



CHILD

FULL NAME (LAST, FIRST, M.I.) MALE FEMALE ADDRESS COUNTY TOWNSHIP SCHOOL DISTRICT DATE OF BIRTH (MM/DD/YY) HOME PHONE PLACE OF BIRTH RELIGION If baptized, please fill out the Baptism information below. DATE OF BAPTISM (MM/DD/YY) NAME OF CHURCH CHURCH ADDRESS

MOTHER

FULL NAME (LAST, FIRST, M.I.) CHECK IF DECEASED MAIDEN NAME ADDRESS HOME PHONE CELL PHONE RELIGION PLACE OF BIRTH

FATHER

FULL NAME (LAST, FIRST, M.I.) CHECK IF DECEASED ADDRESS HOME PHONE CELL PHONE RELIGION PLACE OF BIRTH

STEP-PARENT OR LEGAL GUARDIAN

FULL NAME (LAST, FIRST, M.I.) ADDRESS RELIGION PLACE OF BIRTH

FOR OFFICE USE ONLY

Table with 3 columns: FAMILY ID#, STUDENT ID#, DATE REGISTERED





1. Are the child’s parents separated or divorced? YES NO
2. If the parents are divorced, who has court ordered custody of the child? MOTHER FATHER
3. Please check appropriate box: JOINT SOLE
4. Are there any restrictions on your custody order? YES NO
If yes, please attach a copy of the court order to this registration paperwork.
5. Are there any physical or academic concerns we must know about in order to best educate your child?

6. Are you registered in Sacred Heart Parish? YES NO
If no, what parish do you belong to?

AGREEMENT

I agree to enroll my child, _____ in the 4 Yr. Old Program for the 2011 - 2012 school year. I agree to pay school tuition in the amount set for the 2011 – 2012 school year. The first payment is due on September 1, 2011 and the first of each month thereafter for a total of 9 months. I understand that the \$50.00 registration fee must be paid when this form is returned and that it is nonrefundable. I also understand that classes will meet on Monday through Friday from 12:00AM – 2:40PM beginning in September 2011 and ending in May 2012 (dates to be announced).

***Tuition for our 4 Year Old Program is due the first of the month and must be received by the 10th of each month in order for my child to remain enrolled in the program. I understand that this policy will be strictly enforced.*

I have also included the following:

- \$50.00 registration fee : CASH CHECK # _____
- Sacred Heart School Extended Care form
- Copy of Birth Certificate
- Copy of Physical/Immunization Form
- Copy of Baptismal Certificate

My signature below indicates that I have filled out the above information honestly and to the best of my ability.

SIGNATURE _____

DATE _____

