



For Office Use Only: Date Received /Initials

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

2013 - 2014 ENROLLMENT REGISTRATION

Information			
Family Name:			
	Last	Mother's Name	Father's Name
Home Address:			
	Street Address		Apartment/Unit #
	City		State ZIP Code
Home Phone:		Mother's Cell:	Father's Cell:
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:	Catholic Church		We are non-Catholic
			Church you attend:

Student Information							
1.	/						
Child's Name / Race (see options below)	New?	M or F	Grade fall 2013	Birth Date	Catholic?	Age on 9/01/13	
2.	/						
Child's Name / Race (see options below)	New?	M or F	Grade fall 2013	Birth Date	Catholic?	Age on 9/01/13	
3.	/						
Child's Name / Race (see options below)	New?	M or F	Grade fall 2013	Birth Date	Catholic?	Age on 9/01/13	
4.	/						
Child's Name / Race (see options below)	New?	M or F	Grade fall 2013	Birth Date	Catholic?	Age on 9/01/13	
5.PreK 3	/						
Child's Name / Race (see options below)	New?	M or F	MWF, T/Th or all week	Birth Date	Catholic?	Age on 9/01/13	
6.PreK 4	/						
Child's Name / Race (see options below)	New?	M or F	MWF, T/Th/F, T/Th or all week	Birth Date	Catholic?	Age on 9/01/13	

Race Code (required by NCEA)	A= American Indian/Native Alaskan	B = Asian	C = Black	D = Native Hawaiian/Pacific Islander	E = White	F = Hispanic	G = Two or more races
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Service Hours Options: (Choose One)	
<input type="checkbox"/>	Bill me \$300 with July tuition
<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 **Scholarship Fund**

St. Joseph School Annual Fund

Continue on other side

Contract

I have read the registration information and understand the financial responsibilities.

Signature:		Date:	
NEW FAMILIES ONLY:	Improvement Fund Payment (one time): \$500	Date:	
ALL FAMILIES:	Non refundable registration fee (yearly): \$150	Date:	

In case of emergency, contact:

Name	Relationship	Phone Number:

Name of Child's Physician:	Address:	Phone:

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.