



Montessori Preschool Registration Form 2011-2012

Name of Student: _____ **Birthdate:** _____

Father or Guardian _____ St. Joseph Graduate: <input type="checkbox"/> NO <input type="checkbox"/> YES _____ Year Address: _____ City/State/Zip: _____ Father Primary E-Mail: _____ Religion: _____ Stepmother name (if applicable): _____	Employer: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Parish: _____ Please Send School Mailings <input type="checkbox"/> YES <input type="checkbox"/> NO
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Mother or Guardian _____ St. Joseph Graduate: <input type="checkbox"/> NO <input type="checkbox"/> YES _____ Year Address: _____ City/State/Zip: _____ Mother Primary E-Mail: _____ Religion: _____ Stepfather name (if applicable): _____	Employer: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Parish: _____ Please Send School Mailings YES NO
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Parent Marital Status (circle):	Married	Single	Divorced	Separated	Widowed
Student Lives With _____					
If there are any legal restrictions regarding child custody, please provide documentation.					

Please list any other children in your household.

Last Name	First Name	Gender (M/F)	Age and Date of Birth	School

Montessori School Registration Form

Please choose one of the following 5-day per week options:

Primary Half Day - 2 ½ - 4 year olds – Monday through Friday

____ Morning Class (8 to 11 a.m.)

____ Afternoon class (12-3 p.m.)

Primary All Day 5-6 year olds – Monday through Friday

____ Full Day (8 a.m. to 3 p.m.)

Interested in:

____ Before Care - 6:30 to 8:00 a.m.

____ After Care – 3 to 6 p.m.

I consider myself very familiar with Montessori programs

I am somewhat familiar with Montessori programs

I am beginning to learn about Montessori programs

**Non-Refundable Registration Fee of \$100 will be applied towards first month tuition.
Due prior to first day of class.**

Please make checks out to *St. Joseph Catholic Academy*.

Please return this form and the registration fee to:

St. Joseph Catholic Academy

2401 – 69th Street * Kenosha, WI * 53143

(262) 654-8651

PARENT/GUARDIAN SIGNATURES

Parent(s)/Guardian(s): I/We agree to assume responsibility for all tuition, fees and other expenses of the student(s) while attending St. Joseph Catholic Academy (SJCA) Montessori Preschool. This agreement will be in effect for as long as the student(s) is/are enrolled. On applications where only one signature of a parent/guardian is provided, SJCA will assume this parent/guardian will be solely responsible for tuition and other expenses.

YES NO I, and on behalf of my minor children listed herein, hereby (1) grant SJCA permission to use, adapt, modify, reproduce, distribute, publicly perform and display, in any form, me and my child's (children's) images, likenesses, voices throughout the world, by incorporating them into any print material, photo exhibits, motion picture films, videos, and/or any other media for commercial, informational, educational, advertising, or any other related purposes of SJCA; and (2) waive any right to compensation for said uses by SJCA as set forth in herein. Children's names will never be published with advertising or promotional material without authorization of a parent or guardian.

Printed name _____ Signed _____ Date _____

Printed name _____ Signed _____ Date _____

For Office Use Only

Reg. Fee Amt.: \$ _____ Cash _____ Check _____ Credit _____ Payment Annually or Monthly _____

Rec'd by: _____