St. Joseph the Worker School

"Where Faith and Education Come Together"

Kindergarten Application

School Year: 2023 - 2024

Student Name: _____ Birth Date: _____ Gender: _____

Religion: _____ Parish/Church: _____

Parent/Guardian Relationship: _____

Name: _____

Email address: _____

Day phone: _____

Evening phone: _____

Parent/Guardian Relationship: _____

Name: _____

Email address: _____

Day phone: _____

Evening phone: _____

1. Is your child currently receiving any special programing in speech, behaviour, etc? *(please circle)* Yes or No

   If yes, please explain:

   _____

   _____

2. Is your child toilet trained? *(please circle)* Yes or No

3. Language(s) spoken at home: _____

4. If accepted, do you plan on continuing your childs education at St. Joseph the Worker School through to grade six (6)? *(please circle)* Yes or No

5. Has your child attended a daycare, preschool or nursery program? *(please circle)* Yes or No

If yes, please provide the name of the program: _____

6. If you were referred to our school by a family whose child currently attends the school, please provide the name of the family: _____

Parent/Guardian Name *(please print)*: _____

Signature: _____ Date: _____