ST. RAPHAEL CATHOLIC SCHOOL
PRESCHOOL/PRE-KINDERGARTEN REGISTRATION APPLICATION
SCHOOL YEAR: 2019-2020

( ) ( )

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

FATHER'S NAME | ADDRESS IF DIFFERENT THAN ABOVE | RELIGION

OCCUPATION | PLACE OF EMPLOYMENT | WORK PHONE | HOME PHONE

CELL PHONE | FATHER'S EMAIL

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

OCCUPATION | PLACE OF EMPLOYMENT | WORK PHONE | HOME PHONE

CELL PHONE | MOTHER'S EMAIL

PLEASE CHOOSE PROGRAM: ☐PRESCHOOL AM ☐ ☐PRE-KINDERGARTEN **3 DAYS 5 DAYS**
Please circle

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

FOR OFFICE USE ONLY: ***Date Received_____*** ***Amount Paid_____*** ***Initials_____***

_____ Birth Certificate ***_____ Baptismal Certificate***