

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

Catholic ___
Parishioner ___

Non-Catholic ___
Non-Parishioner ___

Child's Family Name _____
First _____ Middle _____

Male Female

Home Address _____
City _____ Zip _____

Home Phone _____

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

Social Security # _____

Enrollment: _____ 3 Year Old Preschool _____ Junior Kindergarten _____ Kindergarten _____
Date _____ 4 Days _____ 5 Days _____

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 preschool/ JK 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 _____

Parent's email address(es) _____

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 special needs of which we should be aware? Yes () No ()

Please indicate any allergies or special health needs Sacred Heart should be aware of: _____

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

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: _____

**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
www.shwschool.org
847-446-0005
FAX 847-446-4961**

**REGISTRATION
PART 2 * GRADES 1 - 8**

Name of child: _____

First name his/her classmates will call him/her: _____

In the Buzz Book, we list students along with parents' names. How may we list your first name:

_____ And _____

Please fill out the below in an effort to help make the transition to Sacred Heart as easy as possible. Thank you.

Family

Names of siblings and ages: _____

Rank of your child: _____

Does Father travel for job? _____ How frequently? _____

Does Mother travel for job? _____ How frequently? _____

Other adults living in home: _____

If you are separated or divorced, what are custodial arrangements? _____

Do you have family pets? _____

Any other information that you would like to share with us _____

Social

What characteristics of your child help him/her to make friends? _____

How does your child spend “free” time? Interests? Scouts, music or art lessons, gymnastics, etc.? _____

Please share any other information that would be necessary for peer relationships?: _____

Academics

Does your child like school? _____

What are his/her strengths; at what does he/her excel at? _____

What subjects are difficult for your child? _____

Does he/she become frustrated, confused or disorganized. If so, how? _____

Has your child repeated a grade? _____

Has your child seen a learning specialist? _____

Has your child been tutored recently? _____

Has your child been diagnosed with a learning difficulty? _____

Does he/she have a current IEP? _____

Has your child been diagnosed as hyperactive or attention disorder? _____

Does your child currently take medication for this? _____

Religion

Do you and your child go to Mass regularly? _____

What values do you hope Sacred Heart School will reinforce? _____

Health

Does your child wear glasses or contacts? _____

Does your child have hearing difficulties? _____

Does your child take any medication during school hours? _____

Is your child allergic to nuts, animals, etc.? _____

Please let us know if there is anything else that will help us make the transition for your child as easy as possible. _____

Thank you and welcome to Sacred Heart School!