



**ST. JOSEPH REGIONAL CATHOLIC SCHOOL (PRE-SCHOOL)**

40 Main Street, Salem, NH 03079

603-893-5232 or 603-893-6811

[mainoffice@sjrcs.com](mailto:mainoffice@sjrcs.com)

Date Registered \_\_\_\_\_

SESSION: \_\_\_\_\_ **Full Day** (Mon – Fri) 8:15am – 3:15pm \_\_\_\_\_ **Morning**(Mon – Fri) 8:15am – 11:30am

Please check days preferred: MON \_\_\_ TUES \_\_\_ WED \_\_\_ THURS \_\_\_ FRI \_\_\_

NAME OF CHILD \_\_\_\_\_ (M F) DATE OF BIRTH \_\_\_/\_\_\_/

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP

TELEPHONE # \_\_\_\_\_ RELIGION \_\_\_\_\_ PARISH \_\_\_\_\_

OTHER SCHOOLS ATTENDED \_\_\_\_\_

Mother's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Registration Fee: \$75.00 one Child (non-refundable for new applicants)

Family Registration Fee: \$100.00 (paid to SJRCS for siblings attending St. Joe's)

Signature of Parent \_\_\_\_\_



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