



Circle Preschool & PreK Preference

Student Name: _____ Applying Grade: _____ AM Female Male

Address: _____, _____
PM

Date of Birth: _____ Current Age: _____ Current Grade: _____ Current School: _____

Religion: _____ Registered Parish / Church: _____ Baptismal Date: _____

2026-2027

Father (Guardian)	
Name: _____	
Address: _____ _____, _____	
Home Phone: _____	Cell: _____
Employer: _____	
Occupation: _____	Work Phone: _____
Religion: _____	
Email: _____	

Mother (Guardian)	
Name: _____	
Address: _____ _____, _____	
Home Phone: _____	Cell: _____
Employer: _____	
Occupation: _____	Work Phone: _____
Religion: _____	
Email: _____	

Emergency Contact: FIRST CALL

Student lives with:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Both	<input type="checkbox"/> Guardian(s)	
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Persons over 18 years of age Authorized as Emergency (E) / Pick-up (PU) - ID REQUIRED

Name on ID	Relationship	Phone	E	PU

Please note here if no other emergency / pick-up is available other than parent(s) / guardian(s): _____

In case of emergency, I authorize the school to call the physician listed for instructions:

Physician's Name: _____ Phone: _____

Siblings

Name	DOB	Grade	Attending	Applying

The information herein is given for the purpose of obtaining admission to Blessed Sacrament School. I certify that it is correct to the best of my knowledge

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Blessed Sacrament Catholic School

1745 East 9800 South · Sandy · Utah · 84092 · 801-572-5311 · 801-523-5801 Fax
utbscs.org

Family Directory

Would you like to be listed in our directory?

Blessed Sacrament Catholic School shares a directory to encourage community activities.

Let us know, and place a check next to all items you would like to include in our school's Family Directory.

Yes / No Home Address Home Phone Cell Phone* Email Address*

*Blessed Sacrament Catholic School sends a weekly email newsletter as well as text alerts through FACTS™ and Remind.com to share important information and events. In order to maintain communication channels, families are required to provide contacts. Choices indicated here prevent publication in our directory. Blessed Sacrament seeks to maintain respectful privacy for all our families.

Picture Release

Blessed Sacrament Catholic School and the Diocese of Salt Lake will, from time to time, use students' images for promotional purposes, i.e., brochures and advertising. Social media is also used to showcase what is happening in our school. Please indicate how we may use your child's image.

NO PHOTOS: Social Media: Brochures/Advertising:

Volunteerism at Blessed Sacrament Catholic School

Blessed Sacrament encourages community through a policy of volunteerism. Each family contributes twenty (20) general hours of service to the school each year plus four (4) hours of lunchroom duty each year. Please refer to the school handbook for more detailed information. Visit the school website, or read the Bobcat Buzz for news and opportunities.

I understand that I will provide a total of at least 24 volunteer hours per school year or remit the amount of \$12.50 per each hour of incomplete volunteer time towards a total of 24 hours served/paid. I am responsible for logging my hours in my Track it Forward account. Initial _____

(Please remember to log all volunteer hours, even those that exceed the required 20 + 4 volunteer hours.)

Gala Basket – Each family is required to provide a "basket" with a value of \$50 for auction, or submit \$50 to our Gala Committee for the creation of a "basket" on your behalf.

I understand that I will provide a "basket" with a value of \$50 or remit \$50 to the Gala Committee. If I do not provide this donation, \$50 will be added to my tuition billing.

Signature of Parent / Guardian: _____

How did you hear about us? (circle all that apply)

Current Blessed Sacrament Family	Greatschools.org	School Banner	Relocation Agent
Facebook / social media	Real-estate Agent	Utah Catholic Schools website	
Neighbors	The Intermountain Catholic	Google Search	Friends
Blessed Sacrament Catholic School Website	Church Bulletins	Salt Lake Tribune	Deseret News
Former Family / Graduate	Family		
Sandy City Journal	Church	Driving by the school	Utah Family Magazine

*Please ensure your child(ren) is/are up to date on their immunization schedule. The Diocese of Salt Lake requires immunizations.

Please submit a copy of the following items with your application:

- Baptismal Certificate (if Catholic)
- Birth Certificate
- Previous Health and / or cognitive evaluations
- Previous Transcripts / Report Cards
- Immunization Records

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Field Trip Permission

Blessed Sacrament Catholic School seeks to provide the highest level of educational excellence. As part of this goal, Field Trips will be scheduled throughout the year. Here, we request permission to include your child in these activities. You will receive Field Trip Permission forms designating the specific activities as they arise. Please complete this section to authorize your child's general acceptance of Field Trip activities for 2026 – 2027. †

Student Name: _____

I, the undersigned, parent or legal guardian of the above-mentioned student, request that the school allow my child to participate in school sponsored field trips. I hereby release & save harmless the school and any and all of its employees from any and all liability for any and all harm arising to my child and for any loss of property as a result of field trips.

Permission is given for my child to travel by: (please initial appropriate spaces)

x _____ public/chartered transportation (bus) x _____ in a parent's/ teacher's car.

PARENT / GUARDIAN SIGNATURE: _____

DATE: _____

TUITION AND FEES CALCULATION

Please check appropriate tuition option:		I will pay:		<input type="checkbox"/> Average Cost to Educate	<input type="checkbox"/> Catholic rate	<input type="checkbox"/> I am applying to FACTS
Line 1.	Registration Fee (PreK-8)	\$ 425 per child	\$425 x _____ =	\$ _____		(or \$100 pr/due now)
Line 2.	Preschool Registration Fee	\$ 375 per child	\$375 x _____ =	\$ _____		(or \$100 pr/due now)
Line 3.	Graduation Fee	\$ 150 per child	\$150 x _____ =	\$ _____		(8 th grade only)
Line 4.	Tuition Assurance Policy	\$ 100 per child	\$100 x _____ =	\$ _____		(due now if needed - optional)
Line 5.	Home & School Fee	\$ 25 per family	_____ \$25 =	_____ \$25		(\$25 due now)

The Tuition Assurance Policy is optional and due at time registration packet is returned.

Line 6. TOTAL FEES (LINE 1 THROUGH LINE 5)

\$ _____

OFFICE ONLY

Line 7. TOTAL DEPOSIT ATTACHED TO THIS FORM

\$ _____

Line 8. Line 6 less Line 7

\$ _____

Line 9. Line 8 is the amount that will be due in July 2026. This will be assessed through the main office.

I understand that ALL school fees must be paid in full before the above student(s) may begin class. **THE \$100 DOWN PAYMENT FOR REGISTRATION FEE PER CHILD IS DUE BY MARCH 13th, 2026. THE BALANCE OF THE REGISTRATION FEE IS DUE IN July of 2026.** Registration returned after March 13th will pay in full. **I understand that ALL fees are non-refundable and non-transferable.** I understand that the tuition payment is due in August of 2026 according to your chosen FACTS Tuition Management contract. Tuition payments will be by direct debit using the information provided to FACTS Tuition Management. I agree to the terms of the Tuition Payment Policies for the 2026-2027 school year at Blessed Sacrament Catholic School. I understand that if I choose to pay tuition in full, the entire amount is due by August 17, 2026.

I understand that there will be a fee for all returned checks and/or all transactions returned unpaid by any financial institution. Default in this agreement, requiring the school to seek an outside source to collect a delinquent account, will result in my assuming the responsibility of all collection fees, attorney fees, or court costs involved in the collection of this delinquent account.

I understand that my TOTAL family tuition for the 2026-2027 school year is \$ _____. The monthly direct debit amount is \$ _____. This monthly direct debit amount is computed by taking the TOTAL family tuition and dividing by the number of chosen pay intervals in my FACTS tuition management.

I understand that tuition payments will begin August of 2026 and continue for 11 consecutive months with the last payment due in June of 2027.

I understand that if I choose to withdraw my child(ren) for any reason prior to the last day of school or if my child(ren) are asked to leave the school for any reason prior to the last day of school, I will be responsible for paying the tuition owing in its entirety for the registered/attended semester without respect to the number of actual days attended plus a \$175 per student withdrawal administrative fee. I understand that no fees are refundable or transferable. If a Tuition Assurance Policy is purchased, I understand that my financial obligation to the school is limited to and prorated to the actual number of days attended, plus the \$175 per student withdrawal administrative fee.

I authorize Blessed Sacrament Catholic School and Blessed Sacrament Extended Day Program (Little Blessings) to automatically deduct my monthly Tuition/Extended Day Care Payments through FACTS tuition management. I understand this authorization will remain in effect until I provide written notice of termination in such time and in such manner as to afford a reasonable opportunity to act on it (minimum of 10 business days' notice prior to effective date). I understand it is my responsibility to give written notice of any change in student enrollment. Terms of service: Tuition will be made according to the chosen payment plan. Blessed Sacrament is not responsible for bank account charges, NSF, or other bank fees, or overdrafts caused by automatic transactions. There will be a NSF fee on all transactions returned for non-sufficient funds.

Signature(s) of Person(s) Responsible for Tuition Payment:

Parent / Guardian _____ SSN: _____ Date: _____

Parent / Guardian _____ SSN: _____ Date: _____



Blessed Sacrament Catholic School

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2026-2027

*Please list any known allergies or sensitivities here _____ Language spoken at home _____

	Y	N	Allergy Information
Medications:			
Foods:			
Other:			

Medical Permission Form

I, the undersigned, parent or legal guardian of _____, a minor, do hereby appoint advisors and/or chaperons as agent(s) for the undersigned for the purpose of authorizing and signing any consents for any X-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff or nearest emergency hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which any physician in the exercise of his/her best judgment may deem advisable.

This authorization is given and shall remain effective for the above school year unless sooner revoked in writing to said agent(s). I authorize the school to call an ambulance, paramedic or fire department in case of emergency. Blessed Sacrament does not assume any responsibility in the application of emergency services and does not assume payment for measures taken. I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child(ren).

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



Little Blessings Extended Day Program

1745 East 9800 South · Sandy · Utah · 84092 · 801-523-5055 · Hours: 7:00am to 6:00pm

utbscs.org

Preschool to 8th

Student Name: _____ Grade: _____ Female Male

Address: _____

Date of Birth: _____ Current Age: _____ *Allergies: Yes No (list above) Occasional attendance

Father / Guardian _____ Mother / Guardian _____

Phone Number: _____ Phone Number: _____

Hours	Hourly Rate	Fees	Statements
Monday - Friday 7am – 6pm (regular days – see calendar / newsletter for exceptions)	\$5.00 per hour For each child	\$25 registration for entire family \$25 Late Pick-up Fee	Auto withdrawal according to your chosen payment plan in your FACTS tuition management. Statements not mailed.

Requested Hours of Care					
	Monday	Tuesday	Wednesday	Thursday	Friday
Before School 7:00 – 8:00					
Before PM Preschool / Pre-Kinder 7:00 – 12:00/12:30					
After AM Preschool / Pre-Kinder 10:30/11:00 – 3:00					
After AM Preschool / Pre-Kinder 10:30/11:00 – 6:00					
After School 3:00 – 6:00					

*** We will not release any child to anyone who appears to be impaired by drugs or alcohol. ***