

_____ EARLY-CHILDHOOD ENROLLMENT CONTRACT
(School Yr)

Parent's Last Name _____ First _____

Child's Last Name _____ First _____

St. Joseph School
10 School Hill Road
Baltic, CT 06330
860 822-6141

Pre-K STUDENT REGISTRATION FORM 2008-2009

Student Information: Social Security Number _____

Student Last Name First Name MI Date of Birth Home Phone

Address

City State Zip

Pre-K ONLY **Please check the one that best serves you.**

3 days _ day _ 8:30-11:30 Full Day _ 8:30-2:45 Mon- _ Tues- _ Wed- _ Thurs- _ Fri- _

4 days _ day _ 8:30-11:30 Full Day _ 8:30-2:45 Mon- _ Tues- _ Wed- _ Thurs- _ Fri- _

5 days _ day _ 8:30-11:30 Full Day _ 8:30-2:45 Mon- _ Tues- _ Wed- _ Thurs- _ Fri- _

Parent Signature

Date