

Sacred Hearts  
Nursery School

Enrollment Application

Childs' Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Parents' Information:

Name of Mother: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Father: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian (if applicable) \_\_\_\_\_  
If parents are divorced or separated which parent has custody of the child? \_\_\_\_\_

Religion: \_\_\_\_\_ Name of Parish or Church: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Name of School Previously Attended: \_\_\_\_\_  
Address: \_\_\_\_\_

Schedule Desired: Half Day: \_\_\_\_\_ Full Day: \_\_\_\_\_ Summer Session: \_\_\_\_\_

Parent(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

FOR SCHOOL USE ONLY  
Date application received \_\_\_\_\_  
Date of Entrance: \_\_\_\_\_ Eligibility \_\_\_\_\_  
Registration Fee: PAID \_\_\_\_\_ Date Received: \_\_\_\_\_ NOT PAID \_\_\_\_\_