St. Joseph Catholic Church PSR Registration 2024-2025 School Year

Fa	amily Last Nar	ne:			
Parent First Names:		&			
Address:					
City:		Zip:			
Dad Cell:	Dad Email:				
Mom Cell:		Mom Em	nail:		
		yes/r	10	yes/no_	
Child's Name	Grade	My child has special Please co		Attended St. Joseph PSR last year	
		yes/r	<u>10</u>	<u>ves/no</u>	
Child's Name	Grade	My child has special learning needs. Please contact me.		Attended St. Joseph PSR last year	
		yes/r	<u>10</u>	<u>yes/no</u>	
Child's Name	Grade	My child has special learning needs. Please contact me.		Attended St. Joseph PSR last year	
-	n the registration	on form is turn	•	al Baptismal Certificates mus will not be allowed to attend	
Non	-refundable R	egistration Fe	ee due at time	of registration.	
		Circle your	payment		
Payment On or Before May 12th		ay 12th	Payme	nent after May 12th	
1 Child - \$100 2 Children - \$150 3 or more Children - \$175			1 Child - \$110 2 Children - \$160 3 or more Children - \$185		
We are registered Date:		of St. Joseph C	atholic Church	in Farmington, MO Yes/NC	