

# KINDERGARTEN Registration Form

Sacred Heart Catholic School

22513 Garrison, Dearborn MI 48124

Registration Date: \_\_\_\_\_

(313) 561-9192

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

Address \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 \_\_\_\_\_

*If Catholic, 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) (Maiden Name)

Marital Status \_\_\_\_\_ Country of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Indicate Parish at which parents are registered: \_\_\_\_\_

School student last attended \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Will student be riding the school bus (must live in Dearborn @ 1 1/2 miles from school)? YES NO

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

**Kindergarten parents please see other side for Kindergarten Screening time preferences and 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: \_\_\_\_\_

Dear Parents of a Kindergartner:

Kindergarten screening for the class of 2018 - 2019 will be on Thursday, May 17<sup>th</sup> and Friday, May 18<sup>th</sup>. Testing is during the school day and takes about 20 minutes. You will be in the room with your child during the testing. *In order to give me an idea of a time you prefer, please number your preferences from in the time frames listed below.* I will try to accommodate your preference as much as possible.

**Children enrolling in kindergarten are required to submit a birth certificate.** On ***SCREENING DAY***, please bring your child's original birth certificate and baptismal certificate (if Catholic) to the school office and a copy will be made for your child's file.

I thank you in advance for your cooperation in this matter.

Sincerely,  
 Anne M. Pennisi  
 School Secretary schoolsecretary@shparish.org

Please choose in order 1 to 4 your choice.

- |                                                              |                                                             |
|--------------------------------------------------------------|-------------------------------------------------------------|
| _____ <b>Thursday, May 17 A.M.</b><br>(between 8:30 – 11:30) | _____ <b>Thursday, May 17 P.M.</b><br>(between 1:00 – 3:30) |
| _____ <b>Friday, May 18 A.M.</b><br>(between 8:30 – 11:30)   | _____ <b>Friday, May 18 P.M.</b><br>(between 1:00 – 3:30)   |

(for office use only)

- |                             |                               |                                |
|-----------------------------|-------------------------------|--------------------------------|
| _____ Perm Rec              | _____ File                    | _____ Photo File               |
| _____ Fam Enroll            | _____ SHS Fam                 | _____ on Class List (Roster)   |
| _____ Power School          | _____ DPS Kindergarten Round- | _____ Attendance Log           |
|                             | up                            |                                |
| _____ Fam Dir               | _____ Readiness Testing       | _____ Email List               |
| _____ Locker                | _____ PPP List                | _____ Notepad                  |
| _____ Report Card Cover     | _____ MSDS                    | _____ Inventory List           |
| _____ Enrollment Tally      | _____ MICR                    | _____ Concussion Form given    |
| _____ Birthday List (2)     | _____ Bus                     | _____ Kaiser School Photo List |
| _____ Constant Contact List | _____ Hot Lunch Tally         | _____ Summer Packet            |
| _____ Powerschool Letter    | _____ Student Image           | _____ Concussion Form received |
|                             | _____ Sign-up Genius list     | _____ Welcome Packet           |
| ID# _____                   | 2030 YOG                      | _____ ICHAT/PGC                |
| _____ Berkley Schools       | _____ Baptismal Certificate   |                                |