

**TINY HEARTS PRESCHOOL - 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: \_\_\_\_\_

How did you hear about Sacred Heart? \_\_\_\_\_

**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				

**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)**

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