



Kindergarten Application

Forms and fees to be returned to:
Blessed Sacrament School
2407 Dixie Hwy
Ft. Mitchell, KY 41017
bssoffice@bssky.org

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2026-27 School Fees

Half Day Kindergarten:

- \$260 per student if paid with cash or check; \$20 discount per student if paid with cash/check by May 1, 2026
- \$275 per student if paid with credit card

Full Day Kindergarten:

- \$420 per student if paid with cash or check; \$20 discount per student if paid with cash/check by May 1, 2026
- \$440 per student if paid with credit card

School fees help cover the costs of books, supplies, field trips, and cafeteria management fees. They are due at the time of application to hold your child's spot and are **non-refundable after 5/15/2026**.

Name on Card _____

Card Number _____

Expiration Date _____ 3-Digit Security Code _____



Kindergarten Application

Student & Parent Information

_____ Full Day Kindergarten, Monday - Friday 7:20-2:00
_____ Half Day Kindergarten, Monday - Friday 7:20-10:50

STUDENT INFORMATION

Legal Name _____ Gender: F M
First Middle Last

Nickname to be used in class _____ Race _____ Hispanic Ethnicity? N Y

Address _____
Street City State Zip

Birthdate _____
Date City State

Baptism _____
Date Church City State

Child lives with: FATHER MOTHER BOTH Legal custody documents must be on file in the school office.

PARENT / GUARDIAN INFORMATION

MOTHER'S INFORMATION

Name _____
First Last Maiden

Phone: C _____ W _____

Email _____

Address _____

Occupation _____

Employer _____

Education _____

Birthdate _____

Religion _____

Marital Status _____

Step-Father _____

FATHER'S INFORMATION

Name _____
First Last

Phone: C _____ W _____

Email _____

Address _____

Occupation _____

Employer _____

Education _____

Birthdate _____

Religion _____

Marital Status _____

Step-Mother _____

Permission to share:

Phone	YES	NO
Email	YES	NO
Address	YES	NO

Permission to share:

Phone	YES	NO
Email	YES	NO
Address	YES	NO



Kindergarten Application

Student & Parent Info, Continued

1. Are you a registered member of Blessed Sacrament Parish as of December 31 of last year?

Yes_____ No_____ Month_____ Year_____

(Active Parishioner_____ Inactive/non-Parishioner _____)

If registered and active at another Parish, list Parish here_____

2. Do you have a child presently enrolled in our school? Yes_____ No_____

3. List the name of the preschool or school your child attended. _____

It is necessary for the school office to have a COPY of your child's:

- **birth certificate**
- **social security card**
- **baptismal certificate**
- **immunization certificate**

Fees are non-refundable after 5/15/26 and due at the time of registration to hold your child's spot.

Blessed Sacrament School utilizes FACTS Tuition Management Co. for tuition payments. Each new school family will receive additional instructions in order to create a FACTS tuition account.

How did you hear about Blessed Sacrament School?

Thank you!



Student Medical Information

STUDENT NAME:	
DOCTOR:	
Address:	
Phone:	
DENTIST:	
Address:	
Phone:	
INSURANCE:	
HOSPITAL:	

1. Does your child have any allergies (drugs, food, insects, grass, pollen, animals, latex etc.)? **YES** **NO**
 - a. If yes, please list: _____
 - b. What do you do for a reaction? _____
 2. Does your child have any illnesses or health conditions? _____
 3. Is your child on any medication on a routine basis at home? _____
 4. Will your child be taking any medication during school hours? _____
 - a. If so, the medication must be brought by an adult to the school office and a permission slip must be completed by the parent. Students are not permitted to carry medicine with them during the school day. Permission slips for Asthma and Food Allergy Medications are also in the office.
 5. Does your child have any physical disabilities? _____
 6. Does your child have any limitation on activities? _____
 7. Does your child need any special attention because of health problems? _____
-
8. Is your child physically able to participate in regular physical education classes? **YES** **NO**
 - a. A written excuse is necessary for a student to be excused from physical education classes.

I acknowledge that this form was completed as honestly and accurately as possible.

Parent Signature _____ **Date** _____



Student Academic Information

Student's Name _____

Current Grade _____

Date _____

1. Has your child been seen by a speech therapist or occupational therapist?

YES NO

If YES – explain

2. Has your child had any academic evaluations by the county or a private physician/psychologist?

YES NO

If YES – explain (include dates of testing)

3. Has your child been evaluated by his/her doctor for attention or psychological issues?

YES NO

If YES – explain (include dates of testing)



Custodial / Non-Custodial Information

The Diocese of Covington requires all parents to complete and return the following regarding child custody. Please return this form with registration papers.

☐

Parents married & living in same residence

☐

Parents divorced / separated with joint custody

☐

Name of custodial parent _____

Name of non-custodial parent _____

1. **Legal documentation naming the custodial parent must be submitted to the Blessed Sacrament school office** (Financial information does not need to be included).
2. **Instructions regarding distribution of student progress should be submitted to the school office.**
3. **Instructions regarding release or non-release of students to non-custodial parents must be submitted to the school office.**

Student Name(s) _____

Signature of Custodial Parent _____

Date _____

Diocesan Custodial / Non-Custodial Liability Information on Next Page



Diocesan Custodial / Non-Custodial Liability Information

Blessed Sacrament School sets as one of its major goals the effective communication among the school, the home and the student. Only when all parties are actively engaged in the educational process can we maximize the benefit to the student entrusted to our care. There are, however, rules and laws that we must observe in carrying out this intercommunication. Of particular concern is the situation of the student whose parents are divorced and for whom custody has been granted to one parent.

The federal Family Rights and Privacy Act (Buckley Amendment) provides that “An educational agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding document relating to such matters as divorce, separation, or custody that specifically revokes these rights”. In Kentucky the education of the child upon divorce of the parents has been addressed by the state in a way that impacts on the above federal legislation. KRS 403.330(1) provides that “Except as otherwise agreed by the parties in writing at the time of the divorce decree, the custodian may determine the child’s upbringing, including his education, health care, and religious training, unless the court, after hearing, finds, upon motion by the noncustodial parent, that in the absence of a specific limitation of the custodian’s authority, the child’s physical health would be endangered or his emotional development significantly impaired”

Thus, our responsibility for the student and the confidentiality of information about student progress at Blessed Sacrament School and the noncustodial parent’s rights regarding the child’s education are subject to the provisions of state law. Kentucky law stipulates that the custodial parent has the right to “determine the child’s upbringing, including his education...” **Therefore, Blessed Sacrament School will not grant the noncustodial parent, or his/her agent, access to the student while at school, will not release the student to anyone other than the custodial parent, except as directed by the custodial parent, and will not permit the noncustodial parent to inspect student records, receive progress reports or participate in teacher conference unless one or more of the following intervene:**

1. The divorce decree specifically authorizes such release and/or participation to the noncustodial parent:
2. Specific, written permission is granted by the custodial parent and is on file in the school:
3. A court order is issued granting permission to release the student, or information about the student, to the noncustodial parent.

We realize that divorce and separation from participation in the life of one’s children can be traumatic and emotional. However, Blessed Sacrament School will not be put in the middle of disagreements between divorced parents. It is the parents’ responsibility to come to terms on the education of the child and to decide who will be active participants and to what extent. We ask only that the school be given written instructions by the custodial parent on how we are to proceed with respect to requests from the noncustodial parent. Please do not ask the principal or teachers to take sides, to arbitrate familial disagreements or to circumvent the stated instructions of the custodial parent. We will do all in our power to keep lines of effective communication open according to the terms of the documents we have on file.



Photo Release

Blessed Sacrament School is very aware of the need to protect our children. Children will never be identified by both name and image. Please select an option below and sign/date this page at the bottom.

☐

Yes, as the guardian of the child listed below I do hereby give and grant to Blessed Sacrament School permission to use my child's photograph, student work, or videotaped image in publication, video productions, on the school website, or on social media. I do further certify that I am of full legal capacity to execute the foregoing authorization and release.

☐

No, I do not authorize Blessed Sacrament School to use my child's photograph, student work, or videotaped image in publication, video productions, on the school website, or on social media.

Student Name(s) _____

Parent Signature _____

Date _____



Immunization Record

In order for your child to enroll in school, you will need to provide us with some health information about your child. Samples of the required health forms you will need are attached to this letter and can be obtained from your physician.

1. Immunization Certificate – Prior to the first day of school, your child should be thoroughly examined by his/her doctor. All school children are also required by state law to provide a current Kentucky Immunization Certificate to the school as proof that they are adequately immunized. Have your doctor obtain and complete a Kentucky Certificate and return it to school. Your doctor will place an expiration date on the Certificate. When the Certificate is due to expire, you will be notified. A new Certificate must then be obtained and provided to the school.

2. Hepatitis B Vaccine & MMR Vaccine – It is now required by the Kentucky Health Department for children entering kindergarten to have three doses of the Hepatitis B vaccine and two doses of the MMR vaccine.

3. For out of state physicians – Please tell your physician to call the Kentucky Health Department for a blank certificate that will be mailed to your physician. The health department will not give out blank certificates to parents.

All health forms are due to the school office by **May 1.**

Thank you.

Sample Health Forms

COMMONWEALTH OF KENTUCKY CERTIFICATE OF IMMUNIZATION STATUS

Certificate Issuing Office Name and Address

Name of Child: _____ Birthdate: _____
(Last) (First) (Middle) (Suffix) (MM/DD/YYYY)

Name of Parent: _____
(Last) (First) (Middle) (Suffix)

Address: _____
(Street) (City) (State) (Zip Code)

VACCINE	DOSE 1 MM/DD/YYYY	DOSE 2 MM/DD/YYYY	DOSE 3 MM/DD/YYYY	DOSE 4 MM/DD/YYYY	DOSE 5 MM/DD/YYYY
Hepatitis B	/ /	/ /	/ /	/ /	/ /
Alt. Adult Hepatitis B ¹	/ /	/ /	/ /	/ /	/ /
DTaP/DTP/DT	/ /	/ /	/ /	/ /	/ /
Hib ²	/ /	/ /	/ /	/ /	/ /
Pneumococcal (PCV13)	/ /	/ /	/ /	/ /	/ /
Polio	/ /	/ /	/ /	/ /	/ /
Influenza	/ /	/ /	/ /	/ /	/ /
MMR	/ /	/ /	/ /	/ /	/ /
Varicella	/ /	/ /	/ /	/ /	/ /
Hepatitis A	/ /	/ /	/ /	/ /	/ /
Meningococcal	/ /	/ /	/ /	/ /	/ /
Td	/ /	/ /	/ /	/ /	/ /
Tdap	/ /	/ /	/ /	/ /	/ /
Rotavirus	/ /	/ /	/ /	/ /	/ /
HPV	/ /	/ /	/ /	/ /	/ /
Men B	/ /	/ /	/ /	/ /	/ /
Pneumococcal (PPSV23)	/ /	/ /	/ /	/ /	/ /

¹Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age. ²DTaP, DTP, or DT. ³Hib not required at 5 years of age or more.

- ☐ This child is **current** for immunizations until ____/____/____ (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.
- ☐ This child is **not up-to-date** at this time. This certificate is valid until ____/____/____ (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

Reason child is not up-to-date:

☐ Provisional Status - Child is behind on required immunizations.

☐ Medical Exemption - The following immunizations are not medically indicated: _____

If Medical Exemption, can these vaccines be administered at a later date? No: ____ Yes: ____ Date: ____/____/____

☐ Religious Objection

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.

(Signature of physician, APRN, PA, pharmacist, LHD administrator, RN or LPN designee)

(Date)

This certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child's health record.



EPID-230 (Rev 06/2017)

Sample Physical Examination Form

KDE/DDS

KDESHS002

PREVENTATIVE HEALTH CARE EXAMINATION FORM

All local boards of education shall require a preventative health care examination of each child first entering a Kentucky public school within a period of twelve (12) months prior to initial admission to school and within one (1) year prior to entry to sixth grade. Local school boards may extend this time not to exceed two (2) months. (702 KAR 1:160)

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: _____ Gender: M F Grade: _____
Date of Birth: _____ Age: _____ yrs _____ months Preferred Language: _____
Parent or Guardian Name: _____

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230.

MEDICAL HISTORY

Allergies: _____

Current Prescription Medications to be taken daily at school: _____

Significant Historical Information: _____

SCREENING RESULTS:

Height: _____ ft _____ inches Weight _____ BMI: _____ BMI% _____

Vision	Right 20/ _____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing – Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
		Failed <input type="checkbox"/>						
	Left 20/ _____	Referred <input type="checkbox"/>				Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
					Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

Optional: Hct/HGB: _____ Lead: _____ Urinalysis: _____

Gross dental (teeth and gums) ☐ Normal ☐ Abnormal _____ Refer/Tx: _____
Head/scalp/skin ☐ Normal ☐ Abnormal _____ Refer/Tx: _____
Eyes/Ears/Nose/Throat ☐ Normal ☐ Abnormal _____ Refer/Tx: _____
Chest/Lungs/Heart ☐ Normal ☐ Abnormal _____ Refer/Tx: _____
Abdomen ☐ Normal ☐ Abnormal _____ Refer/Tx: _____
Scoliosis assessment ☐ Normal ☐ Abnormal _____ Refer/Tx: _____

(Over)

Sample Physical Examination Form

(continued)

This child has the following problems that may impact the educational experience:

☐ Vision ☐ Hearing ☐ Speech/Language ☐ Physical ☐ Social/Behavioral ☐ Cognitive

Specify: _____

☐ This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

- ☐ This child may participate fully in school activities including physical education.
☐ This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

ANTICIPATORY GUIDELINES

Discussed and/or handout given

- ☐ SCHOOL READINESS
- Establish routines
 - Pre-school care/activities
 - Friends
 - Bullying
 - Communicate with adults
- ☐ MENTAL HEALTH
- Family time
 - Anger management
 - Discipline for teaching not punishment
 - Limit TV, computer
- ☐ NUTRITION AND PHYSICAL ACTIVITY
- Healthy weight
 - Well-balanced diet, including breakfast
 - Fruits, vegetables, whole grains, dairy
- ☐ ORAL HEALTH
- 60 minutes of exercise/day
 - Regular dentist visits
 - Brushing/Flossing
 - Fluoride
- ☐ SAFETY
- Sexual safety
 - Traffic safety
 - Fire safety
 - Community safety
 - Fire escape plan
 - Smoke/carbon monoxide detectors
 - Gun safety
 - Sun
 - Appropriately restrained in vehicles

Additional comments or recommendations: _____

Signed: _____ Date: _____
Physician/APRN/PA/EPST Provider

Address: _____ Telephone: _____



Transportation, Emergency Contacts, Authorized Pickup Persons

This form is to be completed by the parent and submitted to the Blessed Sacrament School Office. It is your responsibility to notify the Office of any changes. This form allows you to authorize individuals other than primary guardians to pick up your children from school. If anyone **A)** picks up your children regularly or **B)** may pick up your children at some point during the school year (family friend, emergency pickup, no-bus days, etc.), please list them on this form **and update their information in Sycamore**. Anyone attempting to pick up your children whose name is not on this list and/or in Sycamore will be asked for identification and sent to the school Office for verification before children are released to them.

Student Name(s) _____

Please check your child's usual method of transportation:

	Mon AM	Mon PM	Tues AM	Tues PM	Wed AM	Wed PM	Thurs AM	Thurs PM	Fri AM	Fri PM
Bus Rider (write in bus #)										
Car Rider										
Walker										
Other										

Please list Emergency Contacts and Authorized Pickup Persons for your child:

Name of adult <u>and their relationship to your child</u>	Emergency Contact?	Authorized Pickup?	Home/Cell #	Work/ Alternate #

Should we be aware of anyone who is legally **not** permitted to pick up your child? YES NO

- If so, we require court documents stating this.

Parent Signature _____ **Date** _____

BLESSED
SACRAMENT
SCHOOL



Text Message Notification Opt-In

Please complete the following to opt-in to receive text message notifications from Blessed Sacrament School. We will use this information to send notifications of events such as, but not limited to, school closures, early dismissals, or reminders about upcoming deadlines such as enrollment.

By completing and returning this form you agree to receive text message notifications from Blessed Sacrament School. Message frequency per month will vary depending on events deemed appropriate by the administration. Message and data rates may apply.

This opt-in is only valid for the current school year.

Student(s) Name and Grade: _____

Your Name: _____

Your 10 Digit Mobile Number: _____

Privacy Policy: All mobile information you share with Blessed Sacrament School will remain confidential and will only be used by school representatives to notify you of pertinent school events. The school does not share phone numbers with external sources.

OPT-OUT: If you wish to no longer receive text message notifications from BSS you can Opt-Out by simply replying to or sending a message containing the keywords "STOP" or "CANCEL" to the BSS number at 859-331-3062. Additionally, you may also Opt-Out by contacting the school office during normal school hours at 859-331-3062 or emailing bssoffice@bssky.org with your mobile phone number.

Signature: _____

Date: _____