



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://www.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): _____

Student's Date of Baptism (month/date/year): _____ **Religion:** _____

Parish and/or Name of the Church: _____

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: _____

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: _____

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:

EXTRACURRICULAR ACTIVITY OPTIONS:

Karate (\$45.00 Fridays at 1:00 pm. 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) **TBA**
 School Choir/Drama – Ages 3-10 (Wednesdays 3-4:00 PM)

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: Married 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 parents' 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