



# ST. HENRY CATHOLIC SCHOOL

3825 DIXIE HIGHWAY | ELSMERE, KY 41018 | 859-342-2551 | STHENRYSCHOOL.NET

## GENERAL INFORMATION

Office Phone: 859-342-2551

Office Fax: 859-342-2554

School Hours: 7:40 AM-2:35 PM

After Care Program: 2:35 PM-5:30 PM

## ENROLLMENT

**First Year in Preschool:** Must be three on/before August 1, 2025.

**First/Second Year in Preschool:** Must be four on/before August 1, 2025.

**Kindergarten:** Must be five years old on or before August 1, 2025.

**First grade:** Must be six years old on or before August 1, 2025.

## REGISTRATION CHECKLIST

\_\_\_\_\_ Student registration form

\_\_\_\_\_ Birth certificate

\_\_\_\_\_ Baptismal certificate, if applicable

\_\_\_\_\_ Social security card

\_\_\_\_\_ Request for records required if transferring from a different school in grades 1-8

\_\_\_\_\_ Medical information form

\_\_\_\_\_ Up-to-date immunization record

\_\_\_\_\_ Vaccination card (not required)

\_\_\_\_\_ After Care Program registration; optional care for preschool-eighth grade

\_\_\_\_\_ Non-refundable registration fee of \$100/child; \$300/family maximum; registration fee will be deducted from your tuition bill.



A DIOCESE OF COVINGTON SCHOOL



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## 2025-2026 REGISTRATION FORM

### Father/Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Attended St. Henry Catholic School? Y N

Birth City/State: \_\_\_\_\_ Highest Education: HS ASSOC BA MA PhD

Marital Status (circle): Married      Single      Separated      Divorced      Widowed

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Mother/Guardian Information

Last/Maiden Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Attended St. Henry Catholic School? Y N

Birth City/State: \_\_\_\_\_ Highest Education: HS ASSOC BA MA PhD

Marital Status (circle): Married      Single      Separated      Divorced      Widowed

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Non-Attending Children:** Please list any children up to age 14 who will not attend SHCS during the 2025-2026 school year.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M F

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M F

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M F





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## Student Information #1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ M F

2024/2025 Grade: \_\_\_\_\_ If preschool, please circle: Half day Full Day

Student lives with (circle): Both parents Mother Father Guardian Other: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birth City/State: \_\_\_\_\_ Social Security # \_\_\_\_\_

Race (circle): American Indian/Alaskan Native Asian Black/African American Hispanic/Latino

Native Hawaiian/Other Pacific Islander White/Caucasian

Religion if not Catholic: \_\_\_\_\_ Public School District: \_\_\_\_\_

<u>Sacraments</u>	<u>Date</u>	<u>Church</u>	<u>City/State</u>
Baptism	_____	_____	_____
1 <sup>st</sup> Reconciliation	_____	_____	_____
1 <sup>st</sup> First Communion	_____	_____	_____
Confirmation	_____	_____	_____

## Allergies and Health Concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return completed registration form and non-refundable fee of \$100\* per student to:**

**St. Henry Catholic School, 3825 Dixie Highway, Elsmere, KY 41018**

**\*Registration fee will be deducted from your tuition bill.**

Office Use Only: \_\_\_\_\_ Birth Certificate on file \_\_\_\_\_ Baptismal Certificate on file



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## Student Information #2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ M F

2024/2025 Grade: \_\_\_\_\_ If preschool, please circle: Half day Full Day

Student lives with (circle): Both parents Mother Father Guardian Other: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birth City/State: \_\_\_\_\_ Social Security # \_\_\_\_\_

Race (circle): American Indian/Alaskan Native Asian Black/African American Hispanic/Latino

Native Hawaiian/Other Pacific Islander White/Caucasian

Religion if not Catholic: \_\_\_\_\_ Public School District: \_\_\_\_\_

<u>Sacraments</u>	<u>Date</u>	<u>Church</u>	<u>City/State</u>
Baptism	_____	_____	_____
1 <sup>st</sup> Reconciliation	_____	_____	_____
1 <sup>st</sup> First Communion	_____	_____	_____
Confirmation	_____	_____	_____

## **Allergies and Health Concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Office Use Only: \_\_\_\_\_ Birth Certificate on file \_\_\_\_\_ Baptismal Certificate on file



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### Student Information #3

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ M F

2024/2025 Grade: \_\_\_\_\_ If preschool, please circle: Half day Full Day

Student lives with (circle): Both parents Mother Father Guardian Other: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birth City/State: \_\_\_\_\_ Social Security # \_\_\_\_\_

Race (circle): American Indian/Alaskan Native Asian Black/African American Hispanic/Latino

Native Hawaiian/Other Pacific Islander White/Caucasian

Religion if not Catholic: \_\_\_\_\_ Public School District: \_\_\_\_\_

<u>Sacraments</u>	<u>Date</u>	<u>Church</u>	<u>City/State</u>
Baptism	_____	_____	_____
1 <sup>st</sup> Reconciliation	_____	_____	_____
1 <sup>st</sup> First Communion	_____	_____	_____
Confirmation	_____	_____	_____

### Allergies and Health Concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**\*Registration fee will be deducted from your tuition bill.**

Office Use Only: \_\_\_\_\_ Birth Certificate on file \_\_\_\_\_ Baptismal Certificate on file



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## Student Information #4

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ M F

2024/2025 Grade: \_\_\_\_\_ If preschool, please circle: Half day Full Day

Student lives with (circle): Both parents Mother Father Guardian Other: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birth City/State: \_\_\_\_\_ Social Security # \_\_\_\_\_

Race (circle): American Indian/Alaskan Native Asian Black/African American Hispanic/Latino

Native Hawaiian/Other Pacific Islander White/Caucasian

Religion if not Catholic: \_\_\_\_\_ Public School District: \_\_\_\_\_

<u>Sacraments</u>	<u>Date</u>	<u>Church</u>	<u>City/State</u>
Baptism	_____	_____	_____
1 <sup>st</sup> Reconciliation	_____	_____	_____
1 <sup>st</sup> First Communion	_____	_____	_____
Confirmation	_____	_____	_____

## Allergies and Health Concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return completed registration form and non-refundable fee of \$100\* per student to:**

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## REQUEST TO RELEASE SCHOOL RECORDS

### 2025-2026

Public Law 93-380 (Federal Family Education Rights and Privacy Act of 1974) specifically states that school records may be released to a third party provided that:

1. Written consent is obtained from the parent, guardian, or legal age student.
2. The reason for the release is stated.
3. The identity of the third party is specified.
4. The parents received a copy of the record, if desired.
5. The records to be released are specified.

Please release the complete school records, including immunization certificate and all psychological reports for educational purposes of:

Student's Name	Date of Birth	Grade
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Present School Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sincerely,

*Kimberly Wagner*  
Principal





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## 2025-2026 EMERGENCY MEDICAL FORM

\*\*\* Please print all information \*\*\*

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male | Female Grade: \_\_\_\_\_

Address/City/State/ZIP: \_\_\_\_\_

T-Shirt Size **Youth:** XS S M L XL **Adult:** S M L XL

Parent/Guardian Full Name: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Other # \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Other # \_\_\_\_\_

If parent/guardian cannot be reached, please list the name and phone number of people we can contact to pick up your child.

Name: \_\_\_\_\_ Cell phone # \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone # \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone # \_\_\_\_\_

Does your child have any medical conditions we should be aware of? If yes, please describe along with treatment if applicable. Use back if more space is needed.

\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Do we have permission to transport your child/ren to the hospital if necessary? Yes \_\_\_ No \_\_\_

If yes, which hospital? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_







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## 2025-2026 Preschool Program

St. Henry Catholic School offers half-day and full-day options for all preschool students. Children can attend two, three, four, or five days per week. Our preschool program begins at 8:00 AM daily; drop off at 7:25 AM is available at no additional cost. If you have questions, please call the school office, 859-342-2551, or email Melissa Schlake, mschlake@sthenrynk.com. We look forward to having you as part of the Crusader family!

### Age Eligibility Requirement for Kentucky

#### First Year in Preschool

- Age 3 on or before August 1, 2025

#### First/Second Year in Preschool

- Age 4 on or before August 1, 2025

#### Student #1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ M/F

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Preferred Time: \_\_\_\_\_ Half-day (8:00-11:00 AM) \_\_\_\_\_ Full-day (8:00 AM-2:30 PM)

Preferred Days: \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

#### Student #2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ M/F

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Preferred Time: \_\_\_\_\_ Half-day (8:00-11:00 AM) \_\_\_\_\_ Full-day (8:00 AM-2:30 PM)

Preferred Days: \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

#### After Care Program

St. Henry Catholic School offers an After Care Program for students in preschool through eighth grade from 2:35 PM until 5:30 PM. Are you interested in learning more? \_\_\_\_\_ Yes \_\_\_\_\_ No

