

**ARCHDIOCESE OF HARTFORD  
ST. JOSEPH SCHOOL  
335 CENTER STREET  
BRISTOL, CT 06010**

**\*Non-Refundable Deposit:**

Cash: \_\_\_\_\_ Check: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Tuition: \_\_\_\_\_

**\*Deposit will be \$125 non-refundable (\$25 new families only)  
(\$100 APPLIED TOWARD TUITION/\$25 REGISTRATION FEE)**

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

**PARISH:** \_\_\_\_\_  
(Church now attending)

**GRADE ENTERING:** KINDERGARTEN

**ALL DAY OR HALF DAY (circle one)**

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**PLACE OF BIRTH** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_  
(Town) (State or County)

**DATE OF BIRTH:** \_\_\_\_\_  
(Month) (Day) (Year)

**FATHER:** \_\_\_\_\_  
(Family Name) (First) (Middle) (Religion) (Occupation)

**MOTHER:** \_\_\_\_\_  
(Family Name) (First) (Maiden) (Religion) (Occupation)  
(Please fill out both sides -over)

