

Welcome to St. Peter's School

Attached is our 6 page application.

Checklist to complete:

1. Type in pages 2 thru 7	Note: Complete all fields
2. Download to print	
3. Parent/Guardian signature required on pages 2 thru 6	
4. The Health Form (page 7) must be completed by your child's physician	
5. Bring the packet to School	
6. Bring your Supply Fee to school	
7. Check this website for other information: prices, calendars, Family Handbook, monthly newsletter and much more.	
8. See My Procure information attached. Sign in to create your tuition payment portal	



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

Enrollment Information

St. Peter's Episcopal School



321 St. Peter Street
Kerrville, TX 78028

830-257-0257

Fax: 830-257-0283

stpeterskerrville@hotmail.com

www.stpeterskerrville.com

Child's Full Name:		Sex:
Date of Birth:		Age as of Sept 1 st:
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:
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 22, 2020

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 or separated, state custody arrangements (Use back of this page).

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: _____

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? _____

Hours child will be in school: _____

Date of admission (the first day actually present at school): _____

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.

X _____ Signature required by Parent or Legal Guardian

_____ Date

Allergy Information

Not applicable

Known allergies (food, airborne, 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

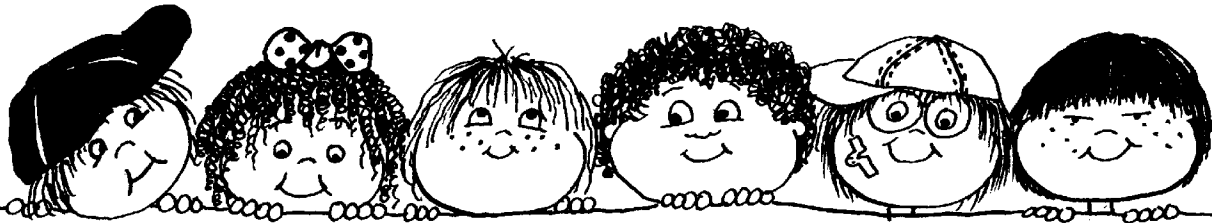
I understand that field trips are an integral part of the curriculum, and that I will be asked permission for each field trip as it approaches. I further understand that my child will be transported in the School's bus on all field trips. With this understanding, I hereby give my permission for the staff and volunteers of St. Peter's Episcopal School to take my child on field trips while he/she is in the program. Also, St. Peter's School has permission to take my child on walks or excursions off the school premises for field trips 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**.

X

Signature required by Parent or Legal Guardian

Date



Receipt of Health Form

I understand that a current Health Form and immunization record are due in the School Office by the first week of August.



Signature required by Parent or Legal Guardian

Date

321 St. Peter Street

Kerrville, TX 78028

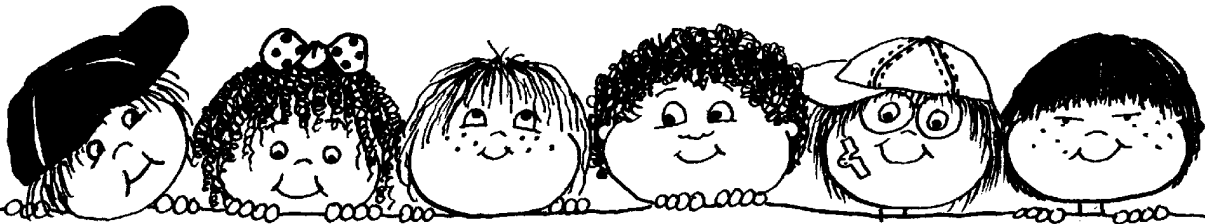
E-Mail: stpeterskerrville@hotmail.com

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Revised January 22, 2020



Family Handbook Notification

The St. Peter's Episcopal School Family Handbook can be accessed on the Church website: www.stpeterskerrville.com. Just access the School link to read our Handbook. Copies of the Family Handbook are available on request through the School Office.

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



Signature required by Parent/Legal Guardian:

Date

Print Parent/Legal Guardian Name: _____

Print student Name: _____



Health Form



321 St. Peter Street
830-257-0257

Kerrville, Texas 78028
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 (Pevnar)	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/	<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 _____
Signature or stamp of licensed physician

Date

After School Care Registration

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 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:
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 (Circle): 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



Diocese of West Texas

St. Peter's Episcopal School

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.myprocare.com.
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.

Thank you
Janet Boutin
School Director

321 St. Peter Street
Kerrville, TX 78028

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Phone: 830-257-0257

E-Mail: stpeterskerrville@hotmail.com

Website: www.stpeterskerrville.com