

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: _____

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)

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|--|--|---|
| <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 |