



ST. JOSEPH CATHOLIC SCHOOL
Stratford, Wisconsin

"We the family of St. Joseph, are committed to educating God's children by promoting Catholic values through academic excellence and service to others."

REGISTRATION FORM
2021-2022

FAMILY NAME _____
LAST FATHER'S FIRST MOTHER'S FIRST

PHYSICAL ADDRESS _____ PO BOX _____

CITY _____ PHONE _____

MEMBERS OF _____ PARISH

TOWNSHIP _____ NUMBER MILES FROM SCHOOL _____

Email address for parent-teacher communication _____

Father's Name _____
Last First Middle

Address _____ Cell Phone _____
(If different)

Birthplace _____ Religion _____

Occupation _____

Place of Work _____ Work Phone _____

Mother's Name _____
Last First Maiden

Address _____ Cell Phone _____
(If different)

Birthplace _____ Religion _____

Occupation _____

Place of Work _____ Work Phone _____

Child(ren) resides with: ___ Both Parents ___ Father ___ Mother ___ Other

As a condition of enrollment, a copy of that portion of the divorce decree that indicates who has primary placement and the custody agreement must be on file in the school office.

PLEASE LIST ALL CHILDREN IN YOUR FAMILY....Grade school age and under

<u>FIRST NAME</u>	<u>MIDDLE</u>	<u>LAST</u>	<u>AGE</u>	<u>GRADE FOR 2021-2022</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE FILL IN FOLLOWING INFORMATION FOR NEW STUDENTS TO OUR SCHOOL:

Child's Full Name:	Birthday	Birthplace	Baptism Date	Parish Baptized
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMERGENCY CONTACT IF PARENTS NOT AVAILABLE: *Must list at least one*

NAME _____ PHONE _____

NAME _____ PHONE _____

DOCTOR PREFERRED _____
IN EMERGENCY Name address & phone

DENTIST PREFERRED _____
IN EMERGENCY Name address & phone

Baby Sitter's Name _____ PHONE _____

PLEASE LIST ANY MEDICAL CONDITIONS THAT THE SCHOOL SHOULD BE AWARE OF:

ALLERGIES: _____

CURRENT MEDICATIONS: _____

DOES YOUR CHILD WEAR: GLASSES? _____ CONTACTS? _____