

Sacred Heart Catholic



School & Church

Preschool Registration Form

Sacred Heart Preschool
220 Berger St.
Lawrenceburg, TN 38464
931-762-6125

Please circle days you would like your child to attend preschool.

Registration reserved for: Mon. Tues. Weds. Thurs. Fri.

Non-refundable registration fee \$35.00 Pd. \_\_\_\_\_ \$ \_\_\_\_\_ Ck. # \_\_\_\_\_

Students Legal Name: last \_\_\_\_\_ first \_\_\_\_\_ middle \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth City and State \_\_\_\_\_

Residential Address \_\_\_\_\_ city/state/zip \_\_\_\_\_ County: \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail: Mother (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: Father (H) \_\_\_\_\_ (W) \_\_\_\_\_

Student lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_

Legal Guardian/s \_\_\_\_\_ Grandparents \_\_\_\_\_ Other \_\_\_\_\_

Students Religion: \_\_\_\_\_

Baptism: Date \_\_\_\_\_ Church \_\_\_\_\_ City/State \_\_\_\_\_

List all children in family: (name/age)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Students may be picked up from school only by the following people unless you call:

\_\_\_\_\_  
Relationship to student \_\_\_\_\_  
\_\_\_\_\_  
Relationship to student \_\_\_\_\_  
\_\_\_\_\_  
Relationship to student \_\_\_\_\_  
\_\_\_\_\_  
Relationship to student \_\_\_\_\_

The following numbers may be used to contact parents during the time my child is in school

Mother \_\_\_\_\_ Phone \_\_\_\_\_

Father \_\_\_\_\_ Phone \_\_\_\_\_

In the event of serious illness or accident when I cannot be reached I wish one of the following to be notified by telephone. They are authorized to act in my absence. They may also release my child from the program.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

If one of the above cannot be reached, I wish my child to be taken to the nearest hospital. I wish one of the following doctors to be notified:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

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*First Aide: In the event of any emergency, I authorize the staff of Sacred Heart School to provide any first aide deemed necessary for my child.*

**Signature/Date** \_\_\_\_\_

*Emergency Care: In the event of an emergency in which I cannot be reached, the physician above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.*

**Signature/Date** \_\_\_\_\_

*Health Record Transfer: In the event of any emergency, I hereby authorize the transfer of my child's health records to the local hospital.*

**Signature/Date** \_\_\_\_\_

*Insurance Coverage: In the event of an emergency, I hereby authorize my insurance company to provide for my child's emergency expenses.*

**Company/Policy #** \_\_\_\_\_

**Signature/Date** \_\_\_\_\_

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Medical Alert: List any and all allergies/medical conditions that we should be aware of.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency notify (not a Parent):

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

Family Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Household Information**

Mother's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Living/Deceased \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Education: High School \_\_\_\_\_ College \_\_\_\_\_

Religion: \_\_\_\_\_ Church attends: \_\_\_\_\_

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Father's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Living/Deceased \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Education: High School \_\_\_\_\_ College \_\_\_\_\_

Religion: \_\_\_\_\_ Church attends: \_\_\_\_\_

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Parents Marital Status: Married \_\_\_\_\_ \*Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_ Remarried \_\_\_\_\_

**\*Copy of custody/guardianship paper is required.**

Name of guardian with whom child is living if not listed above: \_\_\_\_\_

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

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Has this child ever received any special services for learning disabilities, physical, or academic impairment, communication disorder, emotional difficulty, etc.?

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Child's primary language: \_\_\_\_\_

Primary language spoken in home: \_\_\_\_\_

Primary written language of parents/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_