

St. Joseph Regional School Pre-School Registration Form
2024-2025 School Year



Student's Name: Last: _____ First: _____ Middle: _____

Date of Birth: _____ City of Birth: _____ Sex: _____ Race: _____

Father's Name: _____

Mother's Name: _____

Child lives with: _____ both birth parents _____ birth mother & stepfather
_____ birth father & stepmother _____ other: _____

Please indicate how you wish your mailings to be addressed:

Circle one: Mr. & Mrs. Mrs. Mr. Ms. Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Siblings' Names and Ages: _____

Parish Affiliation: _____ Residential School District: _____

Please indicate the Pre-K class you prefer to register your child in:

3-year-olds: _____ T/W/Th.....8:00-11 or _____ T/W/Th.....11:45-2:30

3-year-olds: _____ M-F.....8:00-11 or _____ M-F.....11:45-2:30

4/5 year olds: _____ M-F.....8:00-11 or _____ M-F.....11:45-2:30

Today's Date: _____

How did you learn about our school? ☐ Family/Friend ☐ Internet ☐ Advertising ☐ Other

Please submit this completed form with a \$50 deposit to complete your child's registration. Thank you!

For Office Use Only Date Received _____ Initials of Recipient _____

St. Joseph Regional School 2 Summit St. Batavia, NY Phone 585-343-6154 Fax 585-343-8911