

BLESSED SACRAMENT SCHOOL  
240 Regent Avenue  
Providence, RI 02908  
(401) 831-3993  
4 year old  
**PRESCHOOL REGISTRATION**

*For Office Use Only*  
Registration Fee \_\_\_\_\_  
Tuition Deposit \_\_\_\_\_  
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 \_\_\_\_\_

First Communion 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)

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 balance. Please go to FACTS tuition <https://online.factsmtg.com/signin/3HRDF> and choose the payment plan that best suits your needs. There are no refunds for illness or inclement weather in the preschool program.**

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_