



# SAINT JOSEPH SCHOOL

Early Childhood • Elementary • Middle School

850 Wakefield Street, West Warwick, RI 02893 • [O] 401.821.3450 • [F] 401.821.3516 SJSWW.org  
Reverend Gregory Stowe, Pastor Mr. Joseph Pasonelli, Principal



## Current Family Re-Registration Form-2018-2019

Student Name	Date of Birth	Gender	Grade Entering	Age Sept. 1	Allergies or Health Concerns School Should be Aware of	Does your child currently have an IEP and/or Service Plan?

Student/s Primary Address: \_\_\_\_\_

Best contact number: \_\_\_\_\_

▶ Applicant/s Live/s primarily with (check one):  Both Parents  Mother  Father  Other

If Other, Full Name, Relation to Student, and Phone number: \_\_\_\_\_

Deposit Paid: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

### FAMILY INFORMATION

Please make changes to the following IF INFORMATION HAS CHANGED since last year.  
Please make regular updates to your Jupiter Ed accounts.

▶ Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Street City State Zip Code

▶ Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Street City State Zip Code

▶ Special Custody Situation (documentation required): \_\_\_\_\_

### TRANSPORTATION INFORMATION:

▶ Will your child require busing? If so, when? AM \_\_\_\_\_ PM \_\_\_\_\_

▶ For Grades 4--Does your child have permission to leave as a walker? YES \_\_\_\_\_ NO \_\_\_\_\_

(Walkers are dismissed through the Intervale Street doors and they walk to a predetermined location.)

#### Mission Statement

St. Joseph School promotes a positive, structured, safe and nurturing environment in which the whole child may develop. We provide a quality education program with emphasis on the cultivation of Catholic Christian values and virtues helping our students to become the person God intends.

### Emergency Contacts and Pick Up List

I/We fully authorize \_\_\_\_\_ to be released to the following:  
Student Names and Grades \_\_\_\_\_

Please fill out contact information and check box that applies.

Contact Name:	Relationship:	Phone Number:	*anytime	*w/note or verified phone call
<i>*Any time---Emergency Release / Illness / Any time for pick up</i>			<i>*With note or a verified phone call---A note is preferred</i>	

### SCHOOL AND EXTENDED DAY CARE PARENT AUTHORIZATION FOR RELEASE AND EMERGENCY TREATMENT 2018-2019

In consideration of admittance, I hereby authorize St. Joseph School to arrange for medical examination and/or treatment of my child/ren \_\_\_\_\_ should an emergency arise at the extended day care center. It is understood that a conscientious effort will be made by the extended day care provider to contact me at the emergency numbers I have provided below before any medical action is taken.

▸ I would prefer to have my child/ren taken to the following hospital if the need arises: Hospital name: \_\_\_\_\_  
I understand that choice of hospital may be limited by service of local rescue.

\_\_\_\_\_  
Signature-Mother/Guardian                                  cell phone                                  business/home#

\_\_\_\_\_  
Signature-Father/Guardian                                  cell phone                                  business/home#

▸ Insurance provider: \_\_\_\_\_                                  ▸ Policy Number: \_\_\_\_\_

**ALLERGIES/EPI-PEN- Allergy/Medical condition: \_\_\_\_\_**  
▸ Is Epi-Pen needed?  Yes  No  
**If so, will you provide the school with one?    Yes  No                                  ▸ Does child self-carry Epi-Pen?  Yes  No**