Registration Form - 3 Year Old Program

Application Date _____

Registration Fee $ Processing Fee $

School Year **Full Day ( )** **Half Day ( )** **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
GLENDALE, 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 Yes/No **Ethnicity** Please circle one:
White/Asian/Black/American Indian/Native Alaskan/Native Hawaiin/Pacific Island

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 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** _____