



Student Name: _____ Birth Date: _____

Parents/Guardian Name: _____

Please select your tentative enrollment preference for the 2023-2024 school year:

NOTE: Minimum of 3 half days required.

3/4-year-old Preschool ½ day 8:00 am - 12:00 pm

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3/4-Year-old Preschool full day 8:00am – 3:00 pm

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Extended Care 7:00 am to 8:00 am

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Extended Care 3:00 pm to 5:00 pm

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

"We the family of St. Joseph, are committed to educating God's children by promoting Catholic values through academic excellence and service to others."