SACRED HEART PRESCHOOL ENROLLMENT FORM
2026-27

NAME_____

ADDRESS_____

PHONE NUMBER_____

AGE_____BIRTHDAY_____

PARENTS_____

EMAIL ADDRESS_____

(You will receive an email on or before April 1, 2026 confirming your requested days. Spots will be filled on a first come-first serve basis. Once you receive your confirmation, there will be a $25 non-refundable deposit required to hold your spot. The deposit will be applied to your last quarter's tuition.)

Please mark which days and which session your child will be attending preschool.

4 & 5-year-olds

MONDAY_____

TUESDAY_____

WEDNESDAY_____

THURSDAY_____

FRIDAY_____

3-year-olds

TUESDAY_____

THURSDAY_____

SESSION

FULL DAY____HALF DAY____

AFTER SCHOOL DAYCARE

After school daycare is available from 3:10-5:30 PM for $3.00/hour. Please indicate if you would be interested in using this care.

____ Yes, I will be using the after school care. ____No, I will not be using the after school care.