



# St. Barnabas Day School

www.stbarnabasdayschool.org

dayschooldirector@gmail.com

(206) 855-8969

Child's First Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Age on August 31: \_\_\_\_\_

Preferred Class (circle): Barnabear    Preschool    Pre-K

## Student Registration & Application Form for 2023-2024 Enrollment

Please return the completed form, by mail to: *St. Barnabas Day School, 1187 Wyatt Way NW, Bainbridge Island, WA 98110*, via the lock box, or by email to: *dayschooldirector@gmail.com*.

The Registration Fee (\$100) and Enrollment Deposit\* (*equal to one month's tuition and applied as one of the 10 monthly installments*) is required to reserve your place in the class. Please, see Program Options below for tuition rates.

**\*Tuition for the remaining nine months is due on the first of each month, September through May.**

### Student Information

Check all that apply:  Current Student     Sibling of Current/Former Student     Church Member     New Student

Child's Preferred Name	Date of Birth	Gender	Home Phone
Street Address		City/State/Zip	
Parent/Guardian 1		Cell Phone	
Email		Occupation	
Parent/Guardian 2		Cell Phone	
Email		Occupation	
Previous Schools and/or Childcares with Dates Attended ( <i>Applicable for new students.</i> )		Sibling Names - D.O.B. - School	

How did you hear about St. Barnabas Day School?

### Program Options

Class	Age	Schedule	Tuition
Barnabear	2-1/2	Monday & Wednesday: 9:30 – 11:30 am	Annual Tuition: \$1750 10 monthly payments of \$175
Preschool	3 by 8/31	Tuesday, Thursday, Friday: 9:00 am – 12:00 pm	Annual Tuition: \$2,750 10 monthly payments of \$275
Pre-K	4 by 8/31	Monday, Wednesday, Friday: 9:00 am – 1:00 pm	Annual Tuition: \$3,500 10 monthly payments of \$350

Office Use Only	Registration Form	Registration Fee	Enrollment Deposit	Space Confirmed
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## Routine & Emergency Release Information

Provide the names of anyone, in addition to Parents/Guardians, who will routinely or occasionally pick up your child.

Name & Relation	Cell	Home
Name & Relation	Cell	Home
Name & Relation	Cell	Home

Please list the name of at least three people, in addition to those listed above, who are authorized to pick up and care for your child in an emergency. *Teachers will contact them if parent/guardians or routine pick-up contacts cannot be reached.*

Name & Relation	Cell	Home
Name & Relation	Cell	Home
Name & Relation	Cell	Home

Do **not** release my child to, or allow contact with, the following people under any circumstance:

## Medical Information

Please answer the following questions about your child's medical history. For any yes answers, please explain in the space provided. Medical information has no impact on admission, and is considered confidential; however, allergy and other emergency medical info will be posted in class for your child's safety. Please submit a copy of child's immunization record prior to the first day of school.

Physician Name	Address	Phone
Is your child up to date on vaccinations? YES NO		
Is your child allergic to any medications? YES NO		
Does your child have any food allergies? YES NO <b>NOTE: We are a Nut-Free school.</b>		
Does your child have any other allergies? YES NO		
Does your child take any regular medications? YES NO		
Has your child received any special services, such as speech therapy, occupational or physical therapy?		

## Photograph & Video Permission

St Barnabas Day School has my permission to take photographs and videos of my child for the duration of their enrollment at the school. Images of my child may be used for both class projects and marketing purposes, which include but are not limited to print publications, websites and social media. I understand that my child's photograph or video may continue to be used after leaving the school, unless I request in writing that their image be removed. \_\_\_\_\_ (Initial & Date)

Printed Parent/Guardian Name	Signature & Date
Printed Parent/Guardian Name	Signature & Date

St. Barnabas Day School does not discriminate based on race, color, family orientation, or national and ethnic origin.