

**PRESCHOOL REGISTRATION FORM**  
**ST. JOSEPH CATHOLIC SCHOOL – MAUMEE, OHIO**

School Year 2018 - 2019 Today's Date \_\_\_\_\_ SS# \_\_\_\_\_

4 Year old: \_\_\_\_\_ M/W/F AM/PM\*\* \_\_\_\_\_ M-F AM/PM\*\* \_\_\_\_\_ All Day  
Month/Day/Year

3 Year Old: \_\_\_\_\_ M/W \_\_\_\_\_ T/Th \_\_\_\_\_ M/W/F \_\_\_\_\_ T/Th/F

**\*\*4 year old p.m. will open once all a.m. spots are filled\*\***

Child's Name \_\_\_\_\_ Gender M \_\_\_ F \_\_\_ DOB \_\_\_\_\_  
Last First Middle Month/Day/Year

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address City Zip

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Religion \_\_\_\_\_ Registered Members of \_\_\_\_\_ Church

Nationality: \_\_\_ White \_\_\_ Native American \_\_\_ African-American \_\_\_ Asian \_\_\_ Hispanic \_\_\_ Multiracial

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address if different from child's \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address if different from child's \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer address \_\_\_\_\_

Parents: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Remarried \_\_\_ Single \_\_\_ Widowed  
Deceased \_\_\_ Mother \_\_\_ Father

Student lives with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Stepmother \_\_\_ Stepfather

Please list **two** people to be contacted in the event of an emergency if the parents cannot be reached:

Name	Name
Address	Address
City, State, Zip Code	City, State, Zip Code
Relationship to child	Relationship to child
Phone	Phone
There is no other person whom I wish contacted in case of an emergency.	
Parent Signature _____	

**Name of Person(s) to Whom Child May Be Released**

Name _____	Relationship to child _____
Name _____	Relationship to child _____

Permission to Publish Name, Address and Phone # on Class Roster & School Directory Yes \_\_\_ No \_\_\_

Parent Signature \_\_\_\_\_