



SACRED HEART CATHOLIC ACADEMY  
 115-50 221<sup>st</sup> Street  
 Cambria Heights, New York 11411  
 Phone - (718) 527-0123 Fax - (718)527-12047  
 ROMAN CATHOLIC SCHOOLS-DIOCESE OF BROOKLYN

"One in FAITH, to instruct, Instill, and Inspire"

## Registration Form for Sacred Heart Catholic Academy

School Year 20\_\_ - 20\_\_

Student is registering for Grade\_\_\_\_\_ Student is currently(Circle One): In School-Grade\_\_\_ / Day Care / At Home

Student's First Name:\_\_\_\_\_ Middle Name:\_\_\_\_\_ Last Name:\_\_\_\_\_

Male:\_\_\_ Female:\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Country:\_\_\_\_\_

### Student's Home Address

Parent's Name:\_\_\_\_\_ Home Phone:\_\_\_\_\_

Street Address:\_\_\_\_\_ Apt. # \_\_\_\_\_

Town:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_

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

Child was baptized in the Catholic faith on \_\_\_\_\_ at \_\_\_\_\_ Church in \_\_\_\_\_

We currently worship at \_\_\_\_\_ Catholic Church in \_\_\_\_\_

### The Student has received these Sacraments:

a) Penance: \_\_\_\_\_  
 Name of Church \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

b) Eucharist: \_\_\_\_\_  
 Name of Church \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

c) Confirmation: \_\_\_\_\_  
 Name of Church \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

Child is not baptized \_\_\_\_\_ We wish our child to be baptized in the Catholic Faith \_\_\_\_\_

Child is baptized in the \_\_\_\_\_ faith. Our Church of Worship is \_\_\_\_\_

# of children in family? \_\_\_\_\_ Student is the oldest in the family in this school? Yes\_\_\_ No\_\_\_

Siblings: \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Does the student have an Individual Education Plan (IEP) on file? Yes\_\_\_ No\_\_\_

What was the date of this student's first polio vaccination?



SACRED HEART CATHOLIC ACADEMY  
 115-50 221<sup>st</sup> Street  
 Cambria Heights, New York 11411  
 Phone - (718) 527-0123 Fax - (718)527-12047  
 ROMAN CATHOLIC SCHOOLS-DIOCESE OF BROOKLYN

"One in FAITH, to instruct, Instill, and Inspire"

**Family Members** The primary care takers of the student:

**Mother** First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

**Father** First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Person responsible for student's tuition: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person to reach in case of emergency**

**Person 1** Relationship to student: \_\_\_\_\_ (grandmother, guardian, etc.)  
 The student may be released to this person: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Title: \_\_\_\_\_ (Mr., Mrs., Dr., Ms., etc.)  
 First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home # \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell #: \_\_\_\_\_

**Person 2** Relationship to student: \_\_\_\_\_ (grandmother, guardian, etc.)  
 The student may be released to this person: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Title: \_\_\_\_\_ (Mr., Mrs., Dr., Ms., etc.)  
 First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home # \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell #: \_\_\_\_\_

As parent(s)/guardians, of \_\_\_\_\_, we are knowingly and willingly enrolling our child/children in Sacred Heart Catholic Academy. We are aware that the registration fee is non-refundable. Most importantly, we are also aware that as a Catholic School, Religion, in prayer and works, is an integral component of the daily educational program here. As such, we have chosen Sacred Heart, in part, due to the value based program of study administered here. We, therefore, pledge to respect and uphold the religious and academic program promulgated and taught here at school in all aspects of the child/children's learning experiences and assigned schoolwork - class work, homework, projects, and tests as well as all other related activities. We will cooperate fully in our child/children's growth and development, physically, mentally, and spiritually. We sign this inscription form as a testament to our sincerity in this matter.

Parent(s)/Guardian(s) Signature(s) \_\_\_\_\_ Date \_\_\_\_\_