



St. Joseph the Worker School

"Where Faith and Education Come Together"

Kindergarten Application

School Year: 2024-2025

Student Name: _____

Birth Date: _____ Gender: _____

Religion: _____

Parish/Church: _____

Parent/Guardian Relationship:

Parent/Guardian Relationship:

Name:

Name:

Email address:

Email address:

Day phone:

Day phone:

Evening phone:

Evening phone:

1. Is your child currently receiving any special programming 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 child's 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: _____