

TINY TOTS PLAY AND PRAY

Pre-school (3-4 years of age)

Sacred Heart/St. Matthew

2023-24 Enrollment Registration

Contact Information

Parent/Guardian #1: _____

(Primary Contact)

Last Name

First Name

Cell: _____

Email: _____

Parent/Guardian #2: _____

(Secondary Contact)

Last Name

First Name

Cell: _____

Email: _____

Mailing Address: _____

Street/PO Box

Apt. #

City

Zip Code

Physical Address: _____

(if different than above)

Street

Apt. #

City

Zip Code

Emergency Contact: _____

(Not listed above)

Last Name

First Name

Cell: _____

Relationship to child: _____

Child to be enrolled

Child 1: _____

First Name

Middle

Last

Nickname

Male / Female (circle one)

Date of birth: ____/____/____

Age: ____

Child 2: _____

First Name

Middle

Last

Nickname

Male / Female (circle one)

Date of birth: ____/____/____

Age: ____

Additional child information

Please use this space to inform us of any information you feel we should know about your child

Child 1: Allergies: _____

Medical conditions: _____

Learning disabilities: _____

Children attending without parents present are required to be potty trained.

Is your child potty trained? Yes / No (circle one)

Other: _____

Child 2: Allergies: _____

Medical conditions: _____

Learning disabilities: _____

Children attending without parents present are required to be potty trained.

Is your child potty trained? Yes / No (circle one)

Other: _____

Tuition Fees Per Family (Payment may be made at time of registration or at first class)

Number of children enrolled:

1

\$30

2

\$40

Total:

Amount Paid:

Balance Due:

The information provided on this form is current and accurate. I will inform Sacred Heart of any changes.

Parents Signature: _____ Date: _____