



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.

**2025-2026 School Year
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	\$320/month		Monday-Thursday	8:15-3:00	\$580/month	
Monday-Friday	8:15-11:15	\$375/month		Monday-Friday	8:15-3:00	\$690/month	
Monday-Thursday	12:00-3:00	\$320/month		Monday-Thursday	8:15-5:15	\$700/month	
Monday-Friday	12:00-3:00	\$375/month		Monday-Friday	8:15-5:15	\$850/month	
Monday-Thursday	12:00-5:15	\$450/month					
Monday-Friday	12:00-5:15	\$530/month					

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 _____