

**SHAMROCK PRE-K 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.

Full Day (choose 3,4, or 5 full days) 8:30 am – 3:30 pm	MON	TUE	WED	THU	FRI
Half-Day (choose 2, 3, 4, or 5 half days) 8:30 – 11:45 am	MON	TUE	WED	THU	FRI

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

**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 |