

Saint Barnabas Catholic School

7901 First Avenue North
Birmingham, Alabama 35206
Office: (205) 836-5385 Fax: (205) 833-0272 Website: <http://stbcsbhm.org>



Child:

First _____ Middle _____ Last _____

Gender: Male ___ Female ___ Social Security: _____ Traffic Number: _____

Grade: _____ Religion: _____ Church Affiliation: _____

Birth date ____/____/____ Age _____

Street Address _____

Town/City _____ State _____ Zip Code _____

Child's Home Phone (not cell number) _____

Parent/Guardian - Contact Information:

Parent/Guardian #1:

First _____ Last _____

Circle One: Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone (not cell number) _____

Work Phone _____ Cell phone _____ FAX _____

E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2:

First _____ Last _____

Ms. Mrs. Mr. Other _____

Street Address _____ Town/City _____ State _____ Zip Code _____

Home Phone (not cell number) _____ Cell phone _____ FAX _____

E-mail _____ Occupation _____ Employer _____

Child lives with: _____

Person responsible for payment _____ Last Public School Attended _____ Year _____

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Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1:

First Name _____ Last Name _____
Home Phone (not cell number) _____ Work Phone _____ Cell Phone _____
Email _____ Relation to child _____

Emergency Contact #2:

First Name _____ Last Name _____
Home Phone (not cell number) _____ Work Phone _____ Cell Phone _____
Email _____ Relation to child _____

Please list those people in addition to parents/guardians who are permitted to pick up your child: **(Do Not List Parent/Guardian)**

1: _____ 2: _____ 3: _____

Medical Release Information:

Insurance Information
Name of Health Insurance Provider _____ Policy Number _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. I understand that I will be notified in the case of a medical emergency involving my child. If I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that St. Barnabas Catholic School, Church and Administrative Staff will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

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TUITION INFORMATION – 2017/18 Full Tuition \$4100; Registration Fee for Returning \$350; New Students \$375

Please circle how you heard about St. Barnabas Catholic School.

Website

School: _____

Word of Mouth

Flyer

Other: _____

Terms of Agreement

Photo Release:

I hereby give permission for my child to be photographed during the school year of 2017/18. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet, such as the school website (<http://stbcsbhm.org>) and SBCS Facebook page. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of St. Barnabas Catholic School and its affiliates.

Parent's/Guardian's Initials _____

Payments:

I understand that no school fees (tuition, registration, lunch, etc.) will be refunded or transferred unless a child is unable to attend due to an accident or illness per physician orders.

Your registration fee must be paid in full upon accepting this completed form. Your application is not completed unless every informational line is filled out properly. Call the school office to set up your appointment to complete the registration process.

Printed Name of Parent/Guardian: _____

Guardian Signature: _____ Date: _____