



## Saint Raphael Preschool Application

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

**Please print all information**

<b>Lic. #213005559</b>	<b>DATE OF APPLICATION:</b>	<i>Number of days attendance desired (circle):</i> <b>M T W TH F</b>		
<b>Desired start date (mm/dd/yy):</b>		<b>Angels or Saints class?</b>		
<b>CHILD'S NAME</b>		<b>SEX</b>	<b>BIRTHDATE</b>	<b>AGE</b>
Last	First	Middle		
<b>ADDRESS</b>			<b>HOME PHONE</b>	
No. and Street	City	State/Zip	Area Code/Number	
<b>RACE/ETHNICITY:</b>		<b>LANGUAGE SPOKEN AT HOME:</b>		
<b>FATHER'S/GUARDIAN'S NAME</b>		<b>Cell Phone Carrier:</b>	<b>Cell Phone Number:</b>	
Last	First			
<b>FATHER'S EMPLOYER</b>		<b>OCCUPATION</b>		
Company				
<b>FATHER'S WORK ADDRESS</b>			<b>WORK PHONE</b>	
No. and Street	City,	State	Zip	Area Code/ Number
<b>PERSONAL EMAIL ADDRESS:</b>				
<p><b>Prior Child Care/Preschool experience:</b> <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		
<b>MOTHER'S/GUARDIAN'S NAME</b>		<b>Cell Phone Carrier:</b>	<b>Cell Phone Number:</b>	
Last	First			
<b>MOTHER'S EMPLOYER</b>		<b>OCCUPATION</b>		
Company				
<b>MOTHER'S WORK ADDRESS</b>			<b>WORK PHONE</b>	
No. and Street	City,	State	Zip	Area Code/ Number
<b>PERSONAL EMAIL ADDRESS:</b>				
How did you hear about Saint Raphael Preschool?				
What are your reasons for applying to Saint Raphael Preschool?				

<b>RELIGION</b>	<b>CHILD'S BAPTISM:</b> Yes or No	<b>DATE</b> 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

