

St. Peter's Episcopal School Elementary Bus After School Care

Starkey and Tally Schools Only

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

Janet Boutin, School Director

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Kerrville, TX 78028
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830-257-0257
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Child's Full Name:		Sex:
Date of Birth:		Grade as of Sept 1st:
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:
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. 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.

I authorize my child can be released to their sibling under 18 years old: Yes No NA

X

Signature required by Parent or Legal Guardian

Date

Revised January 29, 2024

Health/Allergy Information

Not applicable

Known allergies (food, airborne, etc.) _____

Describe reaction: _____

Describe treatment plan: _____

List any health concerns: _____

A current copy of my child's immunization record, vision/hearing screening and TB screening are on file at (Name of School) _____ Elementary School.

Emergency Medical 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: _____

Discipline and Guidance

St. Peter's Elementary After School Program is operated by St. Peter's Episcopal School. The program is committed to the physical, emotional, social, intellectual, and spiritual development of each child. Discipline and guidance will be consistent, and will be based on an understanding of the individual needs and development of the child and shall be directed toward teaching the child acceptable behavior. Should constant discipline problems occur, a conference with the parent/guardian will be requested to search for a solution. We ask for the parent/guardian's full cooperation in order to have the best program for all of the children involved. St. Peter's Episcopal School does not exclude students because of race, ethnicity, sex or religion.

Transportation Information

My child has my permission to ride the St. Peter's Episcopal School bus for Elementary After School Care Services. There are no field trip or swimming pool activities.

Elementary school child attends: _____ Grade: _____

School Area Code and Phone Number: _____

Days student will ride bus: Monday Tuesday Wednesday Thursday Friday

Approximate time of pick up: _____

I have completed this application with accuracy and understand that I have given my consent to St. Peter's Episcopal School for Emergency Contact/Release of Child, Emergency Medical Information, Discipline and Guidance and Transportation Information. It is my responsibility to keep my school balance current, in order to remain in the program.

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

X

Signature required by Parent/Legal Guardian Completing Form Date