



**Sacred Heart Early Childhood Center**

32245 St. Joe Road | Dade City, Florida 33525  
Tel 352-588-4060 | Fax 352-588-4871  
business@sacredheartecc.com  
License #C06PA0062

2019 - 2020

**PARISH MEMBER REGISTRATION FORM**

<b>Family Information</b>
_____
Print Name(s) to be billed
_____
Mailing Address
_____
City, State, Zip
_____
Telephone
_____
Email Address

<b>Student(s) Information</b>
_____
Child's Name
_____
DOB
_____
Child's Name
_____
DOB
_____
Child's Name
_____
DOB
_____
Child's Name
_____
DOB

**Parent Certification**

I agree to support the school in its curriculum, disciplinary actions, and fundraising activities. I further agree to attend parent meetings and to be involved in the ongoing activities at SHECC.

\_\_\_\_\_  
Signature of person to be billed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lucinda O'Quinn, Director

<b>Certification by Sacred Heart Catholic Church</b>
This certifies that the above family is currently a registered and supporting member of Sacred Heart Catholic Church.
_____
Rev, Krzysztof Gazdowicz, Pastor
_____
Date

*To receive your 5% discount, please have Father Krzysztof Gazdowicz sign this form and return within 30 days.*