

St. James Episcopal Day School

Summer Program 2024



"Be strong and courageous. Do not be afraid; do not be discouraged, for the LORD your God will be with you wherever you go." Joshua 1:9

Session 1: June 3, 2024 – June 28, 2024

Closed July 4th, Independence Day

Session 2: July 1, 2024 – August 2, 2024

Closed July 22 – July 26, St. James Church VBS Program

Serving Infants (6 weeks) – Outgoing 3rd Graders

Care offered Monday – Friday 7am – 6pm

1803 Highland Hollow Dr
Conroe, Tx 77304

936-756-4984



SJES 2024 Summer Sessions Overview

Session 1: June 3rd – June 28th

GOD'S ROAD TRIP



“He gives me new strength. He leads me on paths that are right for the good of His name.

- Psalm 23:3

- Scenery - Enjoying the Earth God Created for Us
 - Adventure - Journey to Different Landmarks
 - Respect - Appreciating Nature/Recycling
 - Wildlife - Studying Different Animals in the Woods
-

Session 2: July 1st – August 2nd

CHAMPIONS IN CHRIST

“I can do all things through Him who strengthens me.”

- Philippians 4:13



- Olympic Sports - Celebrating Different Sports
 - Teambuilding - Working Together as One
 - Sportsmanship - Respect and Grace for Opponents
 - Leadership - Leading Each Other Toward Success
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Additional Information:

- \$50 non-refundable deposit per session, due at registration.
- Part-Time enrollment depends upon availability. Reach out to Taylor in the front office for updated part-time enrollment availability.
- Parents will provide daily: *lunch, nap mat, and water bottle.*
- Every Wednesday will be splash day. Weather permitting, we will have fun in the sun and sprinkler!
- Giggle Bus is making a return! Registration for Giggle Bus is separate from the Summer Program Enrollment and is available for students 24 months - 5 years of age.
- Domino's Pizza on Fridays. Registration for Pizza is separate from Summer Program Enrollment.

SJES 2024 Summer Sessions Calendar

JUNE 2024						
SUN	MON	TUE	WED	THU	FRI	SAT
	×	×	×	×	×	1
2	SESSION 1 First day of Session 1		4	5	6	7
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	Last day of Session 1	28
30						

May 24: Last Day of 2023 - 2024 School Year

May 27: Memorial Day - School Closed

May 28 - May 31: School Closed

June 3-June 28: Summer Session 1

JULY 2024						
SUN	MON	TUE	WED	THU	FRI	SAT
	SESSION 2 First day of Session 2		3	×	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	×	×	×	×	×	26
28	29	30	31			

July 1 - August 2: Summer Session 2

July 4: School Closed - Independence Day

July 22- July 26: School Closed-St. James Episcopal Church VBS Program

AUGUST 2024						
SUN	MON	TUE	WED	THU	FRI	SAT
					Last day of Session 2	3
4	×	STAFF DEVEL.	STAFF DEVEL.	STAFF DEVEL.	STAFF DEVEL.	10
11	BELOW FESTIVE	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August 5: School Closed

August 6 - August 9: Closed - Staff In-Service

August 12: First Day of 2024 - 2025 School Year!



St. James Episcopal School

2024 Summer Program

A Parish Day School of
St. James the Apostle Episcopal Church

Registration and Enrollment Packet



**EDUCATING THE WHOLE CHILD;
MIND, BODY, AND SPIRIT**

1803 Highland Hollow Drive
Conroe, TX 77304
www.stjames-conroe.org/school

Phone (936) 756-4984
Fax (936) 756-8850



St. James Episcopal School Logo

Our Mission Statement

St. James Episcopal Day School strives to offer an exemplary educational program that emphasizes the training and development of the whole child: spiritually, academically, morally, emotionally, and physically.

Our Purpose

To provide a Christ-centered learning experience that supports the overall development of each child's mind, body, and spirit.

Our Vision

To be the premier, self-sustainable early educational program for young children in and around Conroe, Texas.

Our Goals

1. To **create** within each child a love of Christ.
2. To **provide** a Christ-centered environment that encourages natural participation, exploration, curiosity, and aesthetic appreciation.
3. To **foster** an atmosphere of academic excellence.
4. To **develop** an awareness and appreciation for the world God gave us.
5. To **encourage** each student as an individual to live a creative and compassionate life pleasing to God.
6. To work in **partnership** with parents and community members to maximize learning.

Philosophy

The school offers an academic program within a Christian environment, which strives to meet the diverse needs of our students. The staff and administration endeavor to foster in each child a growing awareness of God's love and to encourage the child to relate with confidence and love toward people within our school, community, and world.

SJES 2024 Summer Sessions Program Enrollment Application

Select your child's class by finding where their age falls as of September 1, 2023.

Class	Session	Tuition	Reg. Fee
Infants <i>6 weeks to 11 months as of 9/1/2023</i>	<input type="checkbox"/> Session 1	\$990	\$50
	<input type="checkbox"/> Session 2	\$990	\$50

Class	Session	Tuition	Reg. Fee
Intermediates-Pre-k <i>3 years old as of 9/1/2023</i>	<input type="checkbox"/> Session 1	\$675	\$50
	<input type="checkbox"/> Session 2	\$675	\$50

Class	Session	Tuition	Reg. Fee
Tiny Tots <i>12 months to 23 months as of 9/1/2023</i>	<input type="checkbox"/> Session 1	\$940	\$50
	<input type="checkbox"/> Session 2	\$940	\$50

Class	Session	Tuition	Reg. Fee
Kindergarten-3rd Graders <i>4+ years old as of 9/1/2023</i>	<input type="checkbox"/> Session 1	\$675	\$50
	<input type="checkbox"/> Session 2	\$675	\$50

Class	Session	Tuition	Reg. Fee
Beginners <i>2 years old as of 9/1/2023</i>	<input type="checkbox"/> Session 1	\$700	\$50
	<input type="checkbox"/> Session 2	\$700	\$50

- Enroll by March 29, 2024, to secure enrollment & receive a reduced registration fee of \$25 per session.
- After March 29, 2024, registration fee charged is \$50 per session.
- Tuition covers care Monday through Friday, 7am - 6pm.

Child's Name: _____

Child's Date of Birth: _____ Child's Age on 9/1/2023: _____

Parents' Names: _____ Married / Separated / Divorced

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Information- Cell (M): _____ Cell (D): _____

Email (M): _____ Email (D): _____

REGISTRATION FEE = \$50.00 *\$25.00 per session if before 3/29/2024
 Check Enclosed OR Charge my ProCare account

TUITION
 Single Payment – due in full by May 31, 2024 OR
 Payment through ProCare (one debit per session)

Parent Signature: _____ Date: _____

Student Emergency Information Card

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Enrollment Date: _____ Birth date: _____ Sex: M F Ethnicity: _____

Student lives with (circle one): both parents, father only, mother only, other _____

Father's Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ C: _____

W: _____ Place of employment: _____

Email: _____

Mother's Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ C: _____

W: _____ Place of employment: _____

Email _____

In case of emergency, call:

Emergency Contact 1: Name: _____

Cell: _____ Email: _____ Relationship: _____

Mailing address: _____

Emergency Contact 2: Name: _____

Cell: _____ Email: _____ Relationship: _____

Mailing address: _____

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Physician Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

I give consent for SJES to secure any and all necessary emergency medical care for my child.

Names of people that may pick my child up from school:

Name: _____ Relationship _____

Address: _____ Cell: _____

Name: _____ Relationship _____

Address: _____ Cell: _____

Name: _____ Relationship _____

Address: _____ Cell: _____

Parent Signature: _____ Date: _____

Health Requirements Form

Name of Child: _____ Date of Birth: _____

ADMISSION REQUIREMENT: **One of the following** must be presented when child is admitted into St. James Episcopal School or within one week of admission. Check to indicate the option you select:

DOCTOR'S STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program.

Physician Signature: _____ Date: _____

- A signed and dated copy of a health care professional's statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- My child has been examined within the past year by a health care professional and is able to participate at SJES. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to SJES.

Health Information Form

Physician: _____ Telephone: _____

Address: _____

- Are there any physical, emotional or medical concerns of which the school should be aware? Y N
If yes, please explain: _____
- Has there been any illness or change in the usual routine or environment recently that may have affected your child? Y N If yes, please explain: _____
- Is your child on routine medication? Y N If yes, what? _____
- Allergies:
Food: _____
Other: _____
- Emotional Development:
Fears? _____ Jealousy? _____ Thumb-sucking? _____
- Birth weight? _____
- Full Term? Y N
- How old was your child when he/she walked? _____

Is your child (check applicable) right-handed? ___ left-handed? ___ Not sure at this time? ___

Parent Signature: _____ Date: _____

St. James Episcopal School

General Information

Name of Child: _____

Religion: _____ Church Attend: _____

Schools child has previously attended:

Name	Address	Telephone

Other children in the family:

Name	Age	School/Grade

Are parents divorced? Y N Separated? Y N Names of step parents? _____

In the event of divorce, is there a custody agreement in place? Y N
(Please attach all legal documentation regarding who can legally pick up your child, if applicable)

Other significant information that might be added: _____

Your child will be released only to you (parents) or other persons designated on the Student Emergency Information Card. Parents or other designated persons bringing the child to class should make sure that a staff member is aware of the child's arrival and departure. Please list persons to whom you want your child to be released other than yourself. **The school must be notified in advance and in writing if someone not listed is to pick up your child.** Individuals listed should be notified that they will be asked for identification before your child is released to them. Each child enrolled is required to have at least one emergency contact on file other than the parent's information.

General Information (cont'd):

- Is your child potty trained? Y N
 - Children in the 3 year old class and above are required to be potty trained
- Would you describe your child's activity level as (check applicable)
_____ active _____ average _____ quiet
- Are your child's playmates (check applicable)
_____ older? _____ younger? _____ same age?
- How does he/she get along with playmates? _____
- I give consent for my child to participate in the following water activities (Check all that apply).
 - water table play
 - sprinkler play
 - splashing or wading pools
 - aquatic playgrounds
- Is your child able to swim without assistance?
 - Yes
 - No
- Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?
 - Yes
 - No
- Does your child sleep in his or her own bed? Y N If no, where do they sleep? _____
- Do you object to your child's participation in religious activities such as birthday blessings at the altar, Thanksgiving sharing service, imposition of ashes on Ash Wednesday, etc.? Y N
If yes, please explain: _____
- What sort of activities does your child enjoy? _____
- Rank in order of your child's preferences 1 – 4 (1 being the highest and 4 being the lowest):
_____ Read a book _____ Play a video game _____ Watch TV _____ Play outside
- Are any other languages other than English spoken in the home? Y N
If yes, what? _____
- Why are you interested in your child attending St. James?

- Is there anything else you would like to tell us about your child?

St. James Episcopal School

Release Forms

Student's Name: _____ Phone Number: _____

Parent's Name: _____ Emergency Phone Number: _____

Media Recording Release Form

I, the undersigned, do hereby grant or deny permission to St. James the Apostle Church and School, Conroe to use my image as marked by my selection below. Such use includes the display, distribution, publication, transmission, or other use of photographs, images, and/or video taken of me/or my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the St. James Episcopal Church and School, Conroe web site.

- Yes, I grant permission to use my image in print, video, and digital media. I agree that these images may be used by St. James the Apostle Episcopal Church and School, Conroe for a variety of purposes and that these images may be used without further notifying me. I do understand that me or my child's name will not be used in conjunction with any video or digital images.
- Yes, I grant permission to use my image in print, video, and/or digital media for the St. James Apostle Episcopal School, Conroe, TX's social media platform (i.e. Facebook, Instagram, etc.) I do understand that me or my child's name will not be used in conjunction with any video or digital images.
- No, I deny permission to use my image at all.

Parent Signature: _____ Date: _____

Parent Handbook/Policy and Procedure Manual Acknowledgement Form

The State Licensing Agency requires parents to acknowledge they have received and understand all policies and procedures outlined throughout the SJES Parent Handbook in its entirety. Please sign and date below. **Below are a few of our most referred to policies and procedures. Please be familiar with the Parent Handbook.*

- Guidance and Discipline Policy – pg. 7
- Extended Care Policy – pg. 10
- Tuition and Payment Policy – pg. 5
- Illness and Communicable Disease Outbreak Policy – pg. 11

Parent Signature: _____ Date: _____

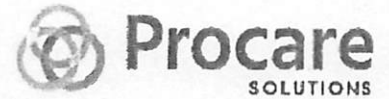
Field Trips (check) ___I do consent for my child to participate ___I do **not** give consent to participate

Water Activities: I give consent for my child to participate in the following water activities when appropriate:

- Water Table Play
- Sprinkler Play
- Wading/Splashing Play
- None

Parent Signature: _____ Date: _____

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

Your Name Any Street, Anytown Tel: (001) 656-0000	DATE _____	0001
PAY TO THE ORDER OF ATTACH VOIDED CHECK HERE \$ _____		
DEPOSIT SLIPS NOT ACCEPTED / 100 DOLLARS		
 Savings Bank Any Street, Anytown Tel: (001) 656-6555	RE _____ XP	
123456789	000123456789	0001

ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature