



***St. Joseph the Worker Day School
Registration Form***

Child's Name: _____ Birth Date: _____

Date when care is needed _____

Name and address of parent(s) or legal guardian _____

Home Phone: _____ CellPhone: _____

Employer's name _____

Employer's address _____

Do you need full time or part time care? _____

Days of the week when care is needed: Mon. Tues. Wed. Thur. Fri.

Hours when care is needed: _____

Other children enrolled in the center: _____

Are you eligible for any subsidy or voucher from any source that will provide full or partial payment of tuition? Please explain _____

Parent signature _____

Date: _____

A non refundable registration fee of \$25 must be included.