



# Preschool Application

**Forms and fees to be returned to:**

**Blessed Sacrament School**

**2407 Dixie Hwy**

**Ft. Mitchell, KY 41017**

**bssoffice@bssky.org**

## Table of Contents / please return:

1. School Fees
2. Student & Parent Information
3. Student Medical Information
4. Student Academic Information
5. Custodial Information
6. Photo Release
7. Emergency Contacts, Authorized Pickup, & Transportation Information
8. Immunization Record
9. School Physical Exam
10. Copy of Birth Certificate
11. Copy of Baptismal Certificate
12. Copy of Social Security Card
13. Text Opt-In Form (optional)

## 2026-27 School Fees

### Half Day Preschool:

- \$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 Preschool:

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

School fees help cover the costs of books, supplies, and daily snacks. 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 \_\_\_\_\_



# Preschool Application

## Student & Parent Information

Half Day Preschool, Monday - Friday 7:20-10:30  
 Full Day Preschool, Monday - Thursday 7:20-2:00 and Friday 7:20-11:00  
 optional Friday Extended Care - 11:00-2:00, limited number of spots available; incurs an additional fee of \$20/day or \$720/year

### 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 \_\_\_\_\_

#### Permission to share:

Phone	YES	NO
Email	YES	NO
Address	YES	NO

#### 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



## Preschool 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?

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**Thank you!**



## Student Medical Information

<b>STUDENT NAME:</b>	
<b>DOCTOR:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>DENTIST:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>INSURANCE:</b>	
<b>HOSPITAL:</b>	

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? \_\_\_\_\_
  

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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

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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)

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

YES      NO

If YES – explain (include dates of testing)

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## 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

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)** \_\_\_\_\_

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**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: \_\_\_\_\_  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Suffix) \_\_\_\_\_  
Birthdate: \_\_\_\_\_ (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 <sup>1</sup>	/ /	/ /	/ /	/ /	/ /
DTaP/DTP/DT <sup>2</sup>	/ /	/ /	/ /	/ /	/ /
Hib <sup>3</sup>	/ /	/ /	/ /	/ /	/ /
Pneumococcal (PCV13)	/ /	/ /	/ /	/ /	/ /
Polio	/ /	/ /	/ /	/ /	/ /
Influenza	/ /	/ /	/ /	/ /	/ /
MMR	/ /	/ /	/ /	/ /	/ /
Varicella	/ /	/ /	/ /	/ /	/ /
Hepatitis A	/ /	/ /	/ /	/ /	/ /
Meningococcal	/ /	/ /	/ /	/ /	/ /
Td	/ /	/ /	/ /	/ /	/ /
Tdap	/ /	/ /	/ /	/ /	/ /
Rotavirus	/ /	/ /	/ /	/ /	/ /
HPV	/ /	/ /	/ /	/ /	/ /
Men B	/ /	/ /	/ /	/ /	/ /
Pneumococcal (PPSV23)	/ /	/ /	/ /	/ /	/ /

<sup>1</sup>Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age. <sup>2</sup>DTaP, DTP, or DT. <sup>3</sup>Hib 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 Prescribed 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"/>	Hearing – Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
	Left 20/_____	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
- Dressing/Personal care/activities
- Handwashing
- Biting
- Communicate with teacher

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

- Regular dentist visits
- Brushing/Flossing
- Fluoride

**SAFETY**

- Sexual safety
- Pedestrian safety
- Water safety
- Home safety
- Immunizations
- Fire escape plan
- Smoke and carbon monoxide detectors
- Gutters
- Sun
- Appropriately restricted from all vehicles

Additional comments or recommendations: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Physician/APRN/PA/EPSDT 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 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:**

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

**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** \_\_\_\_\_



# 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](mailto:bssoffice@bssky.org) with your mobile phone number.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_