



## REQUEST FOR ENROLLMENT 2020-2021

### Preschool 3's/4's

#### Child's Information (Please Print)

Child's legal First Name: \_\_\_\_\_ Last: \_\_\_\_\_ M.I. \_\_\_\_\_

Child's Gender: (circle one) Male Female Child's Date of Birth: \_\_\_\_\_

Pre-3's Tuesday/Thursday Half Day 8:00 a.m.- 11:00 a.m.	Pre-3's Tuesday/Thursday Full Day 8:00 a.m.- 3:00 p.m.	Pre-4's Monday/Wed/Friday Half Day 8:00 a.m.- 11:00 a.m.	Pre-4's Monday/Wed/Friday Full Day 8:00 a.m.- 3:00 p.m. (*Wed 8:00 a.m.- 2:00 p.m.)	Pre-4's Monday-Friday Full Day 8:00 a.m.- 3:00 p.m. (*Wed 8:00 a.m.- 2:00 p.m.)

\*Students entering Preschool must be 3 or 4 years old by September 1, 2020 and toilet trained.

#### Parent/Guardian Information

<b>Father/Guardian Name</b>		<b>Mother/Guardian Name</b>	
Address		Address	
City, State, Zip		City, State, Zip	
Phone <input type="checkbox"/> home (    ) <input type="checkbox"/> cell (    ) <input type="checkbox"/> work (    )		Phone <input type="checkbox"/> home (    ) <input type="checkbox"/> cell (    ) <input type="checkbox"/> work (    )	
E-mail Please Print		E-mail Please Print	
E-mail in Directory	Please check yes or no for email to be in the directory. <b>YES</b> ____ <b>NO</b> ____	E-mail in Directory	Please check yes or no for email to be in the directory. <b>YES</b> ____ <b>NO</b> ____
Employer		Employer	
Occupation		Occupation	
Race/Ethnic Origin	W-Caucasian    H-Hispanic B-Afro. American    M-Multi-racial A-Asian/Pacific Islander I-Amer. Indian/Alaskan Native	Race/Ethnic Origin	W-Caucasian    H-Hispanic B-Afro. American    M-Multi-Racial A-Asian/Pacific Islander I-Amer. Indian/Alaskan Native



**Family Information:**

**Child(ren) live with** (Please check the appropriate boxes) :

<input type="checkbox"/> Mother and Father	<input type="checkbox"/> Parents divorced – Joint custody	<input type="checkbox"/> Mother deceased	<input type="checkbox"/> Other:
<input type="checkbox"/> Father only	<input type="checkbox"/> Parents divorced – Sole custody Father	<input type="checkbox"/> Father deceased	
<input type="checkbox"/> Mother only	<input type="checkbox"/> Parents divorced – Sole custody Mother		
<input type="checkbox"/> Parents Separated			

**Primary language spoken at home:** \_\_\_\_\_

**Parish & Public School Information**

<input type="checkbox"/> <b>Parish Affiliation:</b> (Please list the parish at which you are registered parishioner)		
<input type="checkbox"/> <b>Parish School/District:</b> (Please list the school and district you child would attend if not at St. James)	<b>School:</b>	<b>District:</b>
<input type="checkbox"/> <b>Not Registered in a Parish:</b>		

**Photo Release Authorization:** (please check the box to authorize)

I authorize my child/ren to be photographed, videotaped or audio taped in connection with the education program and activities for St. James School. I consent to the public display of such photograph, videotape, or audiotape images, in print or on websites, in connection with St. James School and the Archdiocese of Oregon programs and activities.

Yes    No

St. James School requires a **non-refundable** registration fee of \$125 for each Preschooler – 6<sup>th</sup> grader to be attached to the Request for Enrollment Form.

**A State issued birth certificate and baptismal certificate (if you have one) is required before they can start school.** A copy will be made for the student's file. Students must have all their immunizations documented and in the school health file before the first day of school.

**Father/Guardian:**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother/Guardian**

**Print Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_