

**Sacred Heart Catholic School
Little Hearts Registration
2010/2011**

VPK (540 hours) only _____
VPK + Addl 60 hours _____
Pre-K _____
Extended Day ___ YES ___ NO (11:30-2:30)
After School Care ___ YES ___ NO (2:30-6:00 pm)

(Please print legibly)
DATE _____

Student's Last Name Student's First Name(Legal) M.I. **Male or Female**
Gender (Please circle one)

Student's Home Address City State Zip Home Phone #

Date of Birth Place of Birth: City, State

Home Language _____

(Please circle one)
Ethnicity: Nat.Hwn/Pac.Isl. Asian Black White
Amer. Ind. Hispanic Multi-Racial

If you were referred by a current school family, please list family name _____
Religion _____ Parish where family is registered: _____

Does family support church using church envelopes? ___ YES S.H. Church Env. # _____ ___ NO

Father's name _____ US Citizen: ___ Yes ___ No Education Level _____ Occupation _____ Name of firm _____ Wk. Phone # _____ Cell Ph# _____ Religion _____ Email address: _____ Marital Status: ___ Married ___ Single Parent ___ Deceased ___ Separated ___ Divorced-Single ___ Div.-Remarried	Mother's name _____ US Citizen: ___ Yes ___ No Education Level _____ Occupation _____ Name of firm _____ Wk. Phone # _____ Cell Ph# _____ Religion _____ Email address: _____ Marital Status: ___ Married ___ Single Parent ___ Deceased ___ Separated ___ Divorced-Single ___ Div.-Remarried
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Student lives with: ___ Both Parents ___ Mother only** ___ Father only** ___ Guardian
___ Mother & Stepfather ** ___ Father & Stepmother** ___ Other _____

****Custody disputes require copies of court documents to be filed in the school office**

Names and grades of siblings attending Sacred Heart: _____

Emergency Contacts:

Name _____ Daytime Phone # _____

Name _____ Daytime Phone # _____

Under normal circumstances, we will not allow your child to leave with anyone other than the above. Therefore, send in a signed note when someone else is to be expected.

Does the student have any disabilities of which the school should be aware (allergies, asthma, epilepsy, eye or ear problems, learning disabilities, or limitation of normal activities)? ___ Yes ___ No.

If yes, please specify _____

Medications: _____

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to make whatever arrangements are deemed necessary.

Signature of parent or guardian _____

Parents must supply copies of BIRTH and BAPTISMAL Certificates and the originals of the Florida Certificate of Immunization and Health form by Book Day.

Tuition/Fees: The \$250 fee is due at time of acceptance for VPK + 60 hours and Pre-K. Tuition #1 is due by April 30th for those students attending extended day.

We, the undersigned, agree to comply with all policies, rules and regulations while in attendance at Sacred Heart School. We also agree to assume financial responsibility and understand that all tuition and fees paid to Sacred Heart School are non-refundable. We agree to pay tuition according to the published schedule for the school year.

Father/Guardian's signature _____ Date _____

~ OR ~

Mother/Guardian's signature _____ Date _____

~~~~~**BOTTOM PORTION FOR OFFICE USE ONLY**~~~~~

**Birth Certificate** \_\_\_\_\_ **Baptismal Certificate** \_\_\_\_\_ **Florida Certificate of Immunization** \_\_\_\_\_

