

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

Elementary After School Care

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

Child's Full Name:		Sex:
Date of Birth:		Grade 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:
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 22, 2021

X

Signature required by Parent or Legal Guardian

Date

Healthy/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 is on file at _____ 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**. 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. If cooperation is refused or the discipline problem persists, it will mean dismissal of the child from the center. 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.

Elementary school child attends: _____ Grade: _____

School 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**.

X

Signature required by Parent or Legal Guardian

Date