

2018-2019 ST. JOSEPH MONTESSORI PRE-K ENROLLMENT FORM

(Please circle: Pre-K or Montessori)

REGISTRATION FEE DUE \$200 per student (\$175 for each additional student per family)

Student's Name Last First Middle

Date of Birth Social Security #

Place of Birth City County State

Birth Certificate Received

Last School/Daycare Attended Present Age

Special Educational Needs/Disabilities

*REQUIRED Please underline one ALL DAY or HALF DAY

*REQUIRED Public School Residence Attendance Area

*Ethnicity

Brothers/Sisters Attending School or Pre-School:

Name School Grade
Name School Grade
Name School Grade

Service Hour Talent:

PARENT/GUARDIAN INFORMATION

Father's Name (Male Guardian) Last First Middle DL#

Address Street City Zip County

Telephone (Home) Cellular E-mail address

Employer Telephone (Work)
Please place an asterisk by the preferred #

Mother's Name (Female Guardian) Last First Middle DL#

Address Street City Zip County

Telephone(Home) Cellular E-mail Address

Employer Telephone (Work)
Please place a asterisk by the preferred #

Registration Fee of \$200.00 required to complete enrollment. I understand that this fee is non-refundable.

Parent/Guardian Signature

Date