



OUR LADY OF THE BLESSED SACRAMENT CATHOLIC ACADEMY

2019 – 2020 Registration Application

Please indicate grade (K-8) _____ New family grant \$500 _____

Nursery - 3 yr. old – 5 ½ days (8:05-11:00AM) _____

3 full days (Mon.& Fri. 8:05AM-2:40PM, Wed. 8:05AM-1:10PM) _____

5 full days (Mon.,T., Th., Fri. 8:05AM-2:40PM, Wed. 8:05AM-1:10PM) _____

Refer A Family Referring Family _____

Last Name _____ First _____

Middle _____ Sex _____

Address _____

Zip _____ Telephone Number _____

Ethnicity _____ Hispanic _____ yes _____ no

E-Mail address _____

Date of Birth _____ Place of Birth _____ Religion _____

(City and State)

Language Spoken at Home _____ Language of Child _____

To what parish church or religious community are you affiliated with?: _____

Are you a registered member?: YES _____ NO _____

Child's School Experience: (including Nursery, Pre K and Kindergarten)

Name _____ Address _____ Grade _____

Name _____ Address _____ Grade _____

Name _____ Address _____ Grade _____

Has your child ever been tested by the Committee for Special Education (EI, CSE or CPSE)?

Yes _____ NO _____ If YES: Date _____

Name of School _____

Does your child have a current Individualized Education Plan (IEP or IESP)? Please provide a copy.

YES _____ NO _____

SACRAMENTS:

BAPTISM: Church _____ Date _____

Location _____

FIRST COMMUNION: Church _____ Date _____

Location _____

RECONCILIATION: Church _____ Date _____

Location _____

CONFIRMATION: Church _____ Date _____

Location _____

PARENT INFORMATION:

Married _____ Divorced or Separated _____ Remarried _____

Father's (Guardian's) Name _____

Living Yes _____ No _____

Father's (Guardian's) Address _____

Cell Phone Number _____

Place of Birth _____ Religion _____
(City and State)

Occupation _____

Business Address _____ Phone # _____

Mother's (Guardian's) 1st Name and Maiden Name _____

Living Yes _____ No _____

Mother's (Guardian's) Address _____

Cell Phone Number _____

Place of Birth _____ Religion _____
(City and State)

Occupation _____

Business Address _____ Phone # _____

Other children in Our Lady of the Blessed Sacrament Catholic Academy:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

In case of emergency, please contact (other than parents/guardians):

Name _____ Tel. # _____

Address _____ Relationship _____

Name, address and phone number of the person responsible for the payment of the registration fee, tuition and fees: _____

How did you hear about Our Lady of the Blessed Sacrament Catholic Academy? (please check all that apply)

- _____ Google Ad
- _____ Internet search
- _____ Website
- _____ I was referred by _____

- _____ I am a Parishioner
- _____ Newspaper Ad
- _____ Neighbor
- _____ Other

For Office Use Only:

_____ Registration Fee: Check _____ Cash _____

_____ Contract

_____ Birth Certificate

_____ Immunization Record

_____ Baptismal Certificate

_____ Report Card (grades 2-8)

_____ IEP (if applicable)

Sacraments _____

Test Scores _____



**PARENT-SCHOOL CONTRACT
SCHOOL YEAR 2019 - 2020**

I desire to enroll my child/children as a student in Our Lady of the Blessed Sacrament Catholic Academy (OLBSCA). I agree to the following conditions:

- To comply with regulations that my child/children, Catholic or non-Catholic, must:
 1. Take religion as a subject area.
 2. Participate in the prayers said throughout the day.
 3. Participate in religious functions in the Church or elsewhere.
- To respect, support and cooperate with the administration, teachers, and all personnel involved in my child/children's education.
- To abide by school policies and regulations printed in the school handbooks, memos, etc.
- To pay the **REQUIRED TUITION** and fees at the specified times. If I foresee difficulty in meeting the payment dates, I will inform the OLBSCA principal and work with the principal and Board of Directors' Tuition Assistance Committee to satisfy my payment obligations to ensure that my child/children can continue their education at OLBSCA. OLBSCA reserves the right to refer my account to their collection agency or attorney for non-payment. In that event, I will be responsible for all collection and/or litigation costs in addition to the tuition and/or fees.
- All students must show proof of complete immunization in accordance with NYCDOHMH regulations.
- To attend the Academy Parent Association Meetings/Parent-Teacher Conferences when scheduled.
- To be sure that my child is prepared for school each day:
 - Homework completed
 - Prepared for tests
 - Wears the entire/required uniform
 - Has the required school supplies
 - Has parent's signature where needed

Principal

Parent/Guardian

Names of Children:

Grade

Date
