

“MIDDLE STATES ACCREDITED”

SAINT JOSEPH SCHOOL

131 East Fort Lee Road
Bogota, New Jersey 07603
Phone 201-487-8641 ~ Fax 201-487-7405

2010 - 2011 REGISTRATION FORM
PRE-K 3 Program

Child's Name: _____ D.O.B. _____
(last) (first)

Address: _____

Town: _____ Zip Code _____

Phone Numbers (Home) _____ (Cell) _____

1. Permanent Record Information: _____
2. Birth Certificate: _____
3. Baptism Certificate: _____
4. Parish: _____
5. Previous DayCare/PreK: _____
6. Immunization Record Received: _____
7. Physical (due by May 15th): _____
8. Emergency Card Information: _____
9. Tuition Contract Signed: _____
10. Interest in After Care Program (3-6 p.m.): Yes _____ No _____
11. Parent/Student Handbook Given: _____

Full Day _____ AM Only _____

Date: _____ Amount paid _____ Cash ___ Check# _____ MO# _____