

St. Bernard's Catholic Preschool

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

2026 – 2027 Enrollment Application

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

Address _____ City _____ Zip _____

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

Entering: ___ Toddler (2yrs on/before Sept. 1st) ___ Preschool (3yrs on/before Sept. 1st)
___ Pre-Kindergarten (4yrs on/before Sept 1)

Family History:

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

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



Mother's Full Name

Place of Birth

Country of Citizenship

____ Same address as above

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:

Siblings presently attending St. Bernard's School:

Name _____ Grade _____ Name _____ Grade _____

Name _____ Grade _____ Name _____ Grade _____

Name of Parish where you are an active member: _____
Parish _____ City _____

(If St. Bernard's, please state under which name you are registered in the parish):

Name registered

Baptism: _____
Date _____ Church _____ City/State _____