

# Blessed Sacrament Parish Preschool

4551 56th Street San Diego CA 92115  
Phone: 619-582-3862 ext. 250 Fax: 619-265-9310  
[www.bsps-sd.org](http://www.bsps-sd.org)

Family Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Ethnic Origin: Native American \_\_\_\_\_ Caucasian \_\_\_\_\_ Asian \_\_\_\_\_

Hispanic \_\_\_\_\_ African American \_\_\_\_\_ Pacific Islander \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Preferred email address: \_\_\_\_\_

If family is Catholic, which parish currently attending? \_\_\_\_\_

Children currently enrolled in Blessed Sacrament School? \_\_\_\_\_

Days you wish your child to attend? \_\_\_\_\_

Hours you wish your child to attend? \_\_\_\_\_

Please list phone number and best time of day to call to set up a registration appointment:

Phone: \_\_\_\_\_ Time: \_\_\_\_\_

At the time of formal registration, you will be supplied with official enrollment forms and a detailed schedule which a staff person will review with you.