

**St. Peter's Episcopal School Elementary Bus After School Care  
Starkey and Tally Schools Only  
Janet Boutin, School Director**

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

321 St. Peter Street  
Kerrville, TX 78028  
[stpeterskerrville@hotmail.com](mailto:stpeterskerrville@hotmail.com)



830-257-0257  
Fax: 830-257-0283  
[www.stpeterskerrville.com](http://www.stpeterskerrville.com)

Child's Full Name:	Sex:
Date of Birth:	Grade as of Sept 1 st: Note: Must be potty trained
Mailing Address/City, State, Zip:	
Child's Home Address (If different):	

Primary Contact Release #1 (Contact must be parent/guardian)	Contact Release #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:                      State:	Driver's License No:                      State:
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. **Note:** Primary #1 and #2 above are automatically authorized for release; do not list #1 and #2 below. One Additional Release Person Required below.

Name	Address & City/State	Relationship	Area Code & Phone	License No. & State

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

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature required by Parent or Legal Guardian                      Date

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### Health/Allergy Information

Known allergies (food, airborne, etc.) \_\_\_\_\_

Describe reaction: \_\_\_\_\_

Describe treatment plan: \_\_\_\_\_

List any health concerns: \_\_\_\_\_  Not applicable

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

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### 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 call 911 to transport or 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: \_\_\_\_\_

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### 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.

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### 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 trips or swimming pool activities.

Elementary school child attends: \_\_\_\_\_ Grade: \_\_\_\_\_

School Area Code and Phone Number: \_\_\_\_\_

Days student will ride bus:  Mon  Tues  Wed  Thurs  Fri  As Needed

Approximate time of pick up: \_\_\_\_\_ **Note:** School closes promptly at 5:30pm.

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**

**X**

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Signature required by Parent/Legal Guardian Completing Form      Date