



St. Bernard's Catholic Preschool

160 West Beverly Place * Tracy, California * (209)835-8019 * License # 393620018/393620019

2024 – 2025 Enrollment Application

Full Name _____
(Last) (First) (Middle)

Address _____ City _____ Zip _____

Date of Birth _____ Gender ___ M ___ F Birth Place _____

Entering: ___ Preschool (3yrs on or before Sept 1) ___ Pre-Kindergarten (4yrs on or before Sept 1)

Family History:

US Census Questions:

Ethnicity: _____ Hispanic/Latino _____ Non-Hispanic/Latino

Race (please circle which race you identify your family as):

Black/African-American Caucasian/White/Hispanic Native Hawaiian/Pacific Islander
Asian American Indian/Native Alaskan Two or more races

Father's Full Name Place of Birth Country of Citizenship

Address City/Zip Home Phone

Cell Phone Email Years in Tracy

Employer Occupation Work Phone

Business Address City/Zip Religion

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Mother's Full Name
____ Same address as above

Place of Birth

Country of Citizenship

Address

City/Zip

Home Phone

Cell Phone

Email

Years in Tracy

Employer

Occupation

Work Phone

Business Address

City/Zip

Religion

Child primarily resides with: ____ Both Parents ____ Father ____ Mother ____ Guardian

Marital status of parents: ____ Married ____ Single ____ Parents Divorced ____ Parents Separated

Please check if pertinent: ____ Father Deceased ____ Father Remarried ____ Mother Deceased ____ Mother Remarried

Person to contact about this application:

Print Full Name

Relationship

Address

City/Zip

Phone #

Briefly state the reason(s) you would like your child to attend St. Bernard's Preschool:
