's Parish or Alumni Information

One or both parents of student(s) are Saint Joseph School alumni
 We are active registered parishioners of Saint Joseph Parish
 We are active registered parishioners of Parish Name: _____ City: _____
 Student is related to or knows a Saint Joseph – Alumni Name: _____
 Address: _____ Telephone: _____

Educational Information

The following information is necessary for teachers to plan for your child's success. Failure to disclose this information may halt an application and/or result in children being asked to transfer to receive services necessary for them to succeed.

Have you ever been invited to attend a PPT meeting for your child? Yes No

For students entering PreK or K: Has your child received services through Birth to 3? Yes No

Permissions

I grant permission to use my child's image and/or name in print, electronic, or digital format for school publication, publicity and website. Yes No

Registration Fee

All registrants – non-refundable application fee payable to **Saint Joseph School**

All registrants – Pre-K – 8 \$150 Per Family Registration Fee

Parent Authorization

Signature: _____ Date: _____

Self-Disclosure information collected for statistical reporting purposes only Catholic Non Catholic

Parish: _____ Ethnicity: _____