

Nursery \_\_\_\_\_  
Pre-K \_\_\_\_\_  
Kdg. \_\_\_\_\_  
Grade 1-8 Gr. \_\_\_\_\_  
Date registered \_\_\_\_\_

**BLESSED SACRAMENT SCHOOL**  
[ ]SDP [ ]SR [ ]PS  
Books ordered: Date: \_\_\_\_\_

Registration Fee \$75.00  
Cash \_\_\_\_\_ Check \_\_\_\_\_  
Credit Card \_\_\_\_\_

**FORM MUST BE FILLED IN COMPLETELY!!!**

Nursery Student must be 3 years old by September 30

Please print all information Pre-K student must be 4 years old by December 1

**SECTION I - Student Information** SCHOOL DISTRICT \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Unlisted? yes [ ] no [ ]

Date of Birth: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Sex: male [ ] female [ ]

Date of Baptism: \_\_\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_

Date of Communion \_\_\_\_\_ Parish: \_\_\_\_\_ Ethnic Origin: [ ] White [ ] Black [ ] Hispanic  
[ ] Asian/Pacific [ ] Other \_\_\_\_\_

**LAST SCHOOL CHILD ATTENDED:** \_\_\_\_\_

Does your child have an IEP or 504 Plan in place? [ ] YES [ ] NO

If yes, we require a copy at the time of registration!

**SECTION II - Parent/Guardian Information**

The following information should be given regarding the adult(s) with whom the student resides.

RELATION (circle one): Father, Step-father, Grandfather, Uncle, Legal Guardian, Other \_\_\_\_\_

Name: \_\_\_\_\_ Religion: \_\_\_\_\_

First

Last

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

Employer: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**RELATION** (circle one): **Mother**, Step-mother, Grandmother, Aunt, Legal Guardian, Other \_\_\_\_\_

**Name:** \_\_\_\_\_ Religion: \_\_\_\_\_

First (Maiden Name) Last

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

Employer: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

PRIMARY EMAIL REQUIRED: \_\_\_\_\_

Does your child currently have an IEP plan in place?  yes  no

Does your child currently have a 504 accommodation plan in place?  yes  no

Does your child currently have a behavioral plan in place?  yes  no

### **SECTION III - EMERGENCY INFORMATION**

**Parents will be the first contact for emergencies. Please list a secondary person in case of an emergency.**

#### **Second Contact**

**Name** \_\_\_\_\_

**Relation** \_\_\_\_\_

**Address** \_\_\_\_\_, \_\_\_\_\_, NY, \_\_\_\_\_

Phone \_\_\_\_\_ Daytime: \_\_\_\_\_ Daytime: \_\_\_\_\_

Cell \_\_\_\_\_ \_\_\_\_\_

In case of emergency, to which hospital should we send your child? \_\_\_\_\_

**PLEASE REMEMBER TO NOTIFY US IF YOU HAVE AN ADDRESS CHANGE, A PHONE NUMBER CHANGE AND/OR A CHANGE IN WHO MAY PICK UP YOUR CHILD. THIS INFORMATION MUST ALWAYS REMAIN CURRENT.**

**Parish Affiliation**

Are you a registered member of Blessed Sacrament Parish?       Yes  No

If yes, are you using Church Envelopes?  yes  no      If **yes**, please state # \_\_\_\_\_

If **no**, do you wish to receive church envelopes?  yes  no

If not a member of Blessed Sacrament Parish,  
with which parish are you a member? \_\_\_\_\_

**PHOTO RELEASE AGREEMENT**

I hereby grant my consent for the use and license of my child's FIRST NAME and likeness, whether instill or in motion, his/her photograph and/or reproduction, including voice and features, with or without names, for any editorial promotion, trade, business or other legal purpose whatsoever.

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

**Why did you choose Blessed Sacrament School?**

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

**Recommended by:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY:**

**RECORDED:**

REG. FEE

PS

SDP

PLACEMENT TEST (Grs.1-8)

Health History

Immunization Record

Physical

Dental