Welcome to St. Peter's School

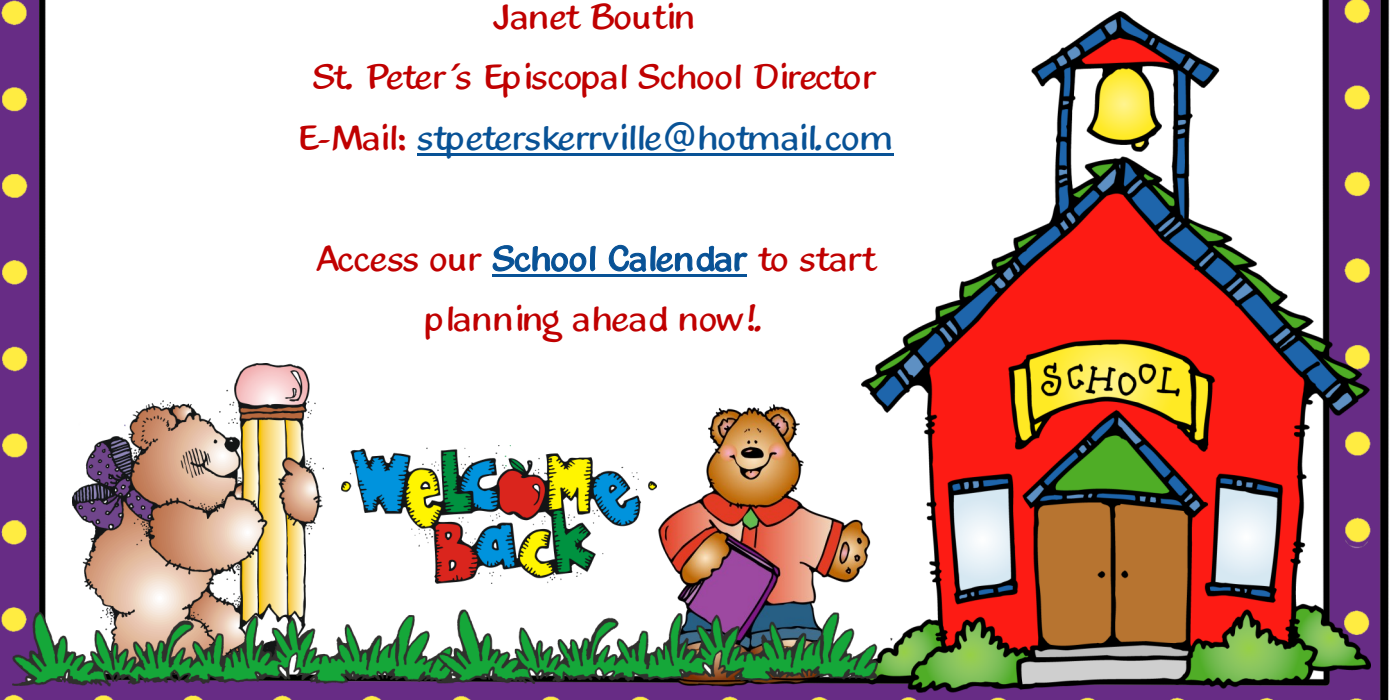
Attached is our 8 page application.

Checklist to complete:

1. Type in pages 1 thru 5 and 8. Complete all fields.
2. Download to print.
3. Parent/Guardian signature required on pages 1 thru 5 and 8. Primary Cardholder must sign Page 8.
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 Procare information attached. First time families sign up in August.
8. Check this website for other information: prices, calendars, Family and COVID Handbooks, monthly newsletter, payment portal and more.

Janet Boutin
St. Peter's Episcopal School Director
E-Mail: stpeterskerrville@hotmail.com

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

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

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

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

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

Primary Contact #1 (Contact must be parent/guardian)	Primary Contact #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 to the following people and they may be called in an emergency. Please list names in the order you want people contacted.

Name	Address	Relationship	Phone	Driver's License No.

Revised January 29, 2022

X _____

Signature required by Parent or Legal Guardian Date

Pertinent Information

Parents are: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed Other: _____

Child lives with: ☐ Both parents ☐ Mother ☐ Father Other: _____

If divorced, separated or state custody arrangements;

Copies of court 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 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): _____

Hospitalization in last 12 months? ☐ Yes ☐ No Describe: _____

Serious 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? _____

Children 3 years and older with disabilities are referred to area public school services.

☐ 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:

X _____

Signature required by Parent or Legal Guardian Date

Allergy Information

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

Describe reaction: _____

Describe treatment plan: _____

List any health concerns:

Long Term Medication

☐ Not applicable Name of medicine: _____

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

Please note that 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.** 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 permission for the staff of St. Peter's Episcopal School to take my child 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, water play and excursions off the school premises for school 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 or Legal Guardian Date

Receipt of Health Form

I understand that my child's current Health Form and immunization records 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 or Legal Guardian Date

Family Handbook and COVID Guidelines Notification

The St. Peter's Episcopal School Family Handbook and COVID Guidelines can be accessed on the Church website: www.stpeterskerrville.com. Copies of the Family Handbook and COVID Guidelines are available on request through the School Office.

My signature below acknowledges that I am responsible for and accept the terms of these Handbooks.

X _____

Signature required by Parent/Legal Guardian: Date:

Print Parent/Legal Guardian Name: _____

Print student Name:

Meals and Snacks

If your child is staying after 12:00 p.m. for After School Care, families are asked to 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.

X _____

Signature required by Parent/Legal Guardian: Date:

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

After School Care Registration

St. Peter's Episcopal School

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

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

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

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

Primary Contact #1 (Contact must be parent/guardian)	**Primary Contact #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 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 to the following people and they may be called in an emergency. Please list names in the order you want people contacted. You must list any people other than the person who signs this form.

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.

X _____

Signature required by Parent or Legal Guardian Date

Revised February 8, 2021

Health Form

321 St. Peter Street Kerrville, Texas 78028
830-257-0257 Fax: 830-257-0283

Child's Name: _____ Child's DOB: _____

Parent Name: _____ Address: _____

Immunization Record

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

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

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

Vision and Hearing Record

Note: Required for Pre-K (4's) and Kindergarten students

Vision	R 20/	L 20/	☐ Pass	☐ Fail
Date Tested:				

Hearing	1000 Hz	2000 Hz	4000 Hz	
R				☐ Pass
L				☐ Fail
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

Dear School Families,

St. Peter's Episcopal School is pleased to offer MYProcare, a free online portal for you to access account information and easily pay tuition. MyProcare is safe, secure and created with your convenience in mind.

Log in today!

1. Go to www.myprocare.com. First time families sign up in August.
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 cared, debit card or checking account.
5. **Something New**: Complete the Tuition Express Automated Payment Processing form for credit card or checking account convenient payments. These payments will process all balances owed to the School on the 20th of each month. Note: Form will be stored in School safe.

Thank you,
Janet Boutin
School Director

321 St. Peter Street
Kerrville, TX 78028
Phone: 830-257-0257

E-Mail: stpeterskerrville@hotmail.com
Website: www.stpeterskerrville.com
Fax: 830-257-0283

Tuition® Express

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

Note: Must be signed by primary card holder

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. 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 _____

X _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

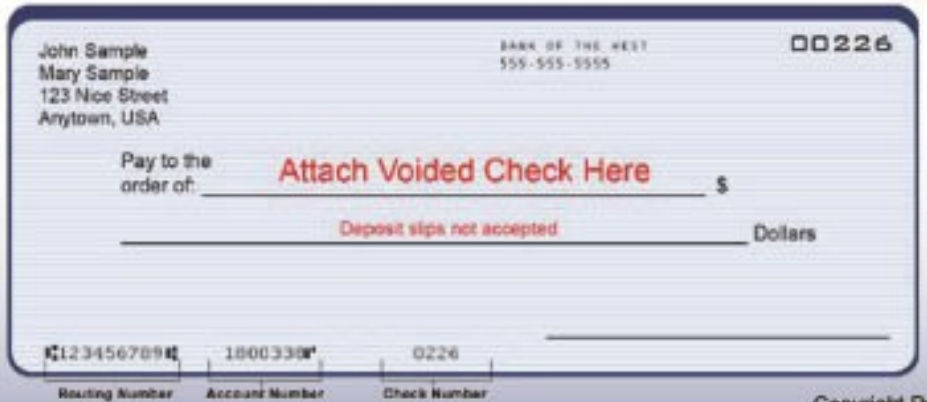
Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

X _____

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature



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