

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: _____

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

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)

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