



Sacred Heart School

208 South Market Street ~ Hudson, MI 49247 ~ 517-448-6405
www.shshudson.com

KINDERGARTEN REGISTRATION DK REGISTRATION

Full Name of Child _____ Age (as of December 1) _____

Address _____ City, State, Zip _____

Date of Birth _____ Place of Birth _____ Phone _____

Father's Name _____ Age _____ State of Birth _____

Father's address (if different from child) _____

Father's Email _____ Father's Cell Phone _____

Father's Employer _____ Father's Work Phone _____

Mother's Name _____ Age _____ State of Birth _____

Mother's Address (if different from child) _____

Mother's E-mail _____ Mother's Cell Phone _____

Mother's Employer _____ Mother's Work Phone _____

Educational Status: Father _____ Mother _____

Guardian's Name (if other than parent) _____ Allergies _____

Emergency Contact #1 Name & Phone _____

Emergency Contact #2 Name & Phone _____

Other Children in the Family

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

Name _____ Date of Birth _____ Grade _____

Are you a registered member of Sacred Heart Parish or any other Catholic Parish? _____ YES _____ NO

Will you use Public School Transportation? _____ YES _____ NO

Please contact the Transportation Department at Hudson Area Schools (448-8912) at least two weeks prior to the start of school. Direction to home: _____

REGISTRATION FEE—\$130 per student—must be paid at time of registration.

Please return registration ASAP, as placement is based on a first come first serve basis.

Parent Signature _____ Date _____