



Sacred Hearts Early Childhood Center

APPLICATION FOR NEW STUDENT ENROLLMENT

48 South Chestnut Street
Bradford, MA 01835

www.sacredheartsbradford.org

Phone 978-374-7161
cpettis@sacredheartsbradford.org

TODAY'S DATE _____

New: Nursery Program _____ **2 Days/week - 8:30-11:30 A.M.** Tuesday/Thursday

Nursery Class:

Age 3 by August 31st

Choose one option:

Circle Days Attending:

_____ 3 Days/week - 8:30-11:30 A.M.	M	Tu	W	Th	F
_____ 4 Days/week - 8:30-11:30 A.M.	M	Tu	W	Th	F
_____ 5 Days/week - 8:30-11:30 A.M.					

Pre- K Programs:

Age 4 by August 31st

_____ Half Day – 8:30 – 11:30 A.M.	M	Tu	W	Th	F
(Minimum 3 Day option)					

5 Day Pre- K Program: _____ **Full Day – 8:00 A.M. – 2:15 P.M.**

Before School Program: _____ **Lunch Bunch Program:** _____ **After School Program:** _____
 (7:00-8:30 AM) (11:30-2:30 PM) (2:30-6:00 PM)

Please print

LAST NAME OF CHILD _____ Male _____ Female

FIRST NAME _____

MIDDLE NAME _____

STREET _____

CITY/TOWN _____ STATE _____ ZIP CODE _____

TELEPHONE _____

BIRTH DATE _____ Age: _____ BIRTHPLACE _____

DATE OF BAPTISM _____ CHURCH _____

FATHER'S NAME _____ MOTHER'S NAME (maiden & last) _____

STREET _____ STREET _____

City/State/Zip _____ City/State/Zip _____

HOME PHONE _____ HOME PHONE _____

PLACE OF BIRTH _____ PLACE OF BIRTH _____

FATHER'S WORK _____ MOTHER'S WORK _____

WORK PHONE _____ WORK PHONE _____

CELL NUMBER _____ CELL NUMBER _____

FATHER'S RELIGION _____ MOTHER'S RELIGION _____

Email address: _____ Email address: _____

- DOES YOUR CHILD HAVE ANY LEARNING CHALLENGES THAT WE SHOULD KNOW ABOUT?
 ○ YES _____ NO _____ IF YES, PLEASE EXPLAIN: _____
 - DOES YOUR CHILD RECEIVE SPECIAL EDUCATION SERVICES? YES _____ NO _____
 ○ IF YES, PLEASE DESCRIBE: _____
 - DOES YOUR CHILD HAVE MEDICAL CONCERNS? YES _____ NO _____
 ○ IF YES, PLEASE EXPLAIN: _____
 - DOES YOUR CHILD TAKE ANY SPECIAL MEDICATION? YES _____ NO _____
 ○ IF YES WHAT MEDICATION: _____

 ○ WHEN/HOW IS IT ADMINISTERED?

1. We are registered in Sacred Hearts Parish. Yes _____ No _____ If yes, envelope # _____
 If not a parishioner: We would like to become a full member of Sacred Hearts Parish. Yes _____ No _____
 2. Do you belong to another parish? Yes _____ No _____ If yes, which parish? _____
 3. We worship at Sacred Hearts Parish. Regularly _____ Sometimes _____
 4. We are practicing member of another Parish. Yes _____ No _____
 Name of other Parish: _____ Location: _____
 5. We have read the Admission Policy of Sacred Hearts School as written on the "Application Process" sheet.
 Yes _____ No _____
 6. We understand the tuition plan options for Sacred Hearts School Yes _____ No _____
 7. Did you attend Sacred Hearts School? Yes _____ No _____ Name: _____ Year/Graduation _____
 8. Do you have any other children who may be attending Sacred Hearts Early Childhood Center in the future?
 Yes _____ No _____
 If yes, please list the child's name and the year he/she would be attending.

Please read carefully and sign:

I have completed this application and have attached a copy of my child's most recent physical form including immunization records, a copy of my child's birth certificate and baptismal certificate. I have enclosed a check in the amount of \$75.00 per family payable to SHS/ECC. I understand this is a non-refundable application fee.

Parent Signature _____ **Date** _____

_____ Medical Form	_____ Birth Certificate	<u>Office Use Only</u> _____ Baptismal Certificate	_____ Application Fee
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