



Sacred Heart Villa School

"Where Learning Begins"

Sisters of the Sacred Heart of Jesus
5269 Lewiston Road
Lewiston, NY 14092
285-9257 School 284-8273 Convent
Email: shvillaschool@gmail.com
Website: <https://shvilla.org/>

PRE-K REGISTRATION FORM:

A \$50.00 non-refundable fee is required to register.

NEW Student RETURNING Student PK-3 PK-4

School Year Applying For: _____

Please do not leave blanks. List N/A for non-applicable as necessary.

Student's Name: _____ Grade Entering: _____

Student's Primary Address: _____ Zip code _____

Student's Social Security Number: _____ Date of Birth: (month/date/year): _____

Place of Birth (City and State): _____

Name of Student's Physician and Practice: _____

Practice Phone: () _____ Fax: () _____

Name of the Public School District in which Student Resides: _____

Does the student have any medical conditions, special challenges, allergies, or any health concern(s) the school needs to be aware of (please note, any medical conditions must have a provider's medical diagnoses to be considered valid): _____

Does the student have any habits, i.e. nail biting, etc.? YES NO

If yes, explain: _____

Does the student wear glasses? YES NO

If yes, when are they worn, i.e. reading, distance, always: _____

Date of Last Eye Exam and Provider: _____

Does the student want to begin school? YES NO

If no, explain reason(s) if known: _____

Student's Date of Baptism (month/date/year): _____ Religion: _____
Parish and/or Name of the Church: _____

Previous School(s) Attended:

1. _____ From: _____ To: _____
Reason(s) for Leaving: _____
2. _____ From: _____ To: _____
Reason(s) for Leaving: _____

Name & Age of Other Children in the Family:

1. Name: _____ Age: ____ School: _____ Grade: _____
2. Name: _____ Age: ____ School: _____ Grade: _____
3. Name: _____ Age: ____ School: _____ Grade: _____
4. Name: _____ Age: ____ School: _____ Grade: _____

PARENT INFORMATION:

Mother's Full Name: _____ (Maiden Name if applicable): _____
Social Security Number: _____ E-mail address: _____
Occupation and Place of Work (include phone): _____

Marital Status: Divorced Separated Never Married Divorced and Remarried Widowed
Primary Phone: () _____ Cell Landline Able to leave messages? Y N
If Remarried, Contact Information for Spouse:
Primary Phone: () _____ Cell Landline Able to leave messages? Y N
Religion: _____ Parish and Address of Church: _____

Father's Full Name: _____
Address (if different from students): _____
Social Security Number: _____ E-mail address: _____
Occupation and Place of Work (include phone): _____

Primary Phone: () _____ Cell Landline Able to leave messages? Y N
Religion: _____ Parish and Address of Church: _____

Please narrate any special circumstances that the school needs to be aware of as it relates to parent's relationship, circumstances, environment, etc. _____

EMERGENCY CONTACTS:

Please identify below the person(s) you wish the school to contact in the event of an emergency. These are individuals other than the individuals listed above. Please list in order of preference.

- 1. Name: _____ Relationship to Student: _____
 Address: _____
 Phone: () _____ Cell Landline
- 2. Name: _____ Relationship to Student: _____
 Address: _____
 Phone: () _____ Cell Landline

This information is required for educational state forms. Names or other identifiers will never be utilized.

Ethnicity:

- American Indian or Alaska Native Black or African American/Non-Hispanic Asian
- Native Hawaiian or other Pacific Islander Hispanic or Latino White/ Not of Hispanic Origin
- Multi-Racial/ Not of Hispanic Origin

REQUESTED SERVICES:

Please check the PK session you are interested in for your child:

- Monday - Friday (Full time) 9:00am - 3:00pm
- Mondays, Wednesdays, & Fridays (Part time) 9:00am - 3:00pm
- I have a special request.

Please list in detail what you are looking for and the reason(s) for same). While we may not be able to accommodate you, we will give it careful consideration:

EXTRACIRRICULAR ACTIVITY OPTIONS:

- Karate** (\$40.00 Fridays at 10:00 am. PK 3/4 1/2 hour; and K-4 1/2 hour weekly lesson)
- 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 PK 3/4 1/2 hour; and K-4 1/2 hour weekly lesson)
- Indoor Soccer** (\$25.00 - spring only, per 1/2 hr. each session)