



St. Peter's Episcopal School

Janet Boutin, School Director

321 St. Peter Street
Kerrville, TX 78028
stpeterskerrville@hotmail.com

830-257-0257
Fax: 830-257-0283
www.stpeterskerrville.com

Attached is our 8 page application. Checklist to complete:

1.	Please type in all pages 1 thru 5 and 8. Complete all fields. Note: Children entering 3's and 4's programs must be fully potty trained.
2.	Parent/Guardian signature or electronic signature required on pages 1 thru 5 and 8. Primary Cardholder must sign Page 8 (if you choose this payment option).
3.	Download to print.
4.	Health Form (page 6) must be signed and completed by your child's physician.
5.	Return the packet to School.
6.	Pay your Supply Fee. Checks payable: St. Peter's School
7.	See My Procure information attached. First time families can access in June.
8.	Check this website for other information: prices, calendars, Family and COVID Handbooks, monthly newsletter, payment portal and more.

**Access our [School Calendar](#) to start
planning ahead now.**

For office use only	
Admission Info	
Start Date:	
End Date:	
Payment:	

Enrollment Information

St. Peter's Episcopal School

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For office use only	
Year:	
Class/Teacher:	
Supply Fee:	
Date of Deposit:	

Child's Full Name:	Sex:
Date of Birth:	Age as of Sept 1 st: Note: 3's and 4's must be potty trained.
Mailing Address/City, State, Zip:	
Child's Home Address:	

Primary Contact Release #1 (Contact must be parent/guardian)	Primary Contact Release #2 (Contact must be parent/guardian)
Name:	Name:
Physical Address:	Physical Address:
E-Mail Address:	E-Mail Address:
Cell Phone:	Cell Phone:
Cell Phone Provider:	Cell Phone Provider:
Driver's License No:	Driver's License No:
Employer/Occupation:	Employer/Occupation:
Work Phone:	Work Phone:

Emergency Contact/Release of Child

I authorize St. Peter's Episcopal School to release my child only to the following people and they may be called in an emergency. Please list names in the order you want people contacted. Note: Primary #1 and #2 above are automatically authorized for release; do not list #1 and #2 below.

Name	Address	Relationship	Phone	Driver's License No.

Revised February 15 2024

X _____
 Signature Required by Parent/Legal Guardian Completing Form Date

Pertinent Information

Parents are: Married Divorced Separated Widowed Other: _____

Child lives with: Both parents Mother Father Guardian: _____

**If divorced, separated or state custody arrangements;
Copies of court custody documents might be requested by the School Office**

Is child adopted: Yes No Does he/she know: Yes No

Was child premature? Yes No Church Preference: _____

Child's previous group experience: _____

Hours child will normally be in school: Check In Time: _____ Check Out Time: _____

Other members of the family (and/or other people living in the household):			
Full Name	Age	Date of Birth	Sex

Home language: _____ Race (optional): _____

Previous serious illness/Hospitalization in last 12 months? Yes No Describe: _____

Current illnesses or injuries? Yes No Describe: _____

Special screenings for motor development? Yes No When: _____ With whom? _____

Special screenings for developmental delay? Yes No When: _____ With whom? _____

Note: Children 3 years and older with disabilities or special needs will be referred to area public school services and not granted enrollment when it is necessary to alter the nature of the program.

Yes No My child has been examined within the past year by a health care professional and is able to participate in the program. Within 12 months of admission, I will return the signed Health Form to the School Office.

Name of Health Care Professional:	Address of Health Care Professional:
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X _____
Signature Required by Parent/Legal Guardian Completing Form Date

Allergy Information

Not applicable Known allergies (food, airborne, environmental etc.) _____

Describe reaction: _____

Describe treatment plan: _____

List any health concerns: _____

Note: A Food Allergy and Anaphylaxis Emergency Care Plan will be requested from your physician.

Long Term Medication

Not applicable Name of medicine: _____ Existing Illness _____

Dosage: _____ Time(s) to be given: _____

Note: A Medical Action Plan might be requested from your physician.

Short term medication—separate forms required.

Medical Insurance Company: _____ Policy Holder Name: _____

Address: _____ Policy/Group No: _____

Agent Name: _____ Phone No: _____

Emergency Medical/Dental Information

If a medical emergency should occur while my child is in the care of St. Peter's School, I authorize the Director or an employed staff member to take my child to the nearest emergency room or medical center. (Peterson Regional Medical Center located at 551 Hill Country Drive, Kerrville, TX 78028; 830-896-4200). I give my consent for any and all necessary treatment when my child is in the care of this medical facility.

Physician's Name: _____ Phone No: _____

Address: _____

Dentist Name: _____ Phone No: _____

Address: _____

Field Trip/Transportation

I give my consent for my child to participate on field trips while they are enrolled in the program. St. Peter's School has permission to take my child on the school bus, walking trips and excursions off the school premises for school activities. The School does not participate in swimming pool activities. All will be conducted and supervised by St. Peter's School staff. **Note: 48 hour notice required for all field trips.**

I have completed this application and Pertinent Information with accuracy and understand that I have given consent to St. Peter's Episcopal School for Emergency Contact/Release of Child, Emergency Medical/Dental Information and Field Trip/Transportation.

St. Peter's School does not exclude students because of race, ethnicity, sex or religion. Parents/Legal Guardians are welcome to visit anytime during operating hours (unless Health and Licensing Authorities mandate otherwise).

My signature verifies that I attest and agree to all terms of this application.

X

Signature Required by Parent/Legal Guardian Completing Form Date

Receipt of Health Form

I understand that my child's current Health Form and immunization records or current affidavit are due in the School Office by the first week of August.

Note: These records are required to attend the School.

X

Signature Required by Parent/Legal Guardian

Date

Family Handbook Notification

St. Peter's Episcopal School Family Handbook can be accessed on the Church website: www.stpeterskerrville.com. Copies of the Family Handbook and the School's Policies and Procedures can also be viewed in the School Office.

My signature below acknowledges that I am responsible for and accept the terms of the Family Handbook.

X

Signature Required by Parent/Legal Guardian:

Date:

Print Parent/Legal Guardian Name: _____ Print Student Name: _____

Parent/Guardian Rights

Parent/Guardian's Rights In Child Care Facilities (42.042710) can be accessed on the [Texas Health and Human Services](#) (THHS) website.

My signature below acknowledges that I have been made aware of these guidelines.

X

Signature Required by Parent/Legal Guardian

Date

Meals and Snacks

If your child is staying after 12:00 p.m. for After School Care, families must pack a lunch from home. Please pack a lunch free of choking hazards, food allergy ingredients and meets your child's daily food needs. Families are responsible for providing a morning snack and the School will provide an afternoon snack. **Note:** For special dietary needs please contact the School Office concerning providing your own child's snacks.

X

Signature Required by Parent/Legal Guardian

Date

After School Care Registration

St. Peter's Episcopal School

321 St. Peter Street
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For office use only	
Admission Info	
Start Date:	
End Date:	
Payment:	

For office use only	
Year:	
Class/Teacher:	
Supply Fee:	
Date of Deposit:	

Child's Full Name:	Sex:
Date of Birth:	Age as of Sept 1 st:
Mailing Address/City, State, Zip:	

Primary Contact Release #1 <small>(Contact must be parent/guardian)</small>	Primary Contact Release #2 <small>(Contact must be parent/guardian)</small>
Name:	Name:
Physical Address:	Physical Address:
E-Mail Address:	E-Mail Address:
Cell Phone:	Cell Phone:
Cell Phone Provider:	Cell Phone Provider:
Driver's License No:	Driver's License No:
Employer/Occupation:	Employer/Occupation:
Work Phone:	Work Phone:

Emergency Medical Attention

If a medical emergency should occur while my child is in the care of St. Peter's School, I authorize the Director or an employed staff member to take my child to the nearest emergency room or medical center. I give my consent for any and all necessary treatment when my child is in the care of this medical facility.

Emergency Contact/Release of Child

I authorize St. Peter's Episcopal School to release my child only to the following people and they may be called in an emergency. Please list names in the order you want people contacted. Primary #1 and #2 are automatically authorized for release.

Name	Address	Relationship	Phone	Driver's License No.

Days child will use After School Care: Monday Tuesday Wednesday Thursday Friday
 Approximate time for pick up: _____

I have completed this application with accuracy and understand that I have given consent to St. Peter's Episcopal School for Emergency Medical Attention and Release of Child. I understand it is my responsibility to keep my school account current in order to use ASC services.

X _____
 Signature Required by Parent/Legal Guardian Completing Form Date



Health Form

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Child's Name: _____ **Child's DOB:** _____
Parent Name: _____ **Address:** _____

Immunization Record/Or Affidavit

The immunization record or current affidavit is due in the school office by the first week of August. The Texas Department of Health mandates these records and visits the school to inspect student health records for this purpose.

	DPT	OPV	Hepatitis B	MMR	HIB	Varicella (Chickenpox)	Pneumococcal (Pevnar)	Hepatitis A
1st Dose								
2nd Dose								
3rd Dose								
4th Dose								
5th Dose								

Note: Month, day and year of each immunization is required.

Vision and Hearing Record				
Note: Required for entrance Pre-K (4's) and Kindergarten students				
Vision	R 20/ <input style="width: 30px;" type="text"/>	L 20/ <input style="width: 30px;" type="text"/>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Date Tested:				
Hearing	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
R				
L				
Date Tested:				

I certify this child has been examined by me and is physically able to take part in the program at St. Peter's Episcopal School.

X

Physician Signature/Stamp Only

Date:



Diocese of West Texas

St. Peter's Episcopal School

Janet Boutin, School Director

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Dear School Families,

St. Peter's Episcopal School is pleased to offer [MYProcure](#), a free online portal for you to access account information and easily pay tuition. MyProcure is safe, secure and created with your convenience in mind.



[Log in today!](#)

1. Go to www.myprocure.com. To access, use Google Chrome Web Browser.
2. Enter your email address (the email you have on file with St. Peter's School) and choose GO.
3. Enter the confirmation code sent to your email, choose a password, and press GO.
4. Then use the PAY button to make a payment by credit card, debit card or checking account.
5. Tuition Express Automated Payment Processing form for credit card or checking account convenient payments (choose one). These payments will process all balances owed to the School on the 15th of each month. Note: Form will be stored in School safe. If 15th falls on weekend or holiday, will process on following business day. Only turn in, if you choose to use service.

Thank you,
Janet Boutin
School Director

St. Peter's School is affiliated with the following:





Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) St. Peter's Episcopal School to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. _____ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

Complete One Section Only

Section A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Date	

Primary Cardholder Signature

Section B (Bank Account)

(OR)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Date				

Authorized Signature

For Official Use Only

Date Received
Employee Signature



A service of

