



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 _____

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 _____

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

In case of emergency notify:

Name: _____ Address: _____ Phone: _____

Family Physician: _____ Address: _____ Phone: _____

Household Information

Mother's Name: Last _____ First _____ Living/Deceased _____

Employer: _____ Address: _____ Phone: _____

Occupation: _____ Education: High School _____ College _____

Religion: _____ Church attends: _____

Father's Name: Last _____ First _____ Living/Deceased _____

Employer: _____ Address: _____ Phone: _____

Occupation: _____ Education: High School _____ College _____

Religion: _____ Church attends: _____

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: _____

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: _____