

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

For Office Use Only
Tuition Deposit \$200.00
After Aug. 1st: \$530.00
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

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: _____

Blessed Sacrament 4 year-old Preschool Tuition Policy and Contract

Tuition Policy: Tuition costs are set yearly. Because the school has full-year contractual and financial obligations that must be met, such as teacher salaries, heating and electric bills, building maintenance and improvements, and other expenses, families that accept enrollment are required to satisfy the full annual tuition in a timely manner, as described in the School's Tuition Contract. All families with children attending the School are required to have a tuition contract on file ("Agreement") which is signed by the child's parents/guardians. If the parents/guardians are relying upon another individual to make payment or partial payment of the tuition, the parent/guardian is required to also have that individual sign this agreement.

This annual published tuition amount may include certain related fees. The tuition amount does not include incidental fees, such as club and activity fees, lunch fees, fundraising or fees for before or after school care.

Blessed Sacrament School uses the FACTS Tuition Management System. There are no in-house accounts or billings for tuition. All tuition billings will be handled by the FACTS Tuition Management System.

General Tuition Conditions and Agreements:

- Students may not attend classes until all tuition forms are received and verified by the school.
- All prior years' tuitions and fees must be paid in full before an official class schedule will be prepared for the student.
- August tuition payment must be paid in full before the student will be admitted to class.
- Missed payments must be made within 14 days in order for the student to continue in classes.
- In the event of unusual or extenuating circumstances, parents/guardians must request a face-to-face conference with the head of school. No arrangements will be discussed over the phone.

Late and Missed Tuition Payments:

- If parents/guardians sign up for automatic withdrawal (ACH) and miss a payment due to insufficient funds, they will be automatically charged a \$30.00 fee by FACTS Tuition Management and may incur a similar charge from their banking institution.
- All missed payments must be caught up and paid within 14 days.

Tuition Delinquency:

If parents/guardians do not remit tuition payments as described above, they will be considered delinquent and are subject to interest, late fees, and penalties. While a serious and charitable effort may be made to collect tuition, the school may use any legal means necessary to remedy tuition delinquencies, including using a third-party collection agency. All fees or costs incurred in collecting amounts owed may be included in the balance due.

Families with delinquent tuition balances during a school year also are subject to the following:

- Students with accounts more than 14 days in arrears will not be allowed to attend classes until the payment is received.
- Students missing more than 15 days of class due to overdue tuition may be asked to formally withdraw from school and official transfer papers will be processed.
- Students may not be permitted to take semester or final exams until all tuition and fee obligations have been cleared.
- Graduating students may not be permitted to participate in graduation ceremonies or activities until all tuition and fee obligations have been cleared.

- However, when a student (or the school to which he or she has transferred) requests a transcript of his or her school record, the transcript may not be denied on the grounds that the student has not paid his or her tuition.

Tuition Obligation Upon Withdrawal

If a family decides to withdraw its student from the school, the following schedule shows its financial obligation to the school:

Withdrawal on or before this date:	Family must pay this portion of annual tuition:
September 30	25%
October 31	50%
January 31	75%
On or After February 1	100%

The withdrawal process begins by notifying the Principal’s Office. The withdrawal date in the above schedule is the official withdrawal date as recorded by the Principal’s Office. If the family paid a greater amount of tuition than the amount required in the above schedule as of the withdraw date, the balance will be refunded to the parent.

Note that, regardless of when or why a student withdraws or is required to withdraw:

- Registration and other incidental fees are non-refundable and will not be returned; and
- The student may not return to the school, or transfer to any other Catholic school, until any and all prior tuition obligations for all school years have been met.

Dismissal

If at any time the School determines, in its sole discretion, that it cannot successfully provide a student a Catholic education or that allowing a student to continue his or her education at the school would hinder the School’s mission or operation, regardless of whether it is because of the student’s conduct, his or her parent’s/guardian’s conduct or any other outside circumstances, the School may require the parents/guardians withdraw the student. In such an instance, any tuition or enrollment fees paid in advance will be refunded to the family according to the withdrawal schedule provided above, unless the reason for the involuntary withdrawal was a result of severe disciplinary reasons. Students who leave the school as a result of severe disciplinary action will be responsible for paying the full tuition. Nothing contained in any other policy, handbook or verbal conversation can alter or minimize the School’s unilateral discretion to terminate a student’s enrollment.

Financial Aid:

- Families must register for admission and also apply for financial aid each and every year in order to be eligible for financial aid. Awards are not automatically renewable.
- Families apply for aid through FACTS Tuition Management.
- Financial Aid will be awarded based on ranked, verified, demonstrated financial need.
- Families must declare all sources of tuition assistance; parish, diocese, outside resources, etc.
- Financial Aid awards will be pro-rated over 10 months.
- If a student withdraws from school before the end of the year, financial aid will be proportional to the time the student attended school.

Blessed Sacrament 4 year-old Preschool
240 Regent Ave.
Providence, RI. 02908
401-831-3993

Tuition Agreement for _____
Student Name(s)

Parent or Guardians:

Your signature on this Agreement is a promise to pay tuition in accordance with the terms herein. You agree to pay tuition to Blessed Sacrament School for the 2019-2020 academic year in the amount of \$5,200.00 per child (\$5,100.00 if registered before July 1st) + the ten-month club fee of \$100.00 per family. This amount does not include **incidental fees**, such as club and activity fees, lunch fees, fundraising or fees for before or after school care. You must make payments to the School's designated tuition management program. Blessed Sacrament uses FACTS Tuition Management. There are no in-house accounts or billings. You have the option to pay by check, credit card (online), ACH withdrawal, money order, or debit card (online). Payments made in the office will be credited to your FACTS account and posted online. Money orders are strongly preferred over cash payments.

You must be enrolled in your selected tuition payment plan by June 1, 2019. You have the option of paying tuition in **One of Three Ways:**

Option 1: Full Payment. (Waives FACTS enrollment fee of \$45.00)

Payment of tuition is due on or before 08/05/2019 (Student may not begin class until tuition is paid in full).

Option 2: Pay in two equal installments. (FACTS enrollment fee is reduced to \$10.00)

First 50% installment is due on or before 08/05/2019

Second 50% installment is due on or before 01/05/2020

Option 3: Ten-Month Plan. (Online, auto pay, or by invoice) Families choosing invoice option will pay an additional \$12.00/month processing fee.

August, 2019 thru May, 2020. FACTS contract allows parents to choose the 5th or the 20th of the month to process payments.

I certify that a tuition management account online has been opened for the aforementioned student's tuition. My choice of payment is checked below:

- Option 1: Full Payment
 Option 2: Pay in two equal installments
 Option 3: Ten-Month Plan

In consideration of the opportunity to enroll my student, and other good and valuable consideration, the sufficiency of which is hereby acknowledged, I, the undersigned parent/guardian or other payer of tuition, agrees to all of the provisions of this Agreement and I understand, and agree to, each of such provisions. I understand that this is a binding contract with Blessed Sacrament School to make the payments set forth herein. All signatories are jointly liable under this Agreement.

First Parent (or Guardian) (Signature)

Date

Printed Name: _____

Second Parent (or Guardian) (Signature)

Date

Printed Name: _____

Additional Individual Also Responsible for Tuition:

(Signature)

Date

Printed Name: _____

Relationship: _____



BLESSED SACRAMENT SCHOOL

SPES MESSIS IN SEMINE... *THE HOPE OF THE HARVEST IS IN THE SEED*

4 Year-old Preschool Registration Guidelines

2019-2020

4 year-old Preschool Admissions Prerequisites:

Blessed Sacrament School does not discriminate on the basis of race, color, or national origin. The age for the 4 year-old preschool child is stated as being between 4 and 5 years of age. A child may be considered for admission to the school when the following conditions are met:

1. The child will have attained the age of four (4) by September 1st of the year in which admission is sought.
2. **The child must also be toilet-trained. The term "toilet-trained" is defined as the ability to control bladder and bowel functions, and be able to use the bathroom unassisted. The child must be able to take total responsibility for his/her personal needs in the bathroom. Please refer to the Parent/Student handbook for more on this topic.**

School Hours

The school year runs from late August to June. Our day begins at 8:15 AM and ends at 2:30 PM. Before school care is available from 7:00AM-8:15AM and after-school care from 2:30PM-5:30PM. School begins promptly at 8:15AM. Excessive tardiness causes great disruption to the program. Families with more than six tardies in a trimester must meet with the teacher. Unexcused or excessive tardiness is not acceptable and may result in dismissal from the program.

Tuition Policy

All students must have a tuition contract, signed by their parent/guardian, or other responsible person, on file in the school office. A tuition account must be established with the FACTS tuition collection service and can be accessed at <https://online.factsmgt.com/signin/3HRDF>. All tuition payments will be processed by the FACTS Company and no receipts will be issued in the office.

FUNDRAISING – Each family is required to sell \$100.00 worth of Ten Month Club tickets or pay the \$100.00 themselves. **The amount due has been included in your annual fee. Make sure to fill out your tickets for a chance to win!**

A thirty dollar (\$30.00) fee will be added to your account if any check written to the school is returned from a bank.

NOTE: In fairness to all concerned, the regulations stated in this guideline contract will be strictly enforced.

AGREEMENT

I have read and agree with the above regulations and will comply with them

Name of Child/Children (Please Print)

Grade

Signature of Parent/Guardian

Rev Charles R. Brondin

Pastor

January, 2019

Date



HEALTH HISTORY

Parents, please provide all health information requested in this double sided form.



Student Last Name	Student First Name	Student Middle Name	Student's Date Of Birth
_____	_____	_____	____/____/____

STUDENT & PARENT/GUARDIAN ADDRESS:

Street No.	Street Name	Apt/Unit/Floor	City	Zip Code
_____	_____	_____	_____	_____

FAMILY INFORMATION: (please print)

Parent/Guardian Last Name	Parent/Guardian First Name	Primary Telephone	<input type="checkbox"/> Other	<input type="checkbox"/> Work Number
_____	_____	() _____	() _____	_____

Mother Father Legal Guardian Other: _____ Preferred Language: _____

EMERGENCY CONTACT INFORMATION: (please print)

Emergency Contact Last Name	Emergency Contact First Name	Primary Telephone	<input type="checkbox"/> Other	<input type="checkbox"/> Work Number
_____	_____	() _____	() _____	_____

Relationship to the Student: _____ Preferred Language: _____

Emergency Contact Address: _____ City: _____, State: _____

MEDICAL DOCTOR/CLINIC:

Physician/Clinic Name	Street/City/State/Zip Code	Telephone
_____	_____ () _____	_____

MEDICAL HISTORY: (Please check yes or no for each of the following diseases or conditions.)

<input type="checkbox"/> Yes <input type="checkbox"/> No Chickenpox	<input type="checkbox"/> Yes <input type="checkbox"/> No Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No Headaches
<input type="checkbox"/> Yes <input type="checkbox"/> No German Measles (Rubella)	<input type="checkbox"/> Yes <input type="checkbox"/> No Whooping Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No Diabetic
<input type="checkbox"/> Yes <input type="checkbox"/> No Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No Vision Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No Frequent sore throat
<input type="checkbox"/> Yes <input type="checkbox"/> No Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No Hearing Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No Kidney Problems
<input type="checkbox"/> Yes <input type="checkbox"/> No Pneumonia	<input type="checkbox"/> Yes <input type="checkbox"/> No Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No Heart Problems
<input type="checkbox"/> Yes <input type="checkbox"/> No Rheumatic Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No Eczema	<input type="checkbox"/> Yes <input type="checkbox"/> No Speech Problems
<input type="checkbox"/> Yes <input type="checkbox"/> No Scarlet Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No Seasonal Allergies pollen, grass, trees, etc..

Does your child have allergies to food or medicine? YES NO If you answered yes, was there an Epi-Pen prescribed? YES NO please explain: _____

Does your child currently suffer from a serious medical condition? YES NO
If you answered yes, please list the medical condition: _____

Has your child had any surgeries? _____ Yes No Year: _____

Has your child had any accidents or injuries? _____ Yes No Year: _____

Pre-K & K Students has your child had a lead screening? _____ Yes No Date: _____

STUDENT'S NAME:

DATE OF BIRTH

Last Name

First Name

Middle Name

Month

Day

Year

MEDICATIONS:

Is the student currently taking any medications or treatments?

Yes No

- 1. _____ Dosage: _____ How many times a day? _____
- 2. _____ Dosage: _____ How many times a day? _____
- 3. _____ Dosage: _____ How many times a day? _____
- 4. _____ Dosage: _____ How many times a day? _____

FAMILY HEALTH HISTORY

Is there any family member in the household with a serious health condition that is important to share with us?

Relationship: _____ Condition: _____

IN THE SPACE BELOW, PLEASE PROVIDE ANY ADDITIONAL HEALTH INFORMATION, WHICH YOU FEEL WOULD BE HELPFUL TO THE SCHOOL NURSE-TEACHER.

Who is providing this information? Parent Guardian Nurse Teacher, Registration Center

What school did your child last attend?

School Name: _____

City/Town

State

Telephone Number

Has the student recently lived/traveled outside of the United States of America?

Yes

No

If you answered yes, please list the location and length of the student's stay.

Location: _____

Length of Stay: _____

I UNDERSTAND THAT THIS INFORMATION MAY BE SHARED AND DISCUSSED WITH APPROPRIATE SCHOOL PERSONNEL WHEN NECESSARY. I GIVE PERMISSION FOR SCHOOL PERSONNEL TO COMMUNICATE AND EXCHANGE INFORMATION WITH THE STUDENT'S PHYSICIAN/CLINIC, IF NECESSARY.

Signature Parent/Guardian

Date

School Name & Address:
Blessed Sacrament School
 240 Regent Avenue
 Providence, RI 02908



Health Care Provider Name and Address:

Grade: _____

**STATE OF RHODE ISLAND
 SCHOOL PHYSICAL FORM**

Phone: _____

This form may substitute for any district-issued form. All districts must accept this form. General health examinations shall be documented in a standardized format with one copy available from the Rhode Island Department of Health or in any such format that captures the same fields of information (R16-21SCHO Section 8.4)

Student Name: Last	First	Middle	Date of Birth	Sex
Address: Street	Apt #	City	State	Zip Code
			Home Phone	

PLEASE COMPLETE ALL INFORMATION BELOW (May attach immunization transcript).

IMMUNIZATIONS				
Please enter dates in MM/DD/YYYY format				
Hepatitis B				
Diphtheria-Tetanus-Pertussis DTaP < 7 years				
Pneumococcal Conjugate PCV				
Polio				
Haemophilus Influenzae Type B Hib				
Measles-Mumps-Rubella MMR				
Varicella			<input type="checkbox"/> Student has history of varicella disease	
Tetanus-Diphtheria-Pertussis Tdap/Td > 7 years				
Rotavirus				
Hepatitis A				
Meningococcal				
HPV				
Influenza				

Medical Exemption:

- Hep B
 DTaP
 PCV
 Polio
 Hib
 MMR
 Varicella
 Td/Tdap
 Rotavirus
 Hep A
 Mening
 HPV
 Influenza

PHYSICAL EXAMINATION

Date of PE ____/____/____ Height _____ Weight _____ BP _____

PLEASE NOTE ANY HEALTH PROBLEM, CHRONIC HEALTH CONDITION OR DISABILITY THAT MAY AFFECT BEHAVIOR OR HEALTH AT SCHOOL:

- ASTHMA: No Yes If yes, complete an *Asthma Action Plan* (www.health.ri.gov/publications/actionplans/2012Asthma.pdf)
- ALLERGIES: No Yes (Please explain) _____ EPINEPHRINE AUTO-INJECTOR REQUIRED: No Yes
 If student has a severe allergy (food, insect, other) complete a *Food Allergy & Anaphylaxis Emergency Care Plan* (www.foodallergy.org/document.doc?id=234)
- DIABETES: No Yes If yes, complete a *Physicians Order Form For Students With Diabetes* (www.health.ri.gov/forms/school/PhysicianOrdersForStudentsWithDiabetes.pdf)
- OTHER: _____

Treatment Plan: _____

RESTRICTIONS: Can participate in physical education/sports: Fully With limitation _____

MEDICATION (REQUIRED AT SCHOOL): No Yes (Please list) _____

Other medication(s) that may affect behavior or health at school: _____

LEAD SCREENING (Required for children < 6 years old) Student is in compliance with lead screening requirements: Yes <input type="checkbox"/> No <input type="checkbox"/>	SCOLIOSIS SCREENING Yes <input type="checkbox"/> No <input type="checkbox"/>	VISION SCREENING (Children entering Kindergarten) <input type="checkbox"/> Passed Screening <input type="checkbox"/> Screened & referred for comprehensive exam <input type="checkbox"/> Referred for comprehensive exam, but not screened
TUBERCULOSIS (If required by school district) Date of TB test: _____		Screening / Referral Date: _____ Comprehensive Exam Date: _____

HEALTH CARE PROVIDER SIGNATURE: _____ DATE: _____

PRINT NAME: _____

**Blessed Sacrament School
240 Regent Avenue
Providence, RI 02908**

Authorization for Release of School Records

Name of the school your child is transferring from

Street Address

City

State

Zip Code

PLEASE RELEASE THE OFFICIAL RECORDS OF:

Name of Student: _____

**TO: Mr. Christopher Weber, Principal
Blessed Sacrament School
240 Regent Avenue
Providence, RI 02908**

Signature of Parent/Guardian: _____

Date: _____

Thank you for your cooperation

Blessed Sacrament PreSchool

2019-2020 Registration Acknowledgements

The preschool handbook, and Acceptable Use of Technology form are available on the school's website. Your signature below each category indicates you, and your student(s), have read and agree to the terms found in each notice. **This signature sheet must be returned with your registration paperwork.** If you have any questions about the agreements, you can find each of them on the school webpage, <http://blessedschoolpvd.com>.

Student Name: _____ Grade: _____

1. I have read and agree to the terms found in the Blessed Sacrament School Handbook.

Parent Signature

Please print

2. I have read and agree to the terms found in the Blessed Sacrament School Acceptable Use of Technology Form.

Parent Signature

Please Print

Student Signature

Please Print

3. If you would like your student's photo to be excluded from school publications and social media posts, please check the box below.

I do not want my child's image used in school promotional materials and acknowledge that he/she may be excluded from certain school events as a result.

