ST. RAPHAEL CATHOLIC SCHOOL
PRESCHOOL/PRE-KINDERGARTEN REGISTRATION APPLICATION
SCHOOL YEAR: 2021-2022

( ) ( )

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

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

ENTERING GRADE- Circle **Preschool** **PreK 3day** **PreK 5day** **DATE** **FAMILY REFERRED BY**

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***