



# St. Barnabas Day School

www.stbarnabasdayschool.org

Carrie Corns, Registrar

410.842.3265

Amy O'Brien, Director

253.678.2336

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

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

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

Preferred Class:                      Preschool                      Pre-K

Barnabear 1 day/ week                      Barnabear 2 days/week

## Application for Enrollment 2016-17

Please return the completed application, along with a non-refundable registration fee, to: St. Barnabas Day School, 1187 Wyatt Way NW, Bainbridge Island, WA 98110. Application may be submitted to **dayschooldirector@gmail.com**.  
Registration fee: Preschool/Pre-K \$100 per year, Barnabear \$50 per year.

## 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		Cell Phone	
Email			
Parent/Guardian		Cell Phone	
Email			
Sibling Names	Dates of Birth	Schools	

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 Choose 1 or 2 days/week	\$100/month – 1 day/week \$165/month – 2 days/week
Preschool	3 by 8/31	Tuesday, Thursday, Friday: 9:00 am – 12:00 pm	10 monthly payments of \$250, September- June Annual Tuition: \$2,500
Pre-K	4 by 8/31	Monday, Wednesday, Friday: 9:00 am – 1:00 pm	10 monthly payments of \$320, September - June Annual Tuition: \$3,200

Office Use Only

Application

Registration Fee

Space Confirmed

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 cannot be reached.		
Name & Relation	Cell	Home
Name & Relation	Cell	Home
Name & Relation	Cell	Home
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 NOTE: We are a Peanut-Free school.		
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.		
Printed Parent/Guardian Name	Signature & Date	
Printed Parent/Guardian Name	Signature & Date	
St. Barnabas Day School does not discriminate on the basis of race, color, family orientation, or national and ethnic origin.		