

BLESSED SACRAMENT SCHOOL
240 Regent Avenue
Providence, RI 02908
(401) 831-3993
**3 YEAR-OLD PRESCHOOL
REGISTRATION**

For Office Use Only
Registration Fee \$200.00

Rec'd By: _____
Date: _____

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 _____

U.S. Census Bureau Race/Ethnicity Reporting — Child should be identified by category of which he/she is most characteristic. Please circle one option from each category.

Race: (circle one) White American Indian/Native Alaskan Black/African American
Native Hawaiian/Other Pacific Islander Asian Two or more races

Ethnicity: (circle one) Hispanic or Latino Not Hispanic or Latino Town in which Taxes are paid: _____

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 _____

Family Information:

Parent's Religion: Father: _____ Mother: _____

Primary Language spoken in the home: _____

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, If yes, please explain: _____

Please circle all that apply: 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 the child's place. The \$200.00 will be deducted from your balance. Please go to FACTS tuition <https://online.factsmgt.com/signin/3HRDF> and choose the payment plan that best suits your needs. There are no refunds for illness or inclement weather at Blessed Sacrament School.

Father's Signature _____ Date: _____

Mother's Signature _____ Date: _____

Guardian's Signature _____ Date: _____