

## **REQUEST FOR ENROLLMENT 2025-2026**

Pre-School 3's/4's

## **Child(ren) Information**

Incoming Grade	Child(ren)'s Legal Name (Last, First, Middle)				Date of Birth		Male/Female
Pre-3 Half Day 8:00 a.m 11:00 a.m. Tuesday/Thursday	Pre-3 Full Day 8:00 a.m 3:00 p.m. Tuesday/Thursday	8:00 a.m 11:00 a.m.  Monday/Wednesday/Friday  (*)			:00 p.m. a.m 2:00 p.m.) dnesday/Friday	Pre-4 Full Day 8:00 a.m 3:00 p.m. ALL WEEK (Wednesday 8am-2pm)	
Parent/Guardia	an Information						
Father/Guardian Name: Address:			Mother/ Name: Address	Guardian :			
City, State Zip			City, Sta	ate Zip			
Phone  □ home  □ cell □ work	( ) ( ) ( )		Phone  home cell work		( ) ( )		
E-mail Please Print			E-mail Please P	rint			
E-mail in School Directory	YES NO	_	E-mail i Director	n School y	YES	NO_	_
Employer			Employ	er			
Occupation			Occupat	tion			
Race Origin	□ W-Caucasian □ I-Amer. □ B-Afro. American □ A-A □ Other:	Race Or	igin	□ W-Caucasian □ I-Amer. Indian/Alaskan Native     □ B-Afro. American □ A-Asian/Pacific Islander     □ Other:			
Ethnicity	☐ Hispanic ☐ Multi-racial ☐ Other:	Ethnicit	y	□ Hispanic □ Multi-racial □ Other:			

St. James Catholic School in partnership with parents provides a Christ-centered holistic education Phone: (503) 472-2661 206 NE Kirby St. McMinnville, OR 97128

Email: <a href="mailto:schooloffice@stjamesmac.com">schooloffice@stjamesmac.com</a>



## **Family Information**

Child(ren) live with (Please check the appropriate boxes): ☐ Mother and Father □ Parents divorced – Joint custody □ Mother □ Other: deceased ☐ Parents divorced — Sole custody Father ☐ Father only □ Father □ Mother only □ Parents divorced – Sole custody Mother deceased □ Parents Separated Primary language spoken at home: \_\_\_\_\_ Parish & Public-School Information □ Parish Affiliation: (Please list the parish at which you are registered parishioner) □ Not Registered in a Parish: □ Parish School/District: (Please list the school and School: District: district you child would attend if not at St. James) **Photo Release Authorization** 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 (please check a box) St. James School requires a non-refundable registration fee of \$150 for each Preschool student 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: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Mother/Guardian Print Name: \_\_\_\_\_\_ Date: \_\_\_\_\_

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