

**DIOCESE OF SAN BERNARDINO
REGISTRATION FORM
ST. JOSEPH SCHOOL, UPLAND, CA 91786**

Date _____

Student Name _____ Gr. for Fall _____ Sex _____
Last First Middle

Home Phone _____

Address _____
Street City Zip Code

Date of Birth _____ Place of Birth _____ Ethnic Background _____

Baptism Date (must bring certificate to office) _____ Church _____ Location _____

Father's Name _____
Last First Middle

Father's Religion _____

Father's Business Address _____ City _____ Zip Code _____ Phone _____

Father's Occupation _____

Mother's Maiden Name _____
Last First Middle

Mother's Religion _____

Mother's Business Address _____ City _____ Zip Code _____ Phone _____

Mother's Occupation _____

Check Home Conditions: Child lives with _____

2 Parent Home () Foster Home () Mixed Religion ()

1 Parent Home () Parent Deceased ()

Joint Custody 2 Homes ()

*If Joint Custody provide address info. below:

Name of Parish where registered/active (*write above*)

Name of Parish where you reside

Last School Attended Address City & State Phone Entrance Date

Parent Questionnaire

Mother's Name _____

Father's Name _____

Student's Name _____

Parish (if Catholic) _____

Year Registered at your Parish _____

Do you attend Church regularly? _____

Does your child attend Church with you? _____

Parish Involvement (list activities, programs, events) _____

Is your child able to sit and listen to a story for 5-10 minutes? _____

Does your child listen without interruption while someone else talks? _____

Is your child able to share and take turns? _____

What do you expect your child to acquire through the kindergarten Catholic School experience? _____

Why do you wish to enroll your child at St. Joseph School? _____

Verification of Parish Registration

Verification for all families registering at St. Joseph School, Upland

(Top portion to be completed by parent(s)/guardian)

Family Name: _____

Child's Name _____

Address: _____

Phone Number: _____ Parish: _____

Month/Year registered in parish: _____

Date: _____

Parent's/Guardian Signature: _____

This form needs to be verified at your parish office. Please give to your parish secretary and present this completed form for verification.

Verified by: _____

Signature: Pastor/Administrator/Parish Representative

Parish Seal: