



**OUR LADY OF REFUGE
CATHOLIC SCHOOL**

5210 Los Coyotes Diagonal
Long Beach, CA 90815
(562) 597-0819

**APPLICATION FOR TRANSITIONAL KINDERGARTEN
2019-2020 SCHOOL YEAR**

Please Print Legibly

Date: _____

Mother's Name: _____
First Last Maiden

Father's Name: _____
First Last

Mother's Street Address: _____

City, State, Zip Code: _____

Father's Address (if different): _____

Mother's email: _____

Mother's Home Phone: () _____ Cell: () _____ Work : () _____

Father's email: _____

Father's Home Phone: () _____ Cell : () _____ Work: () _____

Child's Name: _____
First Middle Last

Child's Birthdate: _____ Catholic: ___ Yes ___ No Baptism Date: _____

Name of Parish You Attend: _____

_____ My child will be attending the **half day** TK program, Monday through Friday, from 7:48am to 12:00pm.

_____ My child will be attending the **full day** TK program, Monday through Thursday, from 7:48am to 2:45pm. Every Friday (minimum day for the entire school) from 7:48am to 1:45pm. (unless noted on the school calendar in Schoolspeak)

Siblings Attending Our Lady of Refuge Catholic School:

Name: _____ Grade: _____

Name: _____ Grade: _____

For office use only: Registration fee:			
Payment Method:	Check # _____	Cash _____	Credit Card _____
Date Application Received:	_____	Date Fee Paid:	_____