

Please select one:
Full Day _____
Half Day _____

BLESSED SACRAMENT SCHOOL
240 Regent Avenue
Providence, RI 02908

(401) 831-3993

For Office Use Only
Registration Fee _____
Tuition Deposit _____
Rec'd By: _____
Date: _____

PRESCHOOL REGISTRATION

Date _____

Student Name _____ Entering Grade _____
Last Name / First Name / Middle Initial

Date of Birth _____ / _____ / _____ Sex: M F Home Phone _____
Month / Day / Year

Home Address _____
Apartment # / Street # / Street Name / PO Box City / State / Zip Code

Student Resides with: Mother Father Both Other: _____

Legal Guardian Name _____
Last Name / First Name / Middle Initial

Person responsible for tuition payments _____
Last Name / First Name / Middle Initial

Home Address _____
Apartment # / Street # / Street Name / PO Box

Emergency Contact Name _____
Last Name / First Name / Middle Initial

Work Phone _____ Home _____ Cell _____

Home Address _____
Apartment # / Street Number / Street Name / PO Box City / State / Zip Code

Mother's Name _____
Last Name / First Name / Middle Initial

Work Phone _____ Home _____ Cell _____

Home Address _____
Apartment # / Street Number / Street Name / PO Box City / State / Zip Code

Occupation _____ Employed by _____

Email Address _____

Father's Name _____
Last Name / First Name / Middle Initial

Work Phone _____ Home _____ Cell _____

Home Address _____
Apartment # / Street Number / Street Name / PO Box City / State / Zip Code

Occupation _____ Employed by _____

Email Address _____

Parish in which you are registered: _____

If Blessed Sacrament Parish... Budget # _____

Last school attended by this student _____

School address _____
Street# / Street Name City / State / Zip Code

Last grade enrolled _____

Previous address if new to this area _____
Street# / Street Name City / State / Zip Code

Sacraments received by the student:

Baptismal Date: _____ Church _____ City/State _____

First Communion Date _____ Church _____ City/State _____

Family Information:

Religion: Father: _____ Mother: _____ Child: _____

Primary Language spoken in the home: _____ Child's Race: _____

Other children in the family:

Name	Age	School (if applicable)

Does the student have any special health problems? No Yes, explain: _____

Does the student take any medication regularly? No Yes, explain: _____

Has the student ever received special services? No Yes, explain: _____

Speech Therapy Resource Help Remedial Reading Other: _____

Special services dates _____ Location _____

Are special services: continuing terminated

The \$200.00 REGISTRATION FEE IS NON-REFUNDABLE. This secures your child's place. The \$200.00 will be deducted from your first month's tuition. In addition, each family must sell \$100 in Ten Week Club tickets or pay the \$100 themselves.

THERE WILL BE NO REFUNDS FOR SICKNESS OR INCLEMENT WEATHER IN THE PRESCHOOL PROGRAM.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Legal Guardian's Signature _____ Date _____