

SAINT JOSEPH PARISH

**2023/2024 REGISTRATION FORM
RETURNING STUDENTS
RETURN BY 6/30/23**

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