

St. Joseph's Preschool
315 SW 21st Street
Grand Rapids, MN 55744
218-326-6232

Please note: *In recent years, St. Joseph's School has had more applications than available spots. Your family will receive a notification by the end of March indicating your admission status.*

Registration and Emergency Information

***Child must turn 4 by September 1st**

Option #1) Monday-Thursday AM _____ (8:15-11:15) **OR** Option #2) Monday-Thursday PM _____ (12:00-3:00)

Child's LAST Name _____	Child's FIRST Name _____	M.I. _____	Birth Date _____	Boy _____	Girl _____
Parent Name _____	Home Phone _____	Work Phone _____	Cell Phone _____		
Parent Name _____	Home Phone _____	Work Phone _____	Cell Phone _____		
Child's Home Address _____	City _____	State _____	Zip _____	Email Address _____	
Ethnicity _____	Family Religion _____	St. Joseph's Parish Member?	___Yes ___No		
How parent can be reached during child's attendance at school: _____					

Medical Information

Doctor _____	Dentist _____
Clinic _____	Clinic _____
Address _____	Address _____
City, State _____	City, State _____
Phone _____	Phone _____

Emergency Source of Medical Care

Hospital _____ Address _____ Phone _____

Emergency Contacts (Child may also be picked up and transported by the people listed below.)

Name _____	Address _____	Phone Number _____
Name _____	Address _____	Phone Number _____

Emergency Medical Care Authorization:

I hereby give permission to the staff of St. Joseph's Preschool to obtain emergency medical care for _____ in my absence.

Parent signature _____ Date _____

*** A non-refundable deposit of \$50 must accompany this form to be eligible for enrollment. This fee will be applied to the first month's tuition.**

St. Joseph's Preschool does not discriminate against anyone because of race, religion, or gender. We believe that all children and families are special. We teach respect, caring, and tolerance for those of all different ethnic and cultural backgrounds.