Sacred Heart Preschool



300 Dundee Rd. Pinehurst, NC 28374 Phone: (910)295-3514

Registration Form 2025-2026

(Please PRINT clearly)

Child's Full Name:	Birth Date/
Name or Nickname Teacher should use for child	l: Sex: M or F
Address:	City/Zip
Primary Phone #: ()	Alternate Phone #:()
Father's Name:	Occupation:
Firm or Agency	Phone #: ()
Mother's Name:	Occupation:
Firm or Agency	Phone # ()
Email address:	
I wish to enroll my child in the following	g class:
4 years old by 9/1 4 days Mon	Thurs. 9:00 am-12 noon \$335/month
3 years old by 9/1 3 days Tues.,	Wed., Thurs. 9:00 am-12 noon \$265/month
2 years old by 9/1 2 days Tues.	. & Thurs. 9:00 am – 12 noon \$195/month
Registered parishioners of Catho	olic parishes receive a \$10/month discount
Non-refundable Registration/Material fees: \$	200/4 days \$175/3 days \$150/2 days
Member of Sacred Heart Parish: Yes No I	f No, please list
Please list any allergies, medical conditions, or s	special needs:
Are you aware of any medical, physical, emotion	nal, or developmental difficulties or delays for your child?
If yes, please list needs. If these needs have been necessary):	n evaluated, please share findings (use back of page if

*All children in the three- and four-year-old classes must be potty trained when school begins. Pull ups are **NOT** permitted. **No** exceptions will be made. Children in the two year old class do not have to be trained.

*All children are accepted in good faith. Occasionally it is necessary to remove a child from the program. The Center reserves the right to remove a child if the Director determines, after a conference with the parents, that it is in the best interest of the child and the Center.

A copy of your child's birth certificate must accompany this form for complete registration. If the child's baptismal certificate is available, a copy is requested. A health form must also be signed by your child's doctor, including an immunization record, and submitted before school begins in the fall.