



Sacred Heart School

208 South Market Street - Hudson, MI 49247 - 517-448-6405

www.sacredheartudson.org

KINDERGARTEN REGISTRATION

2015-2016

Full Name of Child _____ Age (as of December 1) _____

Address _____ City, State, Zip _____

Date of Birth _____ Place of Birth _____ Phone _____

Father's Name _____ Age _____ State of Birth _____

Father's Address (if different from child) _____

Father's E-mail _____ Father's Cell Phone _____

Father's Employer _____ Father's Work Number _____

Mother's Name _____ Age _____ State of Birth _____

Mother's Address (if different from child) _____

Mother's E-mail _____ Mother's Cell Phone _____

Mother's Employer _____ Mother's Work Number _____

Educational Status: Father _____ Mother _____

Guardian's Name (if other than parent) _____ Allergies _____

Emergency Contact #1 Name & Phone: _____

Emergency Contact #2 Name & Phone: _____

Other children in the family

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

Are you a registered member of Sacred Heart Parish or any other Catholic Parish? Yes No

Will you use Public School Transportation? Yes No

Please contact the Transportation Department at Hudson Area Schools (448-8912) at least two weeks prior to the start of school. Directions to home: _____

REGISTRATION FEE – \$130 per student – must be paid at time of registration.

* Registration Fee includes book fee, technology fee and weekly reader fee.

Please return registration ASAP, as placement is based on a first-come first-serve basis.

Parent Signature _____ Date _____

Tuition Agreement 2015-2016

Sacred Heart School
208 South Market Street
Hudson, MI 49274
517-448-6405

Parent's Last Name:		First Name:	
Street Address:	City:	State:	Zip Code
Home Phone:	Alternate Phone:	Email:	
Person responsible for account:			
Address if different from above:			
Name of Students:			
1.			2.
3.			4.

2015/2016 Sacred Heart School Tuition

Grades K – 8	Parishioner Tuition**	Parishioners Monthly Rate (11 months)	Registration Fee (Book, Tech and Weekly Reader) (per child)
First Child in family	\$2,265.00	\$205.91	\$130.00
Two Children in family	\$4,012.00	\$364.73	\$130.00
Three Children in family	\$5,323.00	\$483.91	\$130.00
Four Children in Family	Donation		

****Non-Catholic rate is an additional \$250.00 per family.**

- ❖ The above amount is based on 11 months, beginning July 1, 2015 and continuing until May 1, 2016. This tuition is NOT tax deductible. Payments are due by the 15th of each month. MasterCard and Visa are welcomed.
- ❖ Book fees, technology fees, and weekly reader fees are included in the registration fee. This fee of \$130.00 per child needs to be paid at the time of registration.
- ❖ Request for tuition assistance must be made by **July 1**. Applications are available in the school office.
- ❖ All outstanding tuition must be paid in full to be able to register for the next year.
- ❖ A \$25.00 fee will be assessed for any check returned for insufficient funds.

Date: _____

Signature: _____

Sacred Heart School Kindergarten Admission Policy

The following admission policy was adopted by Sacred Heart Education Commission on March 22, 2010.

Sacred Heart School Kindergarten is open to any child who will be five years of age by December 1st of the school year for which they are enrolling, regardless of race, color or creed.

Further, and above this, the policy adopted by the Education Commission reads that admission will be subject to the following:

1. Priority will be given in the following order:
 - a. Children of parents who are parishioners of Sacred Heart Church or any parent that has other children attending Sacred Heart School. (First come, first serve basis on this level)
 - b. Children of other parishioners
 - c. Children who have been attending Sacred Heart School Pre-School Program
 - d. Children of other Catholic parents
 - e. A child of other parents who choose to register
2. All tuition and fees need to be current and registration and book fees must be paid at the time of registration.
3. Attendance to the Pre-School does not automatically qualify for admittance into our Kindergarten Program.

The above priority list will only apply for two weeks after the start of registration. Any late registrations will be placed upon a waiting list and will receive a telephone call as a position for your child becomes available.

You will be notified of your child's admission into our Kindergarten Program on or before May 1st.

A copy of your child's birth certificate and a complete physical examination are required. Both sides of the green health appraisal must be filled out completely by August 20.

**SACRED HEART SCHOOL
HEALTH HISTORY**

Family Doctor _____ Phone _____

Address _____

Does your child have any previous school experience? _____ yes _____ no

School _____	Address _____	Year attended _____
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Is English the main language used in your home? _____ yes _____ no Other _____

Date of last eye exam _____ Date of last dental exam _____ Date of last medical exam _____

Does your child wear glasses? _____ Date lenses were last changed _____

Does your child have any allergies? _____

Is your child on any medication? _____ If so, what medication and reason _____

How often is the medication taken? _____

Does your child have any activity restrictions? _____ If yes, please explain _____

Does your child have any special physical or emotional problems? (vision, hearing, epilepsy, bone problems, birth defects, etc.) _____

Nature of handicap _____

Unusual physical characteristics _____

Unusual food habits _____

Birth weight _____ Was your child full term? _____

Mother's health problems during pregnancy _____

Please check all diseases child has had:

<u>Disease</u>	<u>Age</u>	<u>Disease</u>	<u>Age</u>	<u>Disease</u>	<u>Age</u>
Measles	_____	Polio	_____	Rheumatic Fever	_____
Mumps	_____	Tonsillitis	_____	Heart Disease	_____
Chicken Pox	_____	Enlarge Lymph GI	_____	Diabetes	_____
German Measles	_____	Pleurisy	_____	Epilepsy	_____
Whooping Cough	_____	Pneumonia	_____	Bone/Joint Disease	_____
Scarlet Fever	_____	Hay Fever	_____	Ear Infection	_____
Diphtheria	_____	Bronchitis	_____	Mastoiditis	_____
Smallpox	_____	Asthma	_____	Appendicitis	_____
Typhoid Fever	_____	Eczema	_____	Convulsions	_____
Meningitis	_____	Allergies	_____		

Explain _____

Explain _____

Explain _____

In case my child becomes ill at school or in case of an accident, please take my child to our family doctor or to any available doctor in an emergency.

Parent Signature _____ Date _____

Sacred Heart Kindergarten 209 South Market Street, Hudson, Michigan 49247		Date of Registration
Name of Child (Last, First, Middle Initial)	Birth Date	Date of Discharge
Name of Parents	Home Address	Home Phone Number
Name of Mother's Employer		Hours of Employment
Employer's Address		Business Phone Number
Name of Father's Employer		Hours of Employment
Employer's Address		Business Phone Number

PERSON OTHER THAN PARENT TO BE NOTIFIED IN
EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE

Name	Home Address	Phone Number
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NAMES OF PERSONS OTHER THAN PARENTS TO WHOM CHILD MAY BE RELEASED

1.)	3.)
2.)	4.)

Non-emergency medical treatment or elective surgery is not included in this authorization.

_____ Date

_____ Signature of Parent or Guardian

Physician Preferred for Emergency Treatment	City	Phone Number	Office Hours
Hospital Preferred for Emergency Treatment		Health Insurance Identification Information	

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

County _____ Screening Location _____ MEDICAID: Y N Number: _____

KINDERGARTEN ENTRY/PRESCHOOL HEARING AND VISION SCREENING RECORD

CHILD'S NAME _____ Male Female DOB _____ AGE _____
 Name Used _____ School Attending _____

PARENT/GUARDIAN'S NAME _____ Telephone _____ H/W/C _____
 Address _____ City _____ Zip _____

BRIEF HISTORY

HEARING

1. Has your child been seen by a doctor for any ear problems? Y N
 Date of Exam _____ Doctor _____
2. Is your child on any cold or allergy medications? Y N
3. As a parent, do you have any concerns regarding your child's hearing? Y N

VISION

1. Has your child ever been examined by an eye doctor? Y N
 Date of Exam _____ Doctor _____
2. Has your child ever confused colors? Y N
3. When your child is ill or tired, do the eyes appear crossed or does one eye wander when looking at an object? Y N

DO NOT WRITE BELOW THIS LINE

HEARING SCREENING

Screening Pass Fail
 Threshold Pass Fail
 Audiogram

RESULTS

- Pass
 Refer
 Under Care
 Retest

VISION SCREENING

1. Visual Acuity/2-Line Difference

	20/40	20/25
Both eyes	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Right eye	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Left eye	0 1 2 3 4 5 6	0 1 2 3 4 5 6

RESULTS

- Pass
 Refer
 2-Line
 20/50
 Symptom
 Fail; no refer
 Under Care
 Permanent difficulty
 Retest

2. Cover/Uncover Test:

	Near		Far
Right eye movement	Pass Fail		Pass Fail
Left eye movement	Pass Fail		Pass Fail

3. Corneal Reflection L  R  Pass Fail

4. Eye History Pass Fail

5. Symptom(s): _____ Pass Fail

ATTENTION PARENT(S): Your child was given the health department hearing and vision screening tests:

- | | |
|---|--|
| <p><u>Hearing</u></p> <p><input type="checkbox"/> Passed</p> <p><input type="checkbox"/> Failed (an examination by your local health department or your doctor is required)</p> | <p><u>Vision</u></p> <p><input type="checkbox"/> Passed</p> <p><input type="checkbox"/> Failed (an eye examination by an ophthalmologist or optometrist is required)</p> |
|---|--|

Please present this certificate when enrolling your child in school for the first time (Michigan Public Health Code; Act 368 or 1978). Retain this statement with other health records of your child.

Child's Name _____ Date of Screening _____ Qualified Hearing/Vision Technician _____