



OFFICE USE ONLY
Original Enrollment Date: _____

ENROLLMENT/ RE-ENROLLMENT APPLICATION 2022-2023

Operation Name: St. James Episcopal School #211157 Director's Name: Candace Mallernee

Child's Name: _____ DOB: _____ Child's Home Address: _____

Please circle all that apply: Male / Female / Caucasian / Hispanic / African American / Asian / Other

Child Lives With: (check all that apply) _____ Father _____ Mother _____ Stepfather _____ Stepmother
_____ Grandparents _____ Other

Circle all that apply: Father deceased | Mother deceased | Parents divorced/Sep. | Fostering/Adopting

My Child Is Allergic To: _____

Special Needs: _____ Child's Physician: _____

Physician Address: _____ Physician Number: _____

Mother: _____ Employed By: _____
(First & Last Name) (Company & Work Schedule)

Social Security #: _____ Cell #: _____ Work #: _____

Home Address: _____

E-Mail Address: _____

Father: _____ Employed By: _____
(First & Last Name) (Company & Work Schedule)

Social Security #: _____ Cell #: _____ Work #: _____

Home Address: _____

E-Mail Address: _____

(**please circle the number that is to be called first when needing to contact a parent**)

How did you hear about us: _____ Referred By: _____

Program Selection:(please circle): **Infants 6 weeks -12 mos** | **Tiny Tots 12 mos – 23 mos 6:30am-6:00pm**
Beginners (2 yrs) 8:30am- 1:00pm | **Intermediate** (3 yrs) 8:30am – 1:00pm | **Pre-k** (4 yrs) 8:30am -2pm
Extended Care Slot (please circle): 1-3pm | 1-4pm | 1-6pm | 2-4pm | 2-6pm
*Student assessment maybe required for enrollment in the Pre-k. *Enrollment subject to availability.

Transportation (circle) I give consent for my child to be transported and supervised by the operations' employees: For Emergency Care | Field Trips | To and From Home | To and From School |

Field Trips (check) _____ I do consent for my child to participate _____ I do not give consent to participate

Water Activities (circle) I give consent for my child to participate in the following water activities when appropriate: Water Table Play | Sprinkler Play | Swimming/Aquatic Pool | Splashing/Wading Pools

Media (check) _____ I do consent for my child's picture to be used on the school facebook page
_____ I do not consent for my child's picture to be used

Special Notes: _____

My child may be released to the persons signing this agreement or to the following list of people. A driver's license is required for non-parental pickups.

	NAME	RELATIONSHIP	PHONE	ADDRESS
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

In the absence of a (Court Order) we may not refuse the right of a parent or legal guardian for pick-up. The center must have on file a copy of the legal documents (Court Orders) identifying any restrictions of pick up by any parent, legal guardian, or persons sent on said parents' behalf.

PARENT AGREEMENT WITH ST. JAMES EPISCOPAL SCHOOL

The Parent agrees to:

- Pay the total monthly tuition through the payment portal designated upon enrollment.
- Pay full enrollment fee as outlined the Tuition and Fee Schedule.
- To abide by all policies outlined in the **St. James Episcopal School Parent Handbook**.
- To provide up-to-date immunizations and doctor's statements as needed.
- To pick the child up in the event of illness and not return to the center until the child has been symptom free for 24 hours or with a doctor's note.
- To check their child in and out at the front keypad or app on their personal cell phone and with the staff on duty, and to personally escort their child safely in and out of the center.
- To pay a late pick up fee as it applies for time after 6:00 p.m.

Tuition and Fees:

Class	Days Per Week	Yearly Tuition (Single Payment Discount)	Monthly Payment Plan (10 Month Installment)	Annual Registration Fee Per Program
Infants (6w-12mos)	M-F Only	\$9,655	\$995	\$450
Tiny Tots (12-23mos)	M W F	\$6,500	\$670	\$450
	M-F	\$8,975	\$925	
Beginners (2's)	T TH	\$3,210	\$335	\$450
	M W F	\$3,735	\$385	
	M-F	\$4,850	\$500	
Intermediates (3's)	Tu W TH	\$3,735	\$385	\$500
	M-F	\$4,850	\$500	
Pre-k (4's)	M-TH	\$4,560	\$470	\$550
	M-F	\$4,950	\$510	
Extended Care (Monthly)	<u>Daily Rate:</u> 6:30-8:15am \$10 1-6pm \$30	<u>Beginners:</u> 1-3 pm \$275 1-4 pm \$300 1-6pm \$350	<u>Intermediates:</u> 1-3pm \$200 1-4pm \$250 1-6pm \$320	<u>Pre-k:</u> 2-4 pm \$200 2-6 pm \$285

The following signatures are required to complete your child's enrollment.

I have read and agree to abide by all policies and procedures of SJES given in the parent handbook.

Signed: _____ Date: _____

I have read and understand the Discipline and Guidance Policy for SJES.

Signed: _____ Date: _____

I understand that St. James Episcopal School is not a year-round school but provide summer programming options to parents depending on staffing availability. I also understand St. James Episcopal School follows CISD's student holiday schedule as well as severe weather closures.

Signed: _____ Date: _____