

Sacred Heart Mother's Out Program Enrollment Form 2016-2017

Please Print Legibly

Child's Name _____ Nickname _____

Birthday _____ Age on Sept 1, 2016 _____ Male _____ Female _____

Address _____ City _____ Zip _____

Home Phone _____ Email _____

If separated or divorced, name of custodial parent _____

Father's name _____ Work phone _____

Cell phone _____

Mother's name _____ Work phone _____

Cell phone _____

Are you a registered member of Sacred Heart Parish? _____

Names and ages of other children in your family:

How often is your child with other children? _____

How often is your child with adults other than parents _____
if so, with whom? _____

If enrolling in the Pre-K (4s turning 5) program, please circle your preference:

2-day

3-day

If enrolling in the 3 or turning 4 year old Readiness program (*must be completely potty trained-no diapers/pull-ups*), please circle your preference:

2-day

3-day

FOR OFFICE USE

Date received _____

Fees Received _____

Placement _____