



Lic. #213005559

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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Please print all information

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 _____

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
PERSONAL EMAIL ADDRESS:				

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:

