



For Office Use Only: Date Received /Initials

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

### 2012-2013 ENROLLMENT REGISTRATION

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:		We are non-Catholic Catholic Church	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>

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:	
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<b>NEW FAMILIES ONLY:</b>	Improvement Fund Payment (one time): \$500	Date:		CK#		Amount:	
<b>ALL FAMILIES:</b>	Non refundable registration fee (yearly): \$150	Date:		CK#		Amount:	

In case of emergency, contact:

Name	Relationship	Phone Number:

<b>Name of Child's Physician:</b>	<b>Address:</b>	<b>Phone:</b>

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.