



Saint Raphael Preschool Application

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

Please print all information

DATE OF APPLICATION:	<i>Number of days attendance desired:</i>		
Lic. #213005559			
Desired start date (mm/dd/yy):	Angels or Saints class?		
CHILD'S NAME	SEX	BIRTHDATE	AGE
Last First Middle			
ADDRESS		HOME PHONE	
No. and Street City State/Zip		Area Code/Number	
RACE/ETHNICITY:		LANGUAGE SPOKEN AT HOME:	
FATHER'S/GUARDIAN'S NAME		BIRTHPLACE	Cell Phone Number:
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:			
<p>Prior Child Care/Preschool experience: <input type="checkbox"/> NO; <input type="checkbox"/> If yes, where and for how long? Please provide the name, address and phone number. Months/years: Please provide a recommendation from your child's preschool or child-care provider using the form provided.</p>			
Name		Address	Phone number
MOTHER'S/GUARDIAN'S NAME		BIRTHPLACE	Cell Phone Number:
Last First		City/State	
MOTHER'S EMPLOYER		OCCUPATION	
Company			
MOTHER'S WORK ADDRESS		WORK PHONE	
No. and Street City, State Zip		Area Code/ Number	
PERSONAL EMAIL ADDRESS:			
How did you hear about Saint Raphael Preschool?			
What are your reasons for applying to Saint Raphael Preschool?			

RELIGION	CHILD'S BAPTISM: Yes or No	DATE Month/Date/Year Certificate?
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PARISH OR CHURCH IN WHICH REGISTERED:

Name	No. and Street	City	State	Zip
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PLEASE COMMENT ON YOUR CHILD'S HEALTH AND DEVELOPMENT.
Does your child have any allergies? If so, what?

Do you have any concerns about your child? Physically, socially, emotionally, cognitively, or behaviorally?

Do you have any concerns about your child's speech, hearing, vision?

Does your child have any other concerns that we should be aware of?

Is your child **fully potty-trained**?

What approach have you been using?

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

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:

SIBLINGS:

Name	Age	Current school attending, if applicable	Living at home?

How can we help your child be successful at Saint Raphael Preschool?

_____	_____
Parent/Guardian's Signature	Date

