



The _____ Family will not return
to SJS for the 2012-13 School Year.

St. Joseph Catholic School
1722 N. Starr Drive
Fayetteville, AR 72701
479-442-4554

2012-2013 ENROLLMENT REREGISTRATION

Information			
Family Name:			
	<i>Last</i>	<i>Mother's Name</i>	<i>Father's Name</i>
Home Address:			
	<i>Street Address</i>	<i>Apartment/Unit #</i>	
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Home Phone:		Cell Phone Mother:	Father:
E-Mail Address:	Mother:	Father:	
Mother's Employer:	Phone:		
Father's Employer:	Phone:		
Public School District: (Elem./Middle School)			
Active, contributors of record, and participating members of:	Catholic Church	We are non- Catholic	Church you attend:

Student Information						
1.						
	<i>Child's Name</i>	<i>New?</i>	<i>M-F</i>	<i>Grade fall 2012</i>	<i>Birth Date</i>	<i>Catholic?</i>
						<i>Age on 9/01/12</i>
2.						
	<i>Child's Name</i>	<i>New?</i>	<i>M-F</i>	<i>Grade fall 2012</i>	<i>Birth Date</i>	<i>Catholic?</i>
						<i>Age on 9/01/12</i>
3.						
	<i>Child's Name</i>	<i>New?</i>	<i>M-F</i>	<i>Grade fall 2012</i>	<i>Birth Date</i>	<i>Catholic?</i>
						<i>Age on 9/01/12</i>
4.						
	<i>Child's Name</i>	<i>New?</i>	<i>M-F</i>	<i>Grade fall 2012</i>	<i>Birth Date</i>	<i>Catholic?</i>
						<i>Age on 9/01/12</i>
5. PreK 3						
	<i>Child's Name</i>	<i>New?</i>	<i>M-F</i>	<i>MWF, T/Th or all week</i>	<i>Birth Date</i>	<i>Catholic?</i>
						<i>Age on 9/01/12</i>
6. PreK 4						
	<i>Child's Name</i>	<i>New?</i>	<i>M-F</i>	<i>T/Th/F or all week</i>	<i>Birth Date</i>	<i>Catholic?</i>
						<i>Age on 9/01/12</i>

ATTENTION NON-CATHOLIC FAMILIES ONLY: Please check "NEW" if your child is new to SJS this fall. Class spaces will be granted to non-Catholic SIBLINGS as space is available.

Service Hours Options: (Choose One)	
<input type="checkbox"/>	Bill me \$300 at August registration
<input type="checkbox"/>	I/we will serve 20 hours throughout the year. I understand I/we will be billed at the end of the year for hours not served.

Support St. Joseph School Programs
Did you know tuition covers only 74% of the cost of educating each child at St. Joseph School? If you would like to provide additional support to our school, please indicate below.

I would like to contribute to the following funds: (Please indicate amount)

St. Joseph Endowment Fund	<input type="text"/>	Scholarship Fund	<input type="text"/>
St. Joseph School Annual Fund	<input type="text"/>		

Continue on other side

Contract

I have read the registration information and understand the financial responsibilities.

Signature:		Date:	
NON-REFUNDABLE Registration Fee: \$150	Date:	CK#	Amount:

In case of emergency, contact:

Name	Relationship	Phone Number:

Name of Child's Physician:	Address:	Phone:

I permit St. Joseph School to authorize emergency medical care and to transport my child if it becomes necessary to receive emergency medical care.

Parent's Signature

List other adults authorized to pick up your child.

Name:	Phone :

List any pertinent medical history necessary for the safety and care of your child. Include allergies, physical limitations, etc.

Please include with this registration form a copy of your child's current immunization record, Baptismal record and birth certificate if not already on file.