

PRESCHOOL SHAMROCK Registration Form

Registration Date: _____

Sacred Heart Catholic School

22513 Garrison, Dearborn MI 48124

(313) 561-9192

Student's Name _____ M or F
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone Home: _____ Phone Cell: _____

Place/City of Birth _____ Certified Birth Date _____
A copy of the birth certificate must be given to the school office

Country of Birth _____ Religion _____

Baptism Date _____ Church _____
A copy of baptism certificate must be given to the school office (name) (city) (state)

Who has legal custody of student: _____ Both Parents _____ Mother _____ Father _____ Other _____
(please specify)

If divorced, please provide a copy of the most current custody agreement, if different than equal custody.

Ethnicity: _____ Primary language by spoken by child: _____

Does your child need any special accommodations to meet their needs? YES NO (please circle one)

If so what are the accommodations? _____

Primary language spoken in the home _____ Email address: _____
(one that is regularly checked; school communication is by email)

Father's Name _____
(Last) (First) (Initial)

Marital Status _____ Country of Birth _____ Religion _____

Occupation _____ Work Phone _____ Cell Phone _____

Mother's Name _____
(Last) (First) (Initial)

Mother's Maiden Name _____

Marital Status _____ Country of Birth _____ Religion _____

Occupation _____ Work Phone _____ Cell Phone _____

Indicate Parish at which parents are registered: _____

Please circle which class schedule you prefer for your child. When selecting days; Wednesday is required. Full day students can select 3 days, 4 days or 5 days.

Full Day 8:30 am – 3:30 pm	MON	TUE	WED	THU	FRI
Half-Day 8:30 – 11:45 am	5 days Monday through Friday				

Your child will not be eligible for Kindergarten next year unless they are 5 years old by September 1st.

Please see other side for additional information needed. Thank You.

Please list all siblings (ages 21 and under) not enrolled at Sacred Heart Catholic School

- 1. _____ Birthdate: _____
- 2. _____ Birthdate: _____
- 3. _____ Birthdate: _____
- 4. _____ Birthdate: _____

(for office use only)

- | | | |
|-----------------------------|-----------------------------|--------------------------------|
| _____ Perm Rec | _____ File | _____ Photo File |
| _____ Fam Enroll | _____ SHS Fam | _____ on Class List (Roster) |
| _____ Power School | _____ Admission Testing | _____ Attendance Log |
| _____ Fam Dir | _____ PPP List | _____ Email List |
| _____ Locker | _____ MSDS | _____ Notepad |
| _____ Report Card Cover | _____ MICR | _____ Inventory List |
| _____ Enrollment Tally | _____ Hot Lunch Tally | _____ Language List |
| _____ Birthday List (2) | _____ Student Image | _____ Kaiser School Photo List |
| _____ Constant Contact List | _____ Sign-up Genius list | _____ Summer Packet |
| _____ Powerschool Letter | | _____ Concussion Form given |
| | | _____ Welcome Packet |
| ID# _____ | YOG _____ | _____ ICHAT/PGC |
| | _____ Baptismal Certificate | _____ Concussion Form received |