

**ST. JOSEPH SCHOOL PRE-REGISTRATION
2018-2019**

PARENT NAME _____

ADDRESS _____

PHONE HOME: _____ **WORK:** _____

EMAIL _____

Please list each child, including PreK 3 and 4.

STUDENT NAME	GRADE PRESENTLY IN
_____	_____
_____	_____
_____	_____
_____	_____

_____ Our child(ren) will attend St. Joseph School in 2018-2019

_____ Our child(ren) will not attend St. Joseph School in 2018-2019

_____ We are undecided because _____

FEES 2018-2019

(Payable to SJS by April 30th -Non-Refundable)

Registration per child before April 30th	\$150.00 (PreK-8)	Amount \$ _____
General/Late Registration per child	\$250.00 (PreK-8)	Amount \$ _____
Athletic Fee	\$ 25.00 (4th-8th)	Amount \$ _____
		Date Paid _____

_____ We would like to make it possible for another child to attend St. Joseph School by offering financial aid. Contact us!

_____ Our family request financial aid. Please send an application form. We understand this information will be kept confidential. All registration fees still have to be paid in full in order to register.

Please return this form by Monday, April 30, 2018, and avoid paying the late registration.

PLEASE DO NOT INCLUDE PAYMENT WITH TUITION!