

ST. RAPHAEL CATHOLIC SCHOOL  
**PRESCHOOL/PRE-KINDERGARTEN REGISTRATION APPLICATION**  
 SCHOOL YEAR: 2017-18

				( )	( )
CHILD'S LAST NAME	FIRST	MIDDLE	D.O.B.	MALE	FEMALE

MAILING ADDRESS	CITY	ZIP	CHILD'S RELIGION

TODAY'S DATE	FAMILY PRIMARY EMAIL ADDRESS

SCHOOL PREVIOUSLY ATTENDED	ADDRESS	PHONE

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FATHER'S NAME	ADDRESS IF DIFFERENT THAN ABOVE	RELIGION

OCCUPATION	PLACE OF EMPLOYMENT	WORK PHONE	HOME PHONE

CELL PHONE	FATHER'S EMAIL

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MOTHER'S NAME	MAIDEN NAME	ADDRESS IF DIFFERENT THAN ABOVE	RELIGION

OCCUPATION	PLACE OF EMPLOYMENT	WORK PHONE	HOME PHONE

CELL PHONE	MOTHER'S EMAIL

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PLEASE CHOOSE PROGRAM:     PRESCHOOL AM     PRESCHOOL PM     PRE-KINDERGARTEN

PARENT STATUS:     MARRIED     DIVORCED     SEPARATED     OTHER

CHILD LIVES WITH:     BOTH PARENTS     MOTHER     FATHER     SHARED CUSTODY

PARISH STATUS:     PARISHIONER     NON-PARISHIONER - PARISH NAME: \_\_\_\_\_

ETHNICITY:     AMERICAN INDIAN/NATIVE ALASKAN     ASIAN     BLACK     HISPANIC  
 NATIVE HAWAIIAN/PACIFIC ISLANDER     WHITE     MULTI RACIAL

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**FOR OFFICE USE ONLY:**    *Date Received* \_\_\_\_\_    *Amount Paid* \_\_\_\_\_    *Initials* \_\_\_\_\_  
 \_\_\_\_\_ **Birth Certificate**    \_\_\_\_\_ **Baptismal Certificate**