



Saint Raphael Preschool Application
For the School Year 20 – 20

A non-refundable \$50.00 fee must accompany each application

DATE OF APPLICATION:	CHILD'S BIRTHDATE/CERTIFICATE:
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Lic. #213005559 **Please print all information** ***Number of days attendance desired: ___***

CHILD'S NAME			SEX	BIRTHPLACE	
Last	First	Middle		City/State	
ADDRESS				HOME PHONE	
No. and Street	City	State/Zip		Area Code/Number	
CHILD'S SOCIAL SECURITY NUMBER:		ETHNIC HERITAGE:		LANGUAGE SPOKEN AT HOME:	

Prior Child Care/Preschool experience: NO; If yes, where and for how long? Please provide the name, address and phone number. Months/years: _____

Name	Address	Phone number
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FATHER'S/GUARDIAN'S NAME		BIRTHPLACE	U.S. Citizen	RELIGION/PARISH
Last	First	City/State		
FATHER'S EMPLOYER			OCCUPATION	
Company				
FATHER'S WORK ADDRESS			WORK PHONE	
No. and Street	City,	State	Zip	
			Area Code/ Number	
PERSONAL EMAIL ADDRESS:				

MOTHER'S/GUARDIAN'S NAME		BIRTHPLACE	U.S. Citizen	RELIGION/PARISH
Last	First	City/State		
MOTHER'S EMPLOYER			OCCUPATION	
Company				
MOTHER'S WORK ADDRESS			WORK PHONE	
No. and Street	City,	State	Zip	
			Area Code/ Number	

Is either parent an **alumnus** of Saint Raphael School? If yes, (circle) mother father

Please check all that apply:

<input type="checkbox"/> Two Parent Household	<input type="checkbox"/> Single Parent Household	<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Father Deceased
<input type="checkbox"/> Foster Home	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Other:

PARISH OR CHURCH IN WHICH REGISTERED:

Name	No. and Street	City	State	Zip
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CHILD'S BAPTISM:

RELIGION

DATE

Yes or No

Month/Date/Year Certificate?

PARISH OR CHURCH IN WHICH BAPTIZED:

Name	No. and Street	City	State	Zip
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Please provide a recommendation from your child's preschool or child-care provider using the form provided.

Please comment on your child's health and attendance at preschool/child-care.

How did you hear about Saint Raphael Preschool?

What are your reasons for applying to Saint Raphael Preschool?

Please share with us a brief description of your child. What adjectives best describe her/him?

SIBLINGS:

Name

Age

Current school attending, if applicable

Living at home?

To what other schools have you applied?

FIRST CHOICE:

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

