



## St. Barnabas Christian Preschool

Preschool Registration for 2026-2027

Welcome to St. Barnabas Christian Preschool! The following check list may be useful when submitting the enrollment packet. Please be sure the following forms are returned with your registration with the exception of the **physical form**.

**This must be dated within 6 months prior to school starting.** All students must have HIB shots, TB test, Chicken Pox and Hepatitis B shots.

### Check List:

- \_\_1. Preschool Application form filled out completely
- \_\_2. All About My Child Questionnaire
- \_\_3. **School Phone Directory/Tuition Agreement Form/ Lunch Bunch**
- \_\_4. **Permission Form**
- \_\_5. **Student Pick up Authorization Form**
- \_\_6. Nonrefundable Registration fee of \$100.00  
**(The fee increases to \$120.00 after April 1st)**
- \_\_7. Copy of Birth Certificate (new students only)
- \_\_8. **PHYSICAL FORM COMPLETELY FILLED OUT**  
**(must be dated within 6 months from starting school)**

If we can be of any further assistance in making the enrollment process easier, please contact us at 847-516-4171 or:

Email:

[stbcpreschool@gmail.com](mailto:stbcpreschool@gmail.com)

[khedgepath8901@gmail.com](mailto:khedgepath8901@gmail.com)

Website: [stbarnabaschristianpreschool.org](http://stbarnabaschristianpreschool.org)



## St. Barnabas Christian Preschool Application

2026-2027

Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Name your child will write \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parent(s) Email address \_\_\_\_\_

How did you hear about us/Recommended by whom? \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

**\*Conditions for Enrollment:** Child must be toilet trained to enter school (no-pull ups) and be age of 3, 4 or, 5 by December 31<sup>st</sup>. When entering the 3's they will need to turn 3 before their first day of school. A copy of your child's birth certificate is required at registration for all new students.

**Check the class you wish to enroll your child in**

**\*\*A minimum number of 7 children are needed to run each class\*\***

### 3-Year Old Class

*Three-days per week - \$300/month*

9:00-11:30am

- Monday/Wednesday/Thursday Morning

### 4-Year Old Class

*Three-days per week - \$300/month*

9:00-11:30am

- Monday/Wednesday/Thursday Morning

*Four-days per week - \$350/month*

9:00-11:30am

- Monday-Thursday Morning

### Pre-K

*Four-days per week - \$375/month, 9-11:30am*

- Monday-Thursday Morning

We will be offering Lunch Bunch from 11:30-1:00pm M-TH as long as we have at least 7 children signed up. The Lunch Bunch fee of \$15.00 per day will be billed along with your tuition and paid for at the time tuition is due each month. You will not be billed for days that school is not in session. An email with registration details will be sent out prior to the beginning of each month. If you are a new family we request an in-person tour with your child prior to registration.

A **\$100.00 NON-REFUNDABLE** registration fee is required for each child enrolled, along with this application. After April 1st, registration fees for **ALL** classes will increase to \$120.00.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



## All About My Child Questionnaire

Please help us get to know your child. Please fill out this form and turn it in with your application.

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

1. Does your child have any physical handicaps? Explain \_\_\_\_\_
2. Is your child receiving any special services? If so please explain. \_\_\_\_\_
3. Does your child have any allergies? (food, insect bites, medications) \_\_\_\_\_
4. Does your child require a special diet? Explain \_\_\_\_\_
5. List any medications your child takes regularly. \_\_\_\_\_
6. Does your child wear: Glasses: \_\_\_\_\_ Orthopedic Appliances: \_\_\_\_\_  
Special clothing/shoes \_\_\_\_\_
7. Which hand preference has your child shown? Right \_\_\_ Left \_\_\_ No Preference \_\_\_
8. Did your child attend preschool before and where? Yes \_\_\_ No \_\_\_
9. What school district do you live in? \_\_\_\_\_
10. Are there any circumstances or changes in your family or home that has or may have an effect on your child? (If yes please explain) \_\_\_\_\_
11. Is there any other information about your child that we should be aware of?  
\_\_\_\_\_
12. List the other children in your household:  

Name _____	Birth date _____

**Thank you for enrolling your child/children at St. Barnabas Christian Preschool.**

# Preschool Phone Directory

If you would like your child included in a published class list, which would be distributed to your child's class, please indicate below when returning the registration packet.

**PLEASE PRINT CLEARLY**

\_\_\_\_\_ YES, I would like my child to be in the school phone directory.

\_\_\_\_\_ NO, I would not like my child to be in the phone directory.

Child's name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Parent's signature \_\_\_\_\_

## TUITION AGREEMENT

Tuition payments are due by the first of every month unless other arrangements have been made. Tuition is considered **LATE** if received after the fifth of the month and a \$25 late fee will be incurred.

If a tuition payment is delinquent after the due date, we understand that my child will not be admitted into the classroom until the overdue tuition balance, including late charges, is paid in full. Once a child is enrolled, the parents are responsible for maintaining tuition payments.

- Tuition payments total \$2,700.00 per year for the 3-day per week Three's and 3-day per week Four's program.
- Tuition payments total \$3,150.00 per year for the 4-day per week Four's program.
- Tuition payments total \$3,375.00 per year for the 4-day Pre-K program.

The annual tuition is divided into nine monthly payments of either \$300.00 (3's-3 day & 4's-3 day), \$350.00(4's-4day), and \$375.00 (Pre-K).

**A non-refundable registration fee of \$100.00**

**(\$120.00 if after April 1, 2026) is due at the time of registration.**

**One time Snack fee will be billed in September. Three day 3's & 4's: \$100.00, Four day 4's: \$115.00 and Pre K: \$115.00.**

By signing below, I/We agree with and will uphold the monthly tuition requirements of St. Barnabas Christian Preschool.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# St. Barnabas Christian Preschool Permission Form

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

1. I hereby grant permission for my child to use all play equipment and participate in all of the activities in school.
2. I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks.
3. I hereby grant permission for my child to accompany his/her class and staff persons on field trips planned and authorized by the preschool when reasonable care is given to assure the child's safety.
4. I hereby grant permission for the Director/Assistant Director/Administrative Assistant to take whatever steps may be necessary to obtain emergency medical and dental treatment if warranted. These steps may include, but are not limited to the following:
  - ✓ Attempt to contact a parent or guardian
  - ✓ Contact local paramedics
  - ✓ Attempt to contact you through any of the persons listed on your child's pick up form.
  - ✓ Attempt to contact the child's physician.
  - ✓ If we cannot contact you or your child's physician we will do the following:
    - a. Call another physician
    - b. Have the child taken to the emergency room in the company of a staff member
    - c. Call an ambulance.
5. Any expenses incurred under item 4 above will be paid by the child's family.
6. I hereby grant permission for my child to be included in pictures connected with the program. They may be used on our website or FB page but no child's name will be used. I am also aware this is a Christian Preschool and basic Christian beliefs will be taught.
7. The school will NOT assume responsibility for anything that may occur as a result of false information given at the time of enrollment.
8. Injury sustained at this preschool must be reported within 24 hours to the Director or acting Director.

I hereby agree with all the above and grant permission for the staff to administer first aid:

Signature of  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## St. Barnabas Christian Preschool Pick-Up Form

I/We **AUTHORIZE** only the listed individuals below to pick up my child. **Please list at least two people other than the parents.**

Signature of one or both parents is required.

CHILD'S NAME \_\_\_\_\_

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number where this person can be reached \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number where this person can be reached \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number where this person can be reached \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number where this person can be reached \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

5. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number where this person can be reached \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

To the best of my knowledge, all information contained in the registration record for my child is true and correct. I understand that it is my responsibility to notify St. Barnabas Christian Preschool if any of the information above changes.

Signature of  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_