



Sacred Heart Catholic School
1111 4th Avenue West
Spencer, IA 51301

KG-6th Registration Form 2023-2024

Child's Name _____ Birthdate _____
Last First Middle mo/day/yr

Home Address _____ Phone _____
Street Address City State/Zip School District

Sex: M F Nickname _____ Language Spoken in home _____

Birthplace _____
City State

Ethnicity, please check one:

____ White _____ American Indian or Alaskan Native
____ Hispanic/Latino _____ Hawaiian/Pacific Islander
____ Asian _____ African American

More than one race please specify: _____/_____

Health Insurance: (circle one) Title 19 *Hawk-I* Private None

Title 19 / Health Insurance Number: _____

Baptism _____ Date _____
Name of Church, City, State

Registered in _____ Parish

Parents (please circle): **Single** **Married** **Separated** **Divorced** **Mother/Father Remarried**

Father's Name _____ Birthplace _____
Religion _____ Occupation _____
Employer/Business _____ Business Phone _____

Mother's Full (Maiden) Name _____ Birthplace _____
Religion _____ Occupation _____
Employer/Business _____ Business Phone _____

Guardian/Stepfather/Stepmother (circle one if applicable)
Religion _____ Occupation _____
Employer/Business _____ Business Phone _____

Parent's primary email address for billing and newsletters:

Mother's cell # _____ Father's cell # _____

Person to call in case of an emergency _____ Phone # _____

Name of your child's daycare provider _____ Phone # _____

List other children (and their birth dates) in your family _____

Other special information the school should know (allergies, medical problems, etc.) _____

Please fill out this form completely. Space is limited. Please complete this form and return with a \$70.00 nonrefundable registration fee to reserve your spot. If you have any questions, please contact Sacred Heart School (712) 262-6428