



**SJS Early Childhood Program
Serving
Three and Four Year Old Children
Half Day and Full Day Sessions**

Date: _____

Family Name _____

Father's Name: _____ Mother's Name: _____

Home Address: _____

E-mail Address: _____ (Mother)

E-mail Address: _____ (Father)

Home Telephone: _____ Cell Phone: _____ (Mother)

Cell Phone: _____ (Father)

Children's Names	3 YEAR OLD	4 YEAR OLD	PK 4 YEAR OLD
	(List 3, 4, or 5 Full Day Option)	(List 4 or 5 Day Morning Options)	(Full Day Option)

_____	_____	_____	_____
_____	_____	_____	_____

Please complete Application for Admission for each child that will be entering the Early Childhood Program at St. Joseph School for the first time in August of 2017.

Our family intends to abide by all the standards, policies, and regulations of St. Joseph School.

Signature of Parent/Guardian

Signature of Parent/ Guardian

Contributing Parishioner Status

____ Active

____ Inactive

Commitment Fee \$150.00

____ Paid-Check # _____

____ Date Received

Signature: _____

APPLICATION FOR ADMISSION

(One application per student is required)

FAMILY NAME: _____ (please print) DATE: _____

Child's Legal Name: _____ Child's Birth date: _____

* Pre-School 3 students-must be 3 years old by 9/1/17

* Pre-Kindergarten 4 Year and Morning Session must be 4 years old by 9/1/17

Father's Legal Name: _____ Employment: _____

Mother's Legal Name: _____ Employment: _____

Address: _____ (street name)

_____ (city)

_____ (zip code)

Telephone #: (____) _____

E-mail Address: _____ (Mother)

E-mail Address: _____ (Father)

(Please print. E-mail addresses will be used to communicate information from St. Joseph.)

Early Childhood Program Choice

___ Pre-School 3 Year Old Morning Program

___ 3 Day Option

___ 4 Day Option

___ 5 Day (full day) (Monday-Friday)

___ Pre-Kindergarten 4 Year Old Morning Session

___ 4 Day Option

___ 5 Day Option

___ Pre-Kindergarten 4 (M-F Full Day Program)

Name of school presently attending _____

How is this child academically?

Above Average ___ Average ___ Below Average ___

Does your child receive any special services? Please check any and all that apply

___ Speech ___ Developmentally Delayed Placement ___ Physical Therapy

___ Occupational Therapy ___ Learning Disability Services ___ Other

___ Check here if your child is served under an IEP or ISP

How does this child relate to his/her teacher? _____

How does this child get along with his/her classmates? _____

Child's Religion _____

Where was child baptized? _____ Baptism Date _____

Registered at: St. Joseph ___ St. Bernard ___ Mother of Good Counsel ___

Other _____

Marital Status: ___ Married ___ Divorced ___ Separated ___ Single Parent ___ Other

FOR OFFICE USE ONLY: Method of Payment: Cash _____ Check _____

Birth Certificate _____ Baptismal Certificate _____ Sent f/records _____ rec'd _____

___ Verified 9/1 birth date for incoming Early Childhood Student



ST. JOSEPH SCHOOL

2010 National Blue Ribbon School of Excellence

Multi-Age Morning Program Tuition Program for 3 & 4 Year Olds

3 Year Old Pre-School Tuition*

- **3 Day Program-\$1850 (Monday through Wednesday)**
- **4 Day Program-\$2200 (Monday through Thursday)**
- **5 Day Program-\$2450 (Monday through Friday)**

4 Year Old Morning Program Tuition*

- **4 Day Program-\$2200 (Tuesday through Friday)**
- **5 Day Program-\$2450 (Monday through Friday)**

PS3 & Full Day Pre-Kindergarten 4 Year Old Program Tuition*

- **PK4 Full Day Monday-Friday (8:30-2:50) - \$4550**
- **PS3 Full Day (Monday-Friday) - \$4550**
- **PS3 Full Day (Monday-Thursday) - \$4350**
- **PS3 Full Day (Monday-Wednesday) - \$4050**

Please refer to the St. Joseph Early Childhood Tuition Contract for payment details and additional information for the SJS Annual Fund Commitment for the 2017-2018 school year.