

Admission Application

We are so glad you have taken time to get to know us. Please complete this application for registration on behalf of your child(ren).

REGISTRATION PROCESS

Submit these items for admission review:

- ☐ Admission Application form
- ☐ Preschool program selection on page 5
- ☐ A copy of your child's birth certificate and baptismal certificate (if applicable)
- ☐ Record Request must be signed if transferring from another school
- ☐ A non-refundable application fee of \$175 per student
- ☐ Extended Care selection on page 5

Financial Aid is available. Please indicate whether you would like to receive information on page 3.

CHILD(REN) INFORMATION

Child 1 Full Name (Last, First, Middle)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Birth Date	Grade (2023-2024)	Current School/Grade
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Baptismal Information (date, church, city and state)

First Communion (date, church, city and state)

Child 2 Full Name (Last, First, Middle)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Birth Date	Grade	Current School/Grade
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Baptismal Information (date, church, city and state)

First Communion (date, church, city and state)

Child 3 Full Name (Last, First, Middle)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Birth Date	Grade	Current School/Grade
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Baptismal Information (date, church, city and state)

First Communion (date, church, city and state)

Child 4 Full Name (Last, First, Middle)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Birth Date	Grade	Current School/Grade
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Baptismal Information (date, church, city and state)

First Communion (date, church, city and state)

Race:

☐ American Indian ☐ Asian ☐ Black or African American ☐ Hispanic/Latino
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Multi Racial

Country of Birth (if not USA)	Languages spoken at home	Catholic/Non-Catholic
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Public School Student Would Attend

FAMILY INFORMATION

Primary Email	Home Phone
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Street Address

City, State, Zip

Parent/Guardian (A) Name	Religion	Cell Phone
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Occupation	Employer	Work Phone
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Parent/Guardian (B) Name	Home Phone
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Street Address

City, State, Zip

Email	Religion	Cell Phone
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Occupation	Employer	Work Phone
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Student lives with: ☐ Parent/Guardian A ☐ Parent/Guardian B ☐ Both

Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Please indicate to whom all school's communication should be directed: _____

Parishioner Status: ☐ Prince of Peace ☐ St. Raphael the Archangel ☐ Non-Parishioner

Would you like information about financial aid? ☐ Yes ☐ No
(applying for financial aid has no bearing on admissions decisions)

SCHOOL INFORMATION

Student's Current School/Preschool/Day Care	Current Grade
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Dates Attended	School's Phone Number
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School's Address

EMERGENCY INFORMATION

Doctor Name

Doctor Phone

Dentist Name

Dentist Phone

Allergies (if applicable)

Medical or surgical conditions we should be aware of:

EMERGENCY CONTACT INFORMATION

Contact (A)

Relationship

Phone Number

Address

Contact (B)

Relationship

Phone Number

Address

PRESCHOOL PROGRAM SELECTION

Preschool 3-Year Old Program

- ☐ 5 Full Days (M-F 8:30-2:15) ☐ 3 Full Days (MWF 8:30-2:15) ☐ 2 Full Days (TTh 8:30-2:15)
- ☐ 5 Half Days (M-F 8:30-11:30) ☐ 3 Half Days (MWF 8:30-11:30) ☐ 2 Half Days (TTh 8:30-11:30)

Preschool 4-Year Old Program

- ☐ 5 Full Days (M-F 8:30-2:15) ☐ 3 Full Days (TWTh 8:30-2:15)
- ☐ 5 Half Days (M-F 8:30-11:30) ☐ 3 Half Days (TWTh 8:30-11:30)

EXTENDED DAY CARE

This optional service is provided for every day use or as needed. Your selection is to help us plan and not a formal committment to using Extended Day Care.

- ☐ Morning 7:00-8:30am ☐ Afternoon 2:15-6:00pm ☐ None

For office use only

Date received _____ Check # _____ Cash _____ Credit Card _____

Payment amount _____ Parishioner Status _____

SUBMISSION

Registration Fee: \$175

I agree that this information may be shared with the Archdiocese of Chicago Catholic Schools. ☐ Y ☐ N

I agree that contact information may be shared with Archdiocesan High Schools ☐ Y ☐ N

Parent/Guardian Signature

Date