



Blessed Sacrament Catholic School



STUDENT ENROLLMENT APPLICATION

Kindergarten - Grade 6

A child entering must be of age for the Preschool or Kindergarten grade level on or before September 1.

Today's Date: _____

Grade applying for: _____

STUDENT INFORMATION:

Gender: Male Female

Student's Legal name: _____

Birthdate: ___/___/_____ Birthplace: _____ Preferred Name: _____

Residential Address _____
Street (Apt. #) City State ZIP

Mailing Address _____
(if different) Street (Apt. #) City State ZIP

In which School District do you reside? _____ Religion: _____

Race: Check only that apply (the following are for New Students applying to the school)

_____ **Asian** identifies as having origins in Far East, Southeast Asia or Indian Sub-continent Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Thailand, Vietnam, etc

_____ **American Indian/Native Alaskan** identifies as one of the two classifications of native Americans

_____ **Black/African American** identifies as black whether from US, Africa or other parts of the world

_____ **Native Hawaiian/Other Pacific Islander** Includes native Hawaiians living anywhere in the US but not non-Hawaiian residents of Hawaii also includes other Pacific Islands; Guam, Samoa, Fiji, Micronesia, Polynesia

_____ **White** Caucasian from any part of the world Including **Middle East** and does not identify as one of the other groups

_____ **Two or more races** person belongs to more than one racial group

Ethnicity: _____Hispanic/Latino _____Non-Hispanic

Languages spoken in the home _____English _____Spanish _____Other specify_____

Has your child previously applied or been enrolled at Blessed Sacrament Catholic School? Yes ___No ___

Did your child attend a Catholic School or Religious Ed. Program last year?

No _____ Yes _____ at _____

Does your child have any medical issues that BSCS needs to know about? Yes _____ No _____

Has your child ever been evaluated for any special needs? IEP's, 504 Plan, etc. Yes _____ No _____

Has your child ever been diagnosed with _____ADD _____LD _____ADHD _____Dyslexia_____

_____ASD _____Speech Impairment _____Hearing Impairment Other_____

Is your child receiving any educational assistance or support services at this time? Yes _____ No _____

If your child has any medical issues that the school should know about, be sure to inform us on the Medical Consent portion.

After Care Program

About the program:

Students are welcome to participate in our program after school that is provided in case parents are unable to pick up child(ren) by 3:15pm. Parents should register the child(ren) in the program if it will be regular occurrence so they are on the roster. Parents that find they are in need of the program during a school day, **MUST** call the office by noon so we can add the name to the list for the volunteers to be notified. The children's safety is our utmost concern and therefore this policy is in place. Registration fee is \$25 and the program fees are found on the Tuition Schedule.

After Care ends at 5:30pm. It never meets on the last school day before Christmas Break or Field Day (the last school day of the year).

Register for the program:

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Please answer the following questions below so we can have a fantastic program.

1. Would you be willing to provide healthy snacks and drinks for the kids?
2. Why do you like the after-care program that is available at BSCS?
3. Which activities are you interested to add possibly in the future?

Academic Tutoring Interactive Socializing Instructional Videos
Fitness Playtime Extracurricular Instructions

Records Required for Registration in BSCS. For Office Use ONLY			
	Birth Certificate copy		Baptismal Certificate
	Social Security card copy		First Reconciliation Certificate
	Immunization Records		First Communion Certificate
	Standardized Tests		Scholarship Application
	Academic / Behavioral Evaluation		

FAMILY INFORMATION & EMERGENCY CONTACT:

Check all applicable Lives w/Both Parents Lives w/Mother Lives w/Father
 Lives w/Guardians Parents divorced Parents separated
 Mother deceased Father deceased Mother remarried Father remarried

Father's Full Name _____
 Home Phone # _____
 Cell # _____
 Father's Occupation _____
 Place of Business _____
 Business Phone # _____
 Religion _____
 Father's email address _____
 Alumni Yes _____ No _____ Year _____

Mother's Full Name _____
 Home Phone # _____
 Cell# _____
 Mother's Occupation _____
 Place of Business _____
 Business Phone # _____
 Religion _____
 Mother's email address _____
 Alumni Yes _____ No _____ Year _____

UNLESS WE HAVE COURT RECORDS ON FILE THAT STATE OTHERWISE, BOTH PARENTS HAVE ACCESS TO THE STUDENT AND ALL OF HIS/HER EDUCATION RECORDS.

ADDITIONAL GUARDIAN INFORMATION

Full Name _____
 Relation to Student: _____
 Home Phone # _____
 Occupation _____
 Place of Business _____
 Business Phone # _____
 Cell # _____
 Religion _____
 Email address _____

Full Name _____
 Relation to Student: _____
 Home Phone # _____
 Occupation _____
 Place of Business _____
 Business Phone # _____
 Cell # _____
 Religion _____
 Email address _____

SIBLINGS	AGE	GRADE	SCHOOL ATTENDING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Paternal Grandparents _____ Email _____
 Address _____
 No. Street Apt. # City State ZIP
 Maternal Grandparents _____ Email _____
 Address _____
 No. Street Apt. # City State ZIP

List any friend or relative who may assume care of your child if you cannot be reached in an emergency.

Name: _____ Relationship: _____ Ph# _____

Name: _____ Relationship: _____ Ph# _____

PICK-UP INFORMATION:

Persons authorized to pick up my child from school: (also, place a star next to persons above allowed to pick up)

Name: _____ Relationship: _____ Ph# _____
 Name: _____ Relationship: _____ Ph# _____
 Name: _____ Relationship: _____ Ph# _____

ALL STUDENTS **NOT** PICKED UP FROM SCHOOL BY 3:15 PM WILL BE SENT TO THE AFTER CARE PROGRAM. THIS WILL INCUR AN INCIDENTAL EXPENSE THAT PARENTS WILL BE REQUIRED TO PAY.

_____ Yes, my child is registered for the Blessed Sacrament Catholic School After Care Program. Please initial _____

MEDICAL INFORMATION AND CONSENT

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance to your wishes:

Emergency Medical Treatment

In the event it comes to the attention of the adults associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I want to be called immediately.

Signature (Parent/Guardian) _____

Date _____

In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of any emergency when you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone _____

Medical Conditions

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My child has _____

Has had an episode of the following or has been diagnosed? Seizures Asthma Diabetic

Allergic reactions to the following (foods, dyes, latex, etc.)? _____

Has had medical surgery within the last six months? No Yes Still under Doctor's care? No Yes

Has a medically prescribed diet? _____

The following physical limitations? _____

You should be aware of these special medical conditions of my child. _____

Insurance Information

Insurance Carrier _____

Name of Insured _____

No, I do not carry medical insurance at this time.

Medications

_____ I hereby **DO NOT GRANT PERMISSION** for medication of any type, whether prescription or nonprescription to be administered to my child unless the situation is life threatening and emergency treatment is required. Please initial _____

_____ I hereby **GRANT PERMISSION** for nonprescription medication provided by the parent(s)/guardian(s) (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. Please initial _____

My child will bring all medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequencies.

_____ **Medication Administration Release Form** is on File. Please initial _____

IMMUNIZATIONS: _____ Yes, a valid copy of my child's immunization record is current and on file.

Please initial _____

I attest that all information included on this application form is true and accurate. I understand that any willful omission or untrue statement could result in my child losing his/her seat in Blessed Sacrament Catholic School.

Parent Signature _____ Date _____

Parent Signature _____ Date _____