

PRESCHOOL REGISTRATION FORM
ST. JOSEPH CATHOLIC SCHOOL – MAUMEE, OHIO

School Year 2023 - 2024 Today's Date _____

4 Year old: _____ M/W/F AM/PM** _____ M-F AM/PM** _____ All Day

3 Year Old: _____ M/W _____ T/Th _____ M/W/F _____ T/Th/F

****4 year old p.m. will open once all a.m. spots are filled****

Child's Name _____ Gender M ___ F ___ DOB _____
Last First Middle Month/Day/Year

Address _____ Home Phone _____
Address City Zip

Email Address _____ Cell Phone _____

Religion _____ Registered Members of _____ Church

Nationality: ___ White ___ Native American ___ African-American ___ Asian ___ Hispanic ___ Multiracial

Mother's Name _____ Home Phone _____

Address if different from child's _____ Cell Phone _____

Employer _____ Work Phone _____

Employer address _____

Father's Name _____ Home Phone _____

Address if different from child's _____ Cell Phone _____

Employer _____ Work Phone _____

Employer address _____

Parents: ___ Married ___ Separated ___ Divorced ___ Remarried ___ Single ___ Deceased ___ Mother ___ Father

Student lives with: ___ Both Parents ___ Mother ___ Father ___ Guardian ___ Stepmother ___ Stepfather

Please list two people to be contacted in the event of an emergency if the parents cannot be reached:

Name _____	Name _____
Address _____	Address _____
City, State, Zip Code _____	City, State, Zip Code _____
Relationship to child _____ Phone _____	Relationship to child _____ Phone _____
There is no other person whom I wish contacted in case of an emergency. Parent Signature _____	

Name of Person(s) to Whom Child May Be Released

Name _____	Relationship to child _____
Name _____	Relationship to child _____

Permission to Publish Name, Address and Phone # on Class Roster & School Directory Yes ___ No ___

Parent Signature _____