



Preschool Pre-Registration Form

Sacred Heart Preschool
220 Berger St.
Lawrenceburg, TN 38464
931-762-6125

2 day a week (Tues. & Thurs.)
(3 yr. olds only)
\$125.00 a month
3 day a week (Mon, Wed, Fri)
(4 yr. olds only)
\$175.00 a month
5 day a week (4 yr. olds only)
\$265.00 a month

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

Ethnicity (Hispanic or Latino, Non-Hispanic or Non-Latino):

Race(American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian, or Other Pacific Islander, or White):

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)

Blank lines for listing children in family.

Medical Alert: List any and all allergies/medical conditions that we should be aware of.

Blank lines for medical alert information.

In case of emergency notify:

Name: _____ Address: _____ Phone: _____

Family Physician: _____ Address: _____ Phone: _____

Household Information

Mother's Name: Last _____ First _____ Living/Deceased _____

Employer: _____ Address: _____ Phone: _____

Occupation: _____ Education: High School _____ College _____

Religion: _____ Church attends: _____

Father's Name: Last _____ First _____ Living/Deceased _____

Employer: _____ Address: _____ Phone: _____

Occupation: _____ Education: High School _____ College _____

Religion: _____ Church attends: _____

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: _____

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: _____