



**BLESSED SACRAMENT
SCHOOL**

REGISTRATION FORM 2018-2019

FOR OFFICE USE ONLY:
 \$20 Application Fee
 \$200.00 Registration Fee
 Tuition Plan Selection
 Copy of Birth Certificate
 Copy of Report Card (Grades 1-8 only)
 Health Records
 Entered in MSP: _____

STUDENT INFORMATION

Last Name _____ First Name _____ Middle _____ Male Female

Date of Birth _____ Place of Birth _____ Grade Child Will Be Entering _____

Child's Religion _____ Nationality _____ Home Phone _____

Home Address _____ City _____ State _____ Zip _____

Current School Name: _____ School Town: _____ Grade: _____

Name of Parish _____ Address _____

Church of Baptism (if applicable) _____ Date of Baptism (Month, Date, Year) _____

Name(s) and grade(s) of other siblings attending BSS: _____

MOTHER INFORMATION

Mother's Name _____ Religion _____ Place of Birth _____

Occupation _____ Mother's Email Address _____

Mother's Cell Phone _____ Mother's Work Phone _____ Mother's Maiden Name _____

Mother's Address (If different from student) _____

FATHER INFORMATION

Father's Name _____ Religion _____ Place of Birth _____

Occupation _____ Father's Email Address _____

Father's Cell Phone _____ Father's Work Phone _____

Father's Address (If different from mother or student) _____

CONFIDENTIAL INFORMATION

- For mailing purposes, please indicate if the child's parents are: Married Separated Divorced Father Remarried
 Mother Remarried Father Deceased Mother Deceased
- Who does the child live with: Mother Father Both Other. Please specify: _____
- Are there parenting/custodial issues that we should know about? _____

STUDENT SUPPORT INFORMATION *(Please note that failure to share information regarding any possible special needs will disqualify your child from receiving any special services and may result in discharge from the school)*

- Has your child ever been diagnosed with any learning disabilities? Yes No If yes, please explain: _____

- Is there an Individual Education Plan or 504 Accommodation Plan for your child? Yes No If yes, please explain: _____

*******Please include the most recent copy of your child's IEP or 504 Plan with this application.*******

I certify that the information on this form is accurate to the best of my knowledge. _____

(Signature)

(Date)

Blessed Sacrament School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



**BLESSED SACRAMENT
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PROGRAM SELECTION FOR PRESCHOOL AND PRE-K

To Be Completed ONLY for those students registering for Preschool or Pre-K

STUDENT NAME: _____

PRESCHOOL PROGRAM (3 years of age by December 1, 2018)

Please select the program you prefer:

- 2-Day:** Tuesday & Thursday (8:00-12:00)
- 3-Day:** Monday, Wednesday & Friday (8:00-12:00)
- 5-Day:** Monday-Friday (8:00-12:00)
- Optional Afternoon Add-On** (12:00-2:20): After selecting your preferred program above, please let us know if you plan to add afternoons to any of the days in your selected program (additional charges apply).
- Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

PRE-K (4 years of age by September 1, 2018 for the Pre-K). The base Pre-K program is a 5 day program that runs each day from 8:00-12:00. There is not an option to reduce the number of days. However, there is an optional afternoon program that runs from 12:00-2:20 for an additional charge.

- YES**, I would like to register my child for the 5 day Pre-K program (8:00-12:00)
- Optional Afternoon Add-On** (12:00-2:20): I would like to add the following afternoons at an additional charge.
- Monday** **Tuesday** **Wednesday** **Thursday** **Friday**