

Sacred Heart Villa School  
Sisters of the Sacred Heart of Jesus  
5269 Lewiston Road  
Lewiston, NY 14092  
285-9257 School 284-8273 Convent  
Email: shvillaschool@gmail.com  
Website: [www.shvilla.org](http://www.shvilla.org)

**PRE-K REGISTRATION FORM - 2024-2025**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

Student's Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Student's Date of Baptism \_\_\_\_\_ Name of the church \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Father's Name \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Occupation (Place of work) \_\_\_\_\_ Deceased ( ) Separated ( )

Social Security# \_\_\_\_\_ Divorced ( ) Remarried ( )

E-mail address \_\_\_\_\_

Mother's Name (Maiden) \_\_\_\_\_

Occupation (Place of work) \_\_\_\_\_ Divorced ( ) Separated ( )

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Social Security # \_\_\_\_\_

E-mail address \_\_\_\_\_

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 – allergies or any health concern?

\_\_\_\_\_

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

Does the student want to begin school? Yes Y  No N  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 PM

Would you like your child to take any of the following school activities? If yes, please check the following:

**Karate** (\$40.00 Fridays – for Pre-K-4<sup>th</sup> at 10:00 am)

**Piano** (\$20.00 per 1/2 hr. weekly lesson)

**Voice** (\$20.00 per 1/2 hr. weekly lesson)

**Piano and Voice** (\$20.00 per 1/2 hr. weekly lesson)

**Ballet** (\$30.00) for Pre-K to 3<sup>rd</sup> Grade -Yes  No

**Indoor Soccer- (\$25.00 - spring PK- 4<sup>th</sup> Gr. 3-4pm, Half hour each.** Yes  No

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

"Lifelong Learning Starts at the Villa"