

ST. RAPHAEL CATHOLIC SCHOOL
PRESCHOOL/PRE-KINDERGARTEN REGISTRATION APPLICATION
SCHOOL YEAR: 2020-2021

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

_____ **MAILING ADDRESS** **CITY** **ZIP** **CHILD'S RELIGION**

_____ **ENTERING GRADE-** Circle **PreK 3day** **PreK 5day** **DATE** **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**

PARENT STATUS: **MARRIED** **DIVORCED** **SEPARATED**

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* _____ *Reconciliation* _____ *Communion*