

Registration Form (\$600.00 Non-refundable Registration Fee)

Catholic___ **Parishioner**___
Non-Parishioner___ **Non-Catholic**___

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Male Female

Child's Family Name _____ First _____ Middle _____

Home Address _____ Home Phone _____

Birth Date _____ Place of Birth _____ City, State, Country _____ Yes ___ No ___
Birth Certificate Attached _____ Social Security # _____

Enrollment Date: _____ for Grade _____ or Pre Kindergarten AM _____ PreKindergarten PM _____

Baptism Date: _____ Church _____ City _____ State _____ Religion _____
Baptismal Certificate attached. Yes ___ No ___

First Communion Date: _____ Church _____ City _____ State _____

Confirmation Date: _____ Church _____ City _____ State _____

(If child is a transfer from another school/ PreK Program, please list the name and address of the school.)

Family Record

Father's First Name _____ Address (if different from above) _____ Cell Phone _____ Birthplace _____ Religion _____ Occupation _____

Mother's First Name _____ Maiden Name _____ Address (if different from above) _____ Cell Phone _____ Birthplace _____ Religion _____ Occupation _____

Parents Status: Living together ___ **Father:** Deceased ___ Separated ___ Remarried ___ **Mother:** Deceased ___ Separated ___ Remarried ___

Child lives with parents ___ Other: _____ Relationship: _____ Language(s) spoken at home: _____

Health Record

Does child have any major physical disabilities? Yes ___ No ___

A current Medical/Health History form will need to be on file by September 1st of the upcoming school year.

(Over, please)

Personal

1. Did you or any family members attend Sacred Heart School. If yes, please include names and years of attendance or graduation dates:

2. Special interests you and/or your spouse would like to share with our school:_____

Your e-mail address:_____

**Please bring in a copy of the Birth and Baptism certificate with the Registration Form.
A copy of the child's physical is also required before the first day of school.**

**SACRED HEART SCHOOL
1095 GAGE STREET, WINNETKA IL 60093
847-446-0005
FAX 847-446-4961**