

Elementary After School Care

St. Peter's Episcopal School



For office use only
Year: _____
Registration Fee: _____
Date of Deposit: _____

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

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

Child's Name: _____ Name child will use at school: _____

Date of Birth: _____ Age as of Sept 1st: _____ Sex: _____

Mailing Address/City, State, Zip: _____

Primary Phone: _____ Primary E-Mail: _____

Father's Name: _____ Mother's Name: _____

Employer: _____ Employer: _____

Work Number: _____ Work Number: _____

Cell Phone: _____ Cell Phone: _____

Driver's License No: _____ Driver's License No: _____

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.

Name	Address	Relationship	Phone	Driver's License

Parents are Married Divorced Separated Widowed Remarried

Child lives with: Both Parents Mother Father Other: _____

Note: In case of divorce, separation or custody, copies of court documents might be requested by School.

Is the child adopted? Yes No Does he/she know? Yes No

Church Preference: _____

X _____

Signature required by Parent or Legal Guardian

Date

What is the present health status of the child? (List all allergies, including foods and describe reactions.)

A current copy of immunization records are on file at _____ School.

Child's Physician: _____

Address: _____ Phone Number: _____

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.

Discipline and Guidance

St. Peter's 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 will be requested to search for a solution. If parental cooperation is refused or the discipline problem persists, it will mean dismissal of the child from the center. We ask for the parent's full cooperation with the center 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 from _____ (school) to St. Peter's School to attend Elementary After School Care.

Elementary school child attends: _____ Grade: _____

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