

Registration Form - Kindergarten

Application Date _____

Registration Fee \$ _____

Processing Fee \$ _____

School Year _____

HOW DID YOU HEAR ABOUT US? _____

Name - Last	First	Middle
Date of Birth	Country / State of Birth	Social Security #

SACRED HEART CATHOLIC ACADEMY
84-05 78 AVENUE
GLENDAL, N.Y. 11385

Verified Age _____ Address _____ Polio Vaccine _____

Address	Phone
---------	-------

Marital Status

_____ Married _____ Widow / Widower
_____ Divorced _____ Separated _____ Single

Custodial Parent: _____
Non-Custodial Parent Contact: _____
Are you or your spouse an alumnus? _____

Hispanic	Ethnicity	Please circle one:
YES/NO	White/Asian/Black/American Indian/Native Alaskan/Native Hawaii/Pacific Islands)	

Religion	Siblings & Dates of Birth
----------	---------------------------

Language of Student	Language(s) Spoken at Home
---------------------	----------------------------

Father's Last Name	First	Birthplace	Religion	Occupation	Work Address & Phone #	E-Mail
--------------------	-------	------------	----------	------------	------------------------	--------

Mother's Last Name	First	Maiden	Birthplace	Religion	Occupation	Work Address & Phone #	E-Mail
--------------------	-------	--------	------------	----------	------------	------------------------	--------

Guardian Last Name	First	Relationship	Occupation	Address & Phone #	E-Mail
--------------------	-------	--------------	------------	-------------------	--------

Baptism-Church	Location	Date
----------------	----------	------

Parish / Church Affiliation	Location	Envelope #
-----------------------------	----------	------------

Nursery / Pre K Experience	Location	Dates
----------------------------	----------	-------

Is this child under a doctor's care for any condition/illness? Yes _____ No _____ If so, please explain: _____

Does this child take any medication: Yes _____ No _____ If so, please list: _____

Accepted (Date) _____ Waiting List _____