



**ST. JOSEPH'S**  
CATHOLIC SCHOOL

315 Southwest 21st Street  
Grand Rapids, MN 55744

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

**Preschool Registration and Emergency Information**

Child must turn 4 by September 1st

We offer either a half day option or all day option. Fridays are not considered preschool days but a day to provide care for families who need it. Care is also provided from 3-5:15 each day if families choose to use it. Please mark an x by the spot you need.

Half Day Options		Price		Full Day Options		Price	
Monday-Thursday	8:15-11:15	\$300/month		Monday-Thursday	8:15-3:00	\$550/month	
Monday-Friday	8:15-11:15	\$375/month		Monday-Friday	8:15-3:00	\$680/month	
Monday-Thursday	12:00-3:00	\$300/month		Monday-Thursday	8:15-5:15	\$560/month	
Monday-Friday	12:00-3:00	\$375/month		Monday-Friday	8:15-5:15	\$700/month	
Monday-Thursday	12:00-5:15	\$352/month					
Monday-Friday	12:00-5:15	\$440/month					

Please note that the above rates were for the 2024-2025 school year and the rates for the 2025-2026 school year will be updated once determined.

Child's LAST Name \_\_\_\_\_

Child's FIRST Name \_\_\_\_\_

M.I \_\_\_\_\_

Birth Date \_\_\_\_\_

Boy \_\_\_\_\_

Girl \_\_\_\_\_

Parent Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell/Home Phone \_\_\_\_\_

Parent Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell/Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Child's Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Ethnicity \_\_\_\_\_

Family Religion \_\_\_\_\_

St. Joseph's Parish Member?  Yes  No

St. Augustine Parish Member?  Yes  No

How parent can be reached during child's attendance at school: \_\_\_\_\_

**\* 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.

**Please fill out back side of form**

**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 \_\_\_\_\_