St. Joseph Kindergarten

40 Main Street
Salem, N.H. 03079

Registration 2010-2011

Student's Name_____ (M F) Date of Birth_____/_____/_____
First Middle Last

Address_____ Place of Birth_____

_____ Telephone #_____
City State Zip

Student's Religion_____ Church of Parish_____

Father's Name_____ Religion_____ Church of Parish_____

Home Address_____ Telephone #_____

Occupation_____ Employer_____
(If self-employed, please state in what area and name of Company)

Employer's Address_____ Telephone #_____

Mother's Name_____ Religion_____ Church of Parish_____

Home Address_____ Telephone #_____

Occupation_____ Employer_____
(If self-employed, please state in what area and name of Company)

Employer's Address_____ Telephone #_____

Name and grade of brothers and/or sisters at SJRCS:
_____ _____

Name of Preschool attended_____

If parents are separated/divorced, who has legal custody?_____

Are you interested in our Extended Care Program (ECP)? _____Yes _____No

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FOR OFFICE USE ONLY
$75.00 Family Registration Fee received_____
Check #_____ Date Received _____
Health Form Received_____ Birth Certificate Received_____

*Registration Fee Non-Refundable