



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: \_\_\_\_\_

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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: \_\_\_\_\_