



# 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](mailto: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:

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**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