



(203)775-2774
Rt. 133
5 Obtuse Hill Road
Brookfield, CT 06804

REGISTRATION FORM

Registration for: Pre-School Kindergarten Elementary/Intermediate/Middle

Contact Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Tel. No: _____ Alt. Tel. No: _____ email: _____

STUDENT(S) INFORMATION

- Existing Family (existing St. Joseph School families-copies of birth and sacramental certificates not required)
- New registrant (must provide certified birth certificate and sacramental certificate copies)

We would like to register the following child(ren) in St. Joseph School for the 2010-11 School Year:

1. _____
Grade *Last Name* *First Name* *Middle Name*

Nickname *Birth Date* *Current Age* *Male* *Female* *Religious Affiliation*

Check if sacrament has been received – new registrants attach certificate copies:

Baptism _____ First Eucharist _____ Reconciliation _____
Date *Date* *Date*
 Former School Name _____ City _____ State _____ Telephone _____

2. _____
Grade *Last Name* *First Name* *Middle Name*

Nickname *Birth Date* *Current Age* *Male* *Female* *Religious Affiliation*

Check if sacrament has been received – new registrants attach certificate copies:

Baptism _____ First Eucharist _____ Reconciliation _____
Date *Date* *Date*
 Former School Name _____ City _____ State _____ Telephone _____

3. _____
Grade *Last Name* *First Name* *Middle Name*

Nickname *Birth Date* *Current Age* *Male* *Female* *Religious Affiliation*

Check if sacrament has been received – new registrants attach certificate copies:

Baptism _____ First Eucharist _____ Reconciliation _____
Date *Date* *Date*
 Former School Name _____ City _____ State _____ Telephone _____

STUDENT(S) INFORMATION (CONTINUED)

4. _____
Grade Last Name First Name Middle Name

Nickname Birth Date Current Age Male Female Religious Affiliation

Check if sacrament has been received – new registrants attach certificate copies:

Baptism _____ First Eucharist _____ Reconciliation _____
Date Date Date

Former School Name _____ City _____ State _____ Telephone _____

PERSON RESPONSIBLE FOR PAYMENT OF TUITION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Alt. Tel. No.: _____ email: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

APPLICANT’S PARISH OR ALUMNI INFORMATION

- One or both parents of student(s) are St. Joseph School alumni
- We are active registered parishioners of St. Joseph Parish in Brookfield
- We are active registered parishioners of Parish Name _____ City _____
- Student is related to or knows a St. Joseph Alumni - Name _____
Alumni Address _____ Telephone _____

AMOUNT ENCLOSED

All registrants – non-refundable application fee payable to **St. Joseph School**
\$100 Per Family Registration Fee

PARENT AUTHORIZATION

Signature _____ Date: _____

<i>Self-Disclosure information collected for statistical reporting purposes</i>	
<input type="checkbox"/> Catholic	<input type="checkbox"/> Non-Catholic
Parish _____	
Ethnicity _____	