



SAINT JOSEPH SCHOOL

A 21st Century Learning Community Based on Timeless Catholic Values

Today's Date: _____

REGISTRATION FORM - PRE-K – GRADE 8 - 2019-2020 SCHOOL YEAR

New Registration _____ OR Re-Registration _____ (Only section A required)

REGISTRATION FEE: A non- refundable **\$250** registration fee per family.

The registration fee for **new registrations** should be paid by check made payable to Saint Joseph School.

The registration fee for **re-registrations** is due upon submission of this form.

- The non-refundable registration fee for current school families **\$150** per family who complete their registration by **January 25, 2019** and **\$250** per family thereafter.
- **Please check here to elect to pay via your FACTS account:** _____ FACTS payments for re-registrations will be deducted approximately 10 days after this form is submitted, but not earlier than January 25, 2019.

Section A - Re-Registration

Family Name _____ Tel. # _____

Street _____ City _____ Zip _____

Father's First Name _____

Mother's First Name _____

Family E-Mail Address _____

Parish Name: _____

Parish Location: _____

Please list below the children and grade level of your child (ren) for the 2019-2020 school year.

STUDENT

GRADE

Section B - New Student Registration

STUDENT NAME: _____
(LAST) (FIRST) (MIDDLE)

Address: _____
(Street) (City) (Zip Code)

Grade entering as of 9/1/2019 _____ Age as of 9/1/2019 _____

Date of Birth (M/D/Y) _____ Place of Birth _____

Religion: _____

Date of Baptism: _____ Church _____ City: _____

Date of First Penance: _____ Church _____ City: _____

Date of First Communion: _____ Church _____ City: _____

School presently attending or last attended:

(Name) (City) (Grade)

Is your child currently on an IEP or a 504 Plan? _____

Saint Joseph School does NOT discriminate based on your response

If yes, please check the section that best represents your child.

Is currently on a plan _____ Was on a plan and has exited _____

Has been tested but did not qualify _____

Early Intervention Services _____

Individualized Education Plan (IEP) _____

504 Plan _____

Father's Full Name: _____ Place of Birth: _____

Residence: _____ Religion: _____

Occupation: _____ Cell #: _____

Mother's full name/ Maiden Name: _____ Place of Birth: _____

Residence: _____ Religion: _____

Occupation: _____ Cell #: _____

Family e-mail address: _____

How did you learn about Saint Joseph School? _____

Are you registered in a parish? _____ If yes, Name of Parish _____

**Saint Joseph School
Early Childhood Program
15 Gould Street
Wakefield, Massachusetts 01880
781-245-0796**

Pre-School Enrollment Options

2019-2020 Class Selection (please check):

HALF DAY PROGRAMS:

3 year old **Half Day** Program 8:15 a.m. -12:30 p.m. (must be 3 years old **by 12/1/19**)

2 Day Option T/TH

3 Day Option M/W/F

4 year old **Half Day** Program 8:15 a.m. - 12:30 p.m. (must be 4 years old **by 12/31/19**)

3 Day Option M/W/F

SCHOOL DAY PROGRAMS:

Summer Program available June through August (separate registration)

3 year old **School Day Program 7:30 a.m. – 2:30 p.m.** (must be 3 years old **by 12/1/19**)

Please Select Preferred Days:

Monday___ Tuesday___ Wednesday___ Thursday___ Friday___

4 year old **School Day Program 7:30 a.m. – 2:30 p.m.** (must be 4 years old **by 12/31/19**)

Please Select Preferred Days:

Monday___ Tuesday___ Wednesday___ Thursday___ Friday___

After School Program 2:30 p.m. - 6:00 p.m.

To register, please submit your child's birth certificate, baptismal certificate and most recent physical form signed by your pediatrician. Please note that your child/children may not attend school until all paperwork is received.