



Blessed Sacrament School
605 Central Ave.
Albany, NY 12206
(518)438-5854
Maureen Daurio, Principal



New Student: _____

Re-Registration: _____

REGISTRATION 2022-2023

\$95 Registration Fee
(payable by cash or
check): []

SECTION I: Student Information [Please print clearly.]

Student Name: _____ Incoming Grade Level: _____

Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Public SCHOOL DISTRICT OF RESIDENCE: _____ Male _____ Female _____

Student's Religion: _____ Catholic _____ Protestant _____ Jewish _____ Muslim _____ Other _____

If **Catholic**, please complete the following:

Date of Baptism: _____ Parish: _____ City: _____ State: _____

Date of Communion: _____ Parish: _____

Immigration Information: (REQUIRED)

Child's Date of Birth: ____/____/____ City of Birth: _____ State: _____

Was your child born outside of the United States? _____ Yes _____ No

If YES, please answer the following questions:

Country of Birth: _____ City of Birth: _____

Entry Date to United States: _____ Entry Date to New York Schools: _____

A legal copy of a birth certificate is required to be on file.

Student Race and Ethnicity:

Please read the following questions carefully and answer them both.

*For Question 1. Please select only ONE of the following:

1. _____ YES, Hispanic _____ NO, not Hispanic

2. Select ONE or MORE races from the following racial groups. (Make sure you select **at least** one.)

_____ AMERICAN INDIAN OR ALASKA NATIVE
_____ ASIAN
_____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
_____ BLACK OR AFRICAN AMERICAN
_____ WHITE

Student Data:**Educational:**

Previous School or Daycare: _____ Phone: _____

Current School: _____ Current GPA: _____

Has your child currently or in the past received special education service(s) or accommodation(s) through an:

Individual Education Plan: (IEP) _____ Yes _____ No Provide Copy of Current Plan (Date) _____

504 Accommodation Plan _____ Yes _____ No Provide Copy of Current Plan (Date) _____

I hereby grant permission for BSS to contact my child's previous school/daycare:

Parent Signature: _____

SECTION II: Parent/Guardian Information (FILL IN COMPLETELY)

Parent 1 (Living in the household with the child listed above).

Name: _____

Relationship to Student: _____

Address: _____

City: _____ State: _____

Email: _____

Cell Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Employer: _____

Parent 2 (Living in the household with the child listed above).

Name: _____

Relationship to Student: _____

Address: _____

City: _____ State: _____

Email: _____

Cell Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Employer: _____

Is there a legal custody arrangement?

____ **YES** ____ **NO**

(School MUST have a copy)

Attach a certified copy of the court decision bearing the case number and those sections referring to visitation rights and contacts with the school. Include the page bearing the judge's signature and court seal. Copy should include any and all modifications made as of date of registration of the child in this school. ***It is the Responsibility of the parents to inform the Principal of any subsequent modifications during the child's tenure at the school.***

Does a non-residential parent have contact with child? ____

Is there a court decision that states that non-residential parent should NOT receive information or attend school activities? ____

Is the non-residential parent responsible for paying tuition: ____

Non-Residential Parent _____

Current Address: _____

Current Phone: _____

Email: _____

Siblings in Same Household (Not attending BSS): Grade:

School:

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: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

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.

FACTS Tuition Management Account (REQUIRED)

Blessed Sacrament School uses FACTS tuition. You may set up a tuition schedule in your online account. Tuition payment(s) will automatically be withdrawn from your FACTS tuition account. Other fees, including AfterCare (if registered), and activity fees will be charged through the same account. Administration reserves the right to bill all fees and arrears to an active FACTS account. Notification will be provided by FACTS Tuition management.

-I understand that if my FACTS tuition account is in delinquency it may impact enrollment.

____ Parent Initials

-I understand that a FACTS Grant and Aid application is required for consideration for tuition assistance.

I acknowledge the financial responsibilities related to the enrollment of students at BSS.

Parent Signature

Registration Fee (Non-Refundable)

\$95.00 Student Registration Fee (Once paid, holds your child's place in the class).

Office Use Only:

Registration fee paid date: _____ Method: Cash [] Check []

Start Date: _____

Received: BC _____ Physical _____ Immunization _____

Notes: