

Saint David's Day School

Registration for Session 2024-2025

Dear Saint David's Day School Families,

Returning parents, it has been a wonderful privilege to have cared for your child over the past year – and new families, we look forward to welcoming you!

In 2023-24, St David's Day School (SDDS) has been completing a year of transition, where we have not only expanded and welcomed new teachers, but have also been going through the process of becoming a Washington State Department of Child, Youth and Families Licensed Day Care Center. This brings many benefits, but an initial one is a necessary remodel of the playground, with new playground equipment to be installed in completion over the summer 2024 before the start of the 2024-25 session, and adding accessibility, including a new ramp to the front door.

SDDS is enabled by kind benefactors who donate use of the building, and excellent, dedicated teachers. Our operating costs are primarily teachers' salaries, and it is in support of providing them with a living wage and continued professional development that the 2024-25 session brings a new Tuition Fee structure for SDDS.

Applications (completed Registration Packages) will be accepted on a first-come, first-served basis with the following provisions:

- **ADVANCE REGISTRATION** will open for returning children and their siblings on Tuesday, February 27th. Please download from website, complete, and return.
- **REGISTRATION** of new families will open on Monday, March 4th at 8:00am. Please download from website, complete, and drop off completed Registration Package in the SDDS dropbox by the front door.

We are always thrilled to start a new pre-school session and share the unique journey each amazing child takes in that session. Our school day morning session has play activities that contribute to structured educational and developmental goals, with seasonal and interest-based themes, daily art and craft activities, and music and science as weekly specials. The afternoon session has engaging activities that are designed with a slower, less structured pace, recognizing that pre-schoolers can be tired in the afternoon. Every morning and afternoon, rain or shine, children will spend time outside following Montessori-style exploration and discovery in our wonderful large, enclosed backyard and playground.

SDDS staff will work with families in need to help them explore options and understand eligibility and application processes for the *Working Connections* subsidy (<https://www.dcyf.wa.gov/services/earlylearning-childcare/getting-help/wccc>) and local *Family Umbrella Group* (<https://familyumbrellagroup.org/>) for full or partial scholarships.

Please don't hesitate to contact me at sddayschool@rockisland.net or text me at 206.265.0105 with any questions you may have or to request a tour of the school.

All the best,
Heather Mueller
Director, Saint David's Day School

Saint David's Day School

Registration Form 2024-2025

Child's Name (Last, First, Middle)

Date of Birth: MM/ DD/ YYYY

I, _____, understand and agree to the following:

- There is an annual, nonrefundable registration fee of \$75.00 per child. This fee will be applied each year upon re-registration in March for the following September session.
- Tuition is annually-based and may be paid monthly in 10 equal installments. Tuition is billed on a monthly basis.

PROGRAMS

Please select one

- Ages 3-5: Child must be 3 years old by 8/31 and potty trained
- Tuition is 10 monthly payments September – June
- Registration fee must be paid upon application and is non-refundable.

	SESSION	TIME	TUITION	REGISTRATION FEE
<input type="checkbox"/>	Morning Session only	8:15am - 12:15pm	\$575	\$75
<input type="checkbox"/>	Afternoon Session only	12:15pm-4:15pm	\$575	\$75
<input type="checkbox"/>	Full Day	8:15am – 4:15pm	\$1,150	\$75

Payment Options: We accept Check, Direct Deposit (there is soon to be available a form to have your payment taken directly from your bank).

Childcare tuition is expected to be paid in full by the first of each month for attendance to continue. If you are unable to pay in full by the 1st, please complete a payment plan and contact the Director for approval. With no payment plan in place, enrollment may be suspended until your account balance is paid in full, at the discretion of the director.

As a soon-to-be WA State Licensed facility, SDDS is also able to accept applications for the **Working**

Connections Child Care subsidy. This is available for families where both parents are working and with household income up to 60% of Median State Income (eligible incomes are therefore ~\$60,000 for household of 3, up to ~\$90,000 for household of 6). For households with 60% of Median State Income, the copay is \$115/month per child. For households with lower income, the copay is reduced. More information can be found at <https://www.dcyf.wa.gov/services/earlylearning-childcare/getting-help/wccc>. Also, there is a local program to apply for: **Family Umbrella Group** (<https://familyumbrellagroup.org/>) for full or partial scholarships

Late pick up fee: A late fee of \$1.00 for every minute after closing will be charged for late pick up. The amount is to be paid the same day, directly to the staff person.

I have read this contract and I understand them and agree to abide by the policies contained within. I understand that I am responsible for all Saint David's Day School fees as stated in this contract. I understand that, upon enrollment acceptance, a FAMILY/PARENT HANDBOOK will be sent to me describing the policies and procedures of Saint David's Day School.

I, also, understand that photos and/or videos of my child may be used for public and private Facebook internal purpose only.**

**Please check box if you do not wish:

- ☐ Your child's photograph to be used for publicity purposes
- ☐ Your child's photograph posted on our private SDDS Facebook Page

Parent/Guardian signature

Parent/Guardian printed name

Saint David's Day School

Registration Form 2024-2025

Child's Name (Last, First, Middle)	Name Used/Nickname	Date of Birth: MM/ DD/ YYYY
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Street Address	City	Zip Code
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Parent/Guardian Name	<i>Circle the best number to contact you when your child is in our care</i>	
	Phone Number	Alternative Phone Number

Street Address	City	Zip Code
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Parent/Guardian Name	<i>Circle the best number to contact you when your child is in our care</i>	
	Phone Number	Alternative Phone Number

I give my permission for any of the following individuals to be contacted and my child may be released to any of them.

Parent/Guardian Signature: _____ Date: _____

In an emergency, if you are not able to contact me, contact the following:		
Name (First, Last)	Phone Number	Alternative Phone Number

These individuals (18 years or older) also have permission to pick up my child:		
Name (First, Last)	Phone Number	Alternative Phone Number

Child's Health Information

Child's medical care provider or parent's/guardian's preferred medical facility for treatment.		Child's last physical exam, if available
Name	Phone	

Street Address

Child's dental care provider or parent's/guardian's preferred dental facility for treatment.		Child's last dental exam, if available
Name	Phone	

Street Address

Immunizations: I certify that my child has been immunized in accordance with the requirements of Washington State for attendance at a pre-school center. Please download and complete form from WA State Health Department (www.doh.wa.gov/sites/default/files/legacy/Documents/Pubs/348-013_CertificateImmunizationStatusForm20-21.pdf)

Parent/Guardian Signature: _____ Date: _____

Known Health Conditions

(An individual care plan from the child's health care provider is required for *any food allergies or special dietary requirements* due to a health condition)

Consent to medical care and treatment of minor children

I give permission that my child, _____, may be given first-aid/emergency treatment by the childcare licensee and or qualified staff at:

Name of Licensee: Saint David's Day School Address of Licensee: 761 Park St, Friday Harbor, WA 98250

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent/Guardian Signature: _____ Date: _____

Saint David's Day School

Emergency/Disaster Form 2024-2025

Child's Name (Last, First, Middle)

Date of Birth: MM/ DD/ YYYY

Parent/Guardian Signature: _____

Date: _____

During a disaster, communication may become challenging. Often it is easier to contact an out-of-area phone number than a local or cell number. Our facility is establishing an out-of-area number to relay information throughout a disaster. Please put this number in a convenient and accessible place so that you are able to get information about your child should local calling become challenging.

The Saint David's Day School out-of-area contact is: **DEBI MUELLER 360.260.5292**
Country Friends Preschool Brush Prairie, WA

We encourage you to familiarize yourself with the disaster plans and policies established for our child care facility as described in the Parent Handbook.

I, _____, have received information regarding Saint David's Day School out-of-area emergency contact.

I understand that Saint David's Day School has established policies to respond appropriately to a disaster and that they are available for my review upon enrollment and at any time.

I understand that if my child takes any medication for a life-threatening condition, I am required to bring in a 3-day supply to be included with Saint David's Day School Disaster Response Kit.

Signature: _____

Date: _____

Please complete the following information for our emergency records.

Child's Name: _____

Child's Out-of-Area Contact (100+ miles away): _____

Emergency Contact (Friend, family, or loved one): _____

Local Contact (The "nearest" acquaintance): _____

SAINT DAVID'S DAY SCHOOL

TEACHER'S QUESTIONNAIRE

Dear Families,

We would appreciate your answers to the following questions. While we feel that each question is valuable, please know that you are not required to share any information that you do not feel comfortable about. The information is confidential and will only be utilized by your child's teachers to support them in preparing the most beneficial learning environment for your child. Thank you for taking the time to share with us. We look forward to getting to know your child and your family.

Child's Name: _____ **Nickname(s):** _____

Parent Name(s): _____ / _____

1. What are your primary reasons for enrolling your child at Saint David's?
2. What do you see as your child's greatest strengths?
3. What are areas of challenge for your child?
4. What areas of development would you like to work on with your child? Do you have specific concerns?
5. What group activities has your child experienced before coming to Saint David's?
6. What group activities does your child now participate in and how often?
7. Who lives in the home with your child? Siblings? (If so, what ages?) Relatives, etc...?
8. Is there anything else that you would like the teachers to know?