



# Blessed Sacrament Catholic School



## STUDENT ENROLLMENT APPLICATION

### Preschool

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

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

\_\_\_\_\_ **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 \_\_\_\_\_

Please share with us why you wish to apply to Blessed Sacrament Catholic School?

\_\_\_\_\_

Does your child have any medical issues that Catholic School needs to know about? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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 yes, please explain \_\_\_\_\_

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

**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 \_\_\_\_\_



# Blessed Sacrament Catholic School



## Preschool Tuition Schedule 2017-2018

All BSCS Families must to register at FACTS for the Tuition Payment Plan by June 30,2017.  
You can set up an account at <https://online.factsmgt.com/signin/448K7> (there is an annual fee for setting up the account of \$40)

Tuition for a child in Preschool class is \$3630

Optional Meal Plan add \$590

### Annual Registration Fees

annual registration fees are per student; mandatory and non-refundable

<i>Categories</i>	<i>Amounts</i>
<i>Books / Workbooks</i>	\$100
<i>Classroom Supplies</i>	\$25
<i>Activities</i>	\$25
<i>Building and Facility</i>	\$25
<i>TOTAL</i>	\$175 per student

### Choices of Payment Plans:

- Annually (paid all at once), FACTS will withdraw on September 4th
- Semi-Annual (paid twice a year), FACTS will withdraw on Sept. 4 and Jan. 4<sup>th</sup>
- Monthly (paid 10 times a year) FACTS will withdraw on 5th or 20th of each month (You choose which date)

AFTER CARE TUITION		
Child	Per day (registered)	Per day (drop in)
1	\$10.00	\$15.00

**TUITION & FEES PAYMENT SPREADSHEET**  
**OFFICE USE ONLY**

Children:

\_\_\_\_\_

Registration Fee   Paid   Tuition Amt   Meal Plan

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Tuition Total      Scholarship      Total charged to FACTS

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Payment plan choices

<b>Payment Plan Options</b>	
	Annually (pay one time) FACTS will withdraw on Sept. 4 <sup>th</sup>
	Semi-Annual (pay twice a year) FACTS will withdraw on Sept. 4 <sup>th</sup> and Jan. 4 <sup>th</sup>

	Monthly (paid 10 times a year)		withdraw from FACTS on 5th of each month
			withdraw from FACTS on 20th of each month

After-Care registration fee	
Paid	Amount

<b>Records Required for Registration in BSCS for Office Use ONLY</b>			
	Birth Certificate copy		Baptismal Certificate
	Social Security card copy		Academic / Behavioral Evaluation
	Immunization Records		Entrance Examination
	Behavioural Evaluation		