Sacred Heart Mother's Out Program Enrollment Form 2020-2021

Please Print Legibly

Child's Name _____ Nickname _____

Birthday _____ Age on Sept 1, 2020 _____ Male ____ Female ____

Address _____ City _____ Zip _____

Phone _____ Email _____

If separated or divorced, name of custodial parent _____

Father's name _____ Work phone _____

Cell phone _____

Mother's name _____ Work phone _____

Cell phone _____

Are you a registered member of Sacred Heart Parish? _____

Names and ages of other children in your family:

How often is your child with other children? _____
How often is your child with adults other than parents _____
if so, with whom? _____

Pre-K/Bridge program - (4s turning 5), please circle your preference:

_____2-day _____3-day

3-year-old Readiness program (as of September 1, 2020)
please check your preference:

_____2-day _____3-day

2-year-old/ Toddler program (as of September 1, 2020)
please circle your preference:

_____2-day _____3-day

FOR OFFICE USE

Date received _____ Fees Received _____ Placement _____