



# Saint Joseph School

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

## REGISTRATION FORM

Fee received \_\_\_\_\_  
Check # \_\_\_\_\_

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 2012-13 School Year:

1. \_\_\_\_\_

<i>Grade</i>	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
_____	_____	_____	_____
<i>Nickname</i>	<i>Birth Date</i>	<i>Current Age</i>	<i>Religious Affiliation</i>
_____	_____	_____	_____
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

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

<input type="checkbox"/> Baptism _____	<input type="checkbox"/> First Eucharist _____	<input type="checkbox"/> Reconciliation _____
<i>Date</i>	<i>Date</i>	<i>Date</i>
Former School Name _____	City _____	State _____ Telephone _____

2. \_\_\_\_\_

<i>Grade</i>	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
_____	_____	_____	_____
<i>Nickname</i>	<i>Birth Date</i>	<i>Current Age</i>	<i>Religious Affiliation</i>
_____	_____	_____	_____
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

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

<input type="checkbox"/> Baptism _____	<input type="checkbox"/> First Eucharist _____	<input type="checkbox"/> Reconciliation _____
<i>Date</i>	<i>Date</i>	<i>Date</i>
Former School Name _____	City _____	State _____ Telephone _____

3. \_\_\_\_\_

<i>Grade</i>	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
_____	_____	_____	_____
<i>Nickname</i>	<i>Birth Date</i>	<i>Current Age</i>	<i>Religious Affiliation</i>
_____	_____	_____	_____
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

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

<input type="checkbox"/> Baptism _____	<input type="checkbox"/> First Eucharist _____	<input type="checkbox"/> Reconciliation _____
<i>Date</i>	<i>Date</i>	<i>Date</i>
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**  
**\$250 Per Family Registration & Technology 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 _____	