

Pre-Registration Form

Office Use Only	
Date Deposit Paid:	_____
Amount Paid:	_____
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash

Desired Start Date: _____

Sacred Heart Early Childhood Center

Children Are Our Ministry | Infants to 12 years
32245 St. Joe Road, Dade City, FL 33525 ♥ Tel 352 588-4060 Fax 352 588-4871
Email shecceleo@embarqmail.com

Date: _____

License # C06PA0062

Parents' Names: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

Previous Centers Attended:

Name: _____ Comments: _____

Address: _____

How did you hear about us? friend phone book church internet | *site:* _____

Which school do you plan on sending your child to for kindergarten? _____

Child's Name _____ <small>(Last, First Middle) (Nickname)</small>	Date of Birth _____
Desired Enrollment Days: <input type="checkbox"/> Full-time (M – F) <input type="checkbox"/> Part-time <i>Days:</i> <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <i>Times:</i> <input type="checkbox"/> Full Days <input type="checkbox"/> AM <input type="checkbox"/> PM Special Programs: <input type="checkbox"/> VPK Only <input type="checkbox"/> VPK w/ wrap around <input type="checkbox"/> Before and/or After School	

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Space will be held temporarily for a period of _____ weeks from pre-registration date or by due date, if indicated. Waitlist or VPK Class space is confirmed upon receipt of:

♥ Standard Childcare / *Nonrefundable deposit* ♥ VPK | *Registration paperwork and VPK Certificate*

DUE DATE
