

*“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 4 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 15<sup>th</sup>): \_\_\_\_\_
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: \_\_\_\_\_

Date: \_\_\_\_\_ Amount paid \_\_\_\_\_ Cash \_\_\_ Check# \_\_\_\_\_ MO# \_\_\_\_\_