



CHILD

FULL NAME (LAST, FIRST, M.I.) ADDRESS COUNTY TOWNSHIP SCHOOL DISTRICT DATE OF BIRTH HOME PHONE PLACE OF BIRTH RELIGION DATE OF BAPTISM NAME OF CHURCH CHURCH ADDRESS

MOTHER

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

FATHER

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

STEP-PARENT OR LEGAL GUARDIAN

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

FOR OFFICE USE ONLY

FAMILY ID# STUDENT ID# DATE REGISTERED \$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





ADDITIONAL INFORMATION

- 1. Are the child's parents separated or divorced?
2. If the parents are divorced, who has court ordered custody of the child?
3. Please check appropriate box: JOINT SOLE
4. Are there any restrictions on your custody order?
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?

AGREEMENT

I agree to enroll my child, in the 4-Year Old Program for this school year. I agree to pay school tuition in the amount set for this school year. The first payment is due on September 1st 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.

**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

