



St. Joseph Preschool
 818 4th Street – Conway, AR – 72032
 (501) 336-9548

Registration Form

**** Please check the program in which your child will enroll:**

- ___ *Monday, Wednesday, Friday - 1/2 day (\$120)*
- ___ *Monday – Friday - 1/2 day (\$200)*
- ___ *Monday – Friday - Full day (\$400)*

Please check one:

- 3 year old* ___
- 4 year old* ___

Student’s Name _____ Date of Birth _____

Preferred School Name or Nickname _____ Girl _____ Boy _____

Mother’s Name _____ Father’s Name _____

Mother’s Address _____ City _____ Zip _____

Father’s Address _____ City _____ Zip _____

Email address _____

Mother’s Place of Employment _____

Mother’s Work Phone _____ Mother’s Cell /Day Phone _____

Father’s Place of Employment _____

Father’s Work Phone _____ Father’s Cell /Day Phone _____

Emergency Contacts:

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

Family Physician _____ Address _____

Family Physician Phone _____

List persons responsible for picking up your child, relationship, make/model of vehicle:

Name _____ Relationship _____ Vehicle _____

Name _____ Relationship _____ Vehicle _____

Are you catholic? (Mother) _____ (Father) _____ Are you a member of St. Joseph Parish? _____

I understand there is a \$ 50.00 non-refundable registration fee upon enrolling my child in the St. Joseph Preschool Program. I also understand that tuition is due on the first of each month, and that there is a \$25.00 Activity Fee per semester, due in September and January. Tuition amount depending on program selected. *An updated copy of your child’s immunization record must be attached to this form at time of registration.*

Parent Signature

Date