

ST. RAPHAEL CATHOLIC SCHOOL
PRESCHOOL/PRE-KINDERGARTEN REGISTRATION APPLICATION
SCHOOL YEAR: 2023-2024

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 FAMILY REFERRED BY _____

SCHOOL PREVIOUSLY ATTENDED _____ ADDRESS _____ PHONE _____ PUBLIC SCHOOL DISTRICT LIVE IN _____

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