



## Saint Raphael Preschool Application

1100 Fifth Avenue, San Rafael, CA 94901  
Phone: (415) 456-1702  
Email: [preschool@straphaelschool.com](mailto:preschool@straphaelschool.com)  
[www.saintraphaelpreschool.com](http://www.saintraphaelpreschool.com)

A **non-refundable \$50.00 fee** must accompany each application. Cash \_\_\_\_ Check \_\_\_\_ *Please provide a **recommendation form** from your child's previous childcare/preschool.* Date of application: \_\_\_\_\_ School Year: \_\_\_\_\_

Child's Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Race and Ethnicity: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Address: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Cell Phone Carrier: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Mother's Employer/Company: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's email address (must have an email): \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Cell Phone Carrier: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Father's Employer/Company: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's email address (must have an email): \_\_\_\_\_

I understand I will be receiving monthly communications/information via **email only**. Initial: \_\_\_\_\_

**Circle one:** Angels Classroom (3-4 yrs) or Saints Classroom (4-5 yrs)

Please write preferred Extended Care hours 5 days (M, T, W, Th, F)

Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_

Do you currently receive subsidized support from a childcare agency like MC3, 10,00 Degrees, or other agencies? Yes \_\_\_\_ No \_\_\_\_ **If yes, please specify which agency** \_\_\_\_\_

Will you be applying for financial aid? Yes \_\_\_\_ No \_\_\_\_

[Office Notations] \_\_\_\_\_

\_\_\_\_\_

Which Parish or Church are you registered to? \_\_\_\_\_

Religion: \_\_\_\_\_ Is your child baptized? \_\_\_\_\_ Date: \_\_\_\_\_

**Please comment on your child's health and development:** (These questions are to tell us how to help your child best)

Does your child have any allergies? If Yes, To What? \_\_\_\_\_

Medications if any: \_\_\_\_\_

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

Do you have any concerns about your child's speech, hearing, and/or vision?  
\_\_\_\_\_

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

Does your child have an IEP or other personalized service plans? \_\_\_\_\_

How can we help your child be successful at St. Raphael Preschool? \_\_\_\_\_  
\_\_\_\_\_

Is your child fully potty-trained? \_\_\_\_\_ \*\*\* Your child may not start school until they are fully potty-trained.

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? \_\_\_\_\_

**Do you think that you will be sending your child to Saint Raphael School for Kindergarten?** \_\_\_\_\_

Siblings Name:

Age:

Living at home?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there anything important that we should know about your child or your family situation? \_\_\_\_\_  
\_\_\_\_\_

\*\*\*By signing on the line below, you agree that everything on this application is correct and that your child is fully potty-trained.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_