## St. Joseph's Catholic School

## THE 4:13 CLUB

## 2022-2023 Application

Child's First Name:		Last Name:					
Date of Birth://_		Gender:	M	F	Grade:		
Mother's Name:	Father's Name:						
Address:	Home Phone #:						
Mother's Cell Phone #:	Phone #: Mother's Work Phone #:						
Father's Cell Phone #: Father's Work Phone #:							
Email:	Primary	Language:	English	Spanis	sh Other		
Child Lives With: Mother_	Father	Both	Fos	ter	Legal Guardian		
Please check any of the fol	lowing cond	itions/nee	eds that	t perta	in to your child:		
Allergy	Asthma			Diab	etes		
EpiPen				Inha	ler		
Special Needs	Vision			Othe	r:		
IEP	Behavior Plan						
	•						

## Emergency Contacts/Authorized List for Pick-Up (MUST SHOW PHOTO I.D. AND BE AT LEAST 12 YEARS OF AGE)

NAME	RELATIONSHIP	PHONE #		

Does The 4:13 Club have permaterials? <b>YES NO</b>	rmission to use phot	tos of your child fo	r program-related
Does your child have permis 2023 school year? YES	ssion to participate i <b>NO</b>	n walking field tri	ps throughout the 2022-
Any other information we	should know abou	it your child?	
Parent/Guardian Signature			 ate
,			
FOR OFFICE USE ONLY			
Enrollment Date:			
Withdrawal Date:			
"\"\"\"\ a a a 1 a	all things in C	Him who are	ron ethous me "
o can do d	ru inings in C		rengthens me."
W		Phi	lippians 4:13