

**SAINT JOSEPH PARISH**

**2024/2025 REGISTRATION FORM**

**RETURNING STUDENTS**

**RETURN BY 6/30/24**

Grade in September \_\_\_\_\_

M\_\_\_\_F\_\_\_\_

Child's Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Fathers name: \_\_\_\_\_ Mothers maiden name: \_\_\_\_\_

**IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Allergies – Please List**

**Medications – Please List**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Do you need a payment plan? ( ) yes ( ) no**

Total number of children enrolled: \_\_\_\_\_

Total payment due (including Sacramental Fee): \_\_\_\_\_

Balance Due: \_\_\_\_\_

Date Received: \_\_\_\_\_

Payment plan: YES / NO

Tuition:

1 child \$100

2 children \$115

3 or more \$125

Sacramental Fee:

First Communion: \$30

Confirmation: \$50