2010-2011 ST. JOSEPH MONTESSORI/PRE-K ENROLLMENT FORM

REGISTRATION FEE DUE $ 75.00 per student

New? How did you hear about us?_____

Student's Name _____
Last First Middle

Date of Birth _____Social Security # _____

Place of Birth _____
City County State

Birth Certificate Received _____ Baptismal Certificate Received _____
yes/no yes/no

Last School/Daycare Attended _____ Present Age_____

Special Educational Needs/Disabilities _____

*__**REQUIRED**__ Days to attend _____ ALL DAY or HALF DAY
Must be at least three consecutive days (example Monday-Wednesday) please circle one

Brothers/Sisters Attending School or Pre-School:

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

PARENT/GUARDIAN INFORMATION

Father's Name(Male guardian) _____DL# _____
Last First Middle

Address _____
Street City Zip County

Telephone (Home)_____ Cellular _____ E-mail address _____

Employer _____ Telephone (Work) _____

Mother's Name(female guardian) _____ DL# _____
Last First Middle/Maiden Name

Address _____
Street City Zip County

Telephone (Home)_____ Cellular _____ E-mail address _____

Employer _____ Telephone (Work) _____

Registration Fee of $75.00 required to complete enrollment is enclosed. ***I understand that this fee is non-refundable.***

_____ _____
Parent/Guardian Signature Date