



# Sacred Heart School

208 South Market Street – Hudson, MI 49427 – 517-448-6504  
www.sacredhearthudson.org

## PRE-SCHOOL REGISTRATION 2018-2019

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 & SNACK FEE – \$70 per student – must be paid at time of registration.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_