

School Sacred Heart Villa
Sisters of the Sacred Heart of Jesus

5269 Lewiston Road
Lewiston, NY 14092
285-9257 School 284-8273 Convent
E-mail: shvillaschool@gmail.com
Web site: www.shvilla.org

REGISTRATION FORM – PRE-K

Student's Name _____ Grade _____

Address _____ Zip code _____ Phone _____

Student's Social Security # _____

Date of Birth _____ Place of Birth _____

Religion _____ Parish _____

Father's Name _____ Religion _____

Occupation (Place of work) _____ Deceased () Separated ()

Social Security # _____ Divorced () Remarried ()

E-mail address _____

Mother's Name (Maiden) _____ Religion _____

Occupation (Place of work) _____ Deceased () Separated ()

Social Security # _____ Divorced () Remarried ()

E-mail address _____

Student's Date of Baptism _____ Name of Church _____

Address of Church _____

Previous School Attended _____ From _____ to _____

Names & Ages of other children in the family:

Name _____	Age _____	School _____	Grade _____
Name _____	Age _____	School _____	Grade _____
Name _____	Age _____	School _____	Grade _____

Name of Student's Physician _____ phone _____

Does the student have any special difficulties? _____

Does the student have any habits, such as nail biting, etc.? _____

Does the student want to begin school? _____ If not, why? _____

This is for information when we have to fill out state forms—**NO NAMES WILL BE USED**. Please use which applies: American Indian or Alaska Native, Black or African American/ not Hispanic, Asian, Native Hawaiian or other Pacific Islander, Hispanic or Latino, White (not Hispanic origin), Multi-Racial (not Hispanic origin) Please fill in the ethnic line below.

Ethnic / racial category _____.

In case of an emergency please contact: (other than parents)

1.) Name _____ Phone _____

Address _____

2.) Name _____ Phone _____

Address _____

Father's Business Phone _____ Mother's Business Phone _____

Legal name of the Public School District of student's residence:

Please check the session of your choice:

Monday through Friday (Full time) 9:00 A.M. – 3:00 P.M. _____

Mondays, Wednesdays, & Fridays (or other 3 day combination)

9:00 A.M.- 3:00 P.M. _____

Would you like your child to take piano and or voice? If yes, please check the following:

Piano (\$20.00 per ½ hr. weekly lesson) _____

Voice (\$20.00 per ½ hr. weekly lesson) _____

Piano and Voice (\$20.00 per ½ hr. weekly lesson) _____

Would you like your son/daughter to take Indoor Soccer? Yes _____ No _____

Would you like your child to take Ballet (\$30.00) for Pre-K to 5th Gr.? Yes _____ No _____

Please pay \$50.00 non-refundable fee for the registration now.

“Lifelong Learning Starts at the Villa”