



# The Barn School, Westford 2021 – 2022 APPLICATION

Child's Full Name	_____	Application Date:	_____
Child DOB	_____	Age as of September 1 (in years & months)	_____
Gender	_____	2021-2022 Grade	_____
Home Address	_____	Alternate Address	_____
	_____	(if applicable)	_____
Parent/Guardian 1	_____	Parent/Guardian 2	_____
Cell Phone	_____	Cell Phone	_____
Work Phone	_____	Work Phone	_____
Home Phone	_____	Home Phone	_____
Personal Email	_____	Personal Email	_____
Work Email	_____	Work Email	_____
Employer Name & Occupation	_____	Employer Name & Occupation	_____
Emergency Contact 1	_____	Emergency Contact 2	_____
Relation	_____	Relation	_____
Phone Numbers	_____	Phone Numbers	_____

Note: Emergency Contacts are permitted to pick up your child without prior authorization. Any other persons doing pick up would need verbal or written permission before we allow your child to leave premises. Emergency contacts will also be contacted if we are unable to reach you in the event that we need to arrange pick up for your child due to illness or emergency.

NOTE: Immunization Record **must** accompany registration form in order to be complete

Check this box to authorize The Barn School to access your child's immunization records through the Vermont Immunization Registry.

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

TBS Representative Signature \_\_\_\_\_ Date \_\_\_\_\_



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## TUITION:

Full day: \$12,000\* for the full school day from 8:15 am – 3:15 pm

Extended Day: \$25 per day from 3:15-5:30pm (not all days are available each year, based on enrollment & interest)

\*Note: For enrollments after the beginning of the year, please contact us for prorated tuition rates.

## PAYMENT POLICIES:

Payment is due by the first of each month. Payments not received by the first of the month are subject to a late payment fee of up to 10% of the monthly tuition with additional increases after 10 days without payment. Repeated late payments may result in forfeiture of the deposit and jeopardization of re-enrollment. Failure to pay can also result in forfeiture of enrollment. Payment must be set up directly through your bank to either provide auto checks (through your bank's bill-pay system) or through an automatic transfer into our account. Information to set both of those up will be provided prior to the start of the year or the student's first day upon request.

Late pick up or early drop off fees will apply if your child arrives prior to 8:15 or is present after 3:15 (if not attending the enrichment program). The cost is \$10 for the first 15 minutes and \$1 per minute thereafter. This same fee applies for pick up after 5:30 if participating in the afternoon program.

There is a non-refundable deposit of \$500 due by July 1. Enrollments after July 1 will require a deposit of \$600. For enrollments during the school year, a prorated deposit will apply. Please contact Kara for specifics. The deposit will be applied to the monthly payment for June.

## ADDITIONAL FEES:

There may be additional fees for some of the field trips we will go on during the year. Museums, Flynn Shows, and other experiences with a cost will be communicated with families. The cost generally ranges from \$8 - \$15 per trip. Should your child not attend a field trip, you must make alternative arrangements while we are not present. The school will not be open while we are on a field trip.

Late payment fees are addressed in payment policies.

## ENROLLMENT SELECTION:

Full Day 8:15 – 3:15 daily

Extended Day 3:15 pm-5:30 pm

Please circle desired days (not all days are guaranteed as it is based on interest and enrollment)

M      T      W      Th      F

## SCHOLARSHIPS:

We have a unique scholarship package available to a limited number of students. We ask that you inform us what you are able to afford. We then work with you to find volunteer opportunities and items to donate to our school. For example, you could teach a weekly class, knit sweaters for students for our outdoor classroom, donate office supplies, or supply ingredients for cooking class. We have movie nights that you could chaperone, or you could help set up an event (like The Barn Dance held in the Fall) or come up with a new event to host at the school, donating the proceeds to the school. Please contact Kara at [kara@thebarnschoolvt.com](mailto:kara@thebarnschoolvt.com) for more information.

\_\_\_\_\_ Please initial here if you plan to apply for a scholarship. You will be responsible for contacting Kara to initiate the process; this simply gives us an idea of your intent to pursue this option.



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## Child Information:

With whom does your child live?

Does your child take any medication regularly, have any ongoing medical conditions, have any allergies or sensitivities, or has your child had any major health issues in the past?

What are your child's greatest interests?

How does your child like to learn? How do you see him or her learning best?

What qualities do you appreciate the most about your child?

How does your child get along with peers? Adults?

What school(s) has your child attended in the past? How would you describe his or her successes there? What went well there for your child, and what do you or your child wish had been different, if anything?



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What activities does your child enjoy doing inside? Outside?

What attracted you to The Barn School?

What are you most looking forward to about your child's attendance at The Barn School?

What is your child most looking forward to about attending The Barn School?

What does your child see as his/her greatest strength or that he/she is most proud of about him/herself?

What seems to worry your child most or does your child seem least confident about him or herself?



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What are your educational goals for your child for this year? For the next few years?

Are there additional items you would like us to know when considering enrollment for your child?

### ACKNOWLEDGEMENT:

I have read and understand the tuition and the payment policies and agree to abide by them. I understand that failure to do so may jeopardize my child's enrollment status or my deposit. If enrolled, I agree to abide by the policies and procedures outlined in the Family Handbook. I understand that these policies are subject to change and should that happen I will be advised in writing prior to any change taking effect.

Parent/Guardian  
Signature \_\_\_\_\_

Date \_\_\_\_\_

TBS  
Representative  
Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICE USE ONLY:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Application Completed | <input type="checkbox"/> Deposit Received<br>Ck #: _____ | <input type="checkbox"/> Immunization Record                     | <input type="checkbox"/> Permission Form |
| <input type="checkbox"/> Yearly Health Form    | <input type="checkbox"/> Family Notified<br>Date: _____  | <input type="checkbox"/> Payment Information Sent<br>Date: _____ | <input type="checkbox"/> Field Trip Form |