

St. Peter Preschool

Registration Checklist 2024-2025

To reserve a space in your child's classroom:

_____ Completed Application (pages 1 - 4)

_____ Annual Registration Fee: \$385 (Fees are non-refundable)

_____ Completed Parent Handbook Agreement

_____ Authorized Student Pickup List

_____ Tuition Agreement

Due August 1, 2024:

_____ An updated copy of your child's complete Immunization Record

_____ Medical Form completed by the child's physician.

Notice of Non-Discriminatory Policy: St. Peter Preschool does not discriminate on the basis of gender, race, color, national or ethnic origin in the administration of our educational policies, employment practices, admission policies, scholarship and loan programs, and other school administered programs.

Liability Notice: Documentation of liability insurance that complies with Human Resources Code, Section 42.0491, is available in the office of the Church/School Administrator.

St. Peter Preschool

15701 Cleveland Gibbs Rd.

Roanoke, TX 76262

Phone: (817) 491-2015

FAX: (817) 491-2022

Email: jmurff@stpeterfw.org

Website: www.stpeterfw.org

FOR OFFICE USE ONLY (2024/2025)

Date registered _____

Starting date _____

\$ _____ CC/Check# _____

\$ _____ Cash Receipt _____

\$ _____ Applied to FACTS _____

\$ _____ Web _____

Student Information

Applicant for admission to: Foundations (2s) Fundamentals (3s) Pre-Kindergarten

First Name: _____ Middle: _____ Last: _____

Nickname: _____ Date of Birth: _____ Male Female

SIBLINGS

Names and Ages: _____

FAMILY CHURCH MEMBERSHIP INFORMATION

Name of Church: _____ Denomination: _____

We are not members of a church.

Would you be interested in receiving information about St. Peter Church: Yes No

Is student baptized: Yes No Baptism date: _____

ETHNIC ORIGIN

African American Asian-American Caucasian East Indian Middle Eastern Native American

Hispanic/Latino Pacific Islander Other (please explain): _____

Is a language other than English spoken at home? Yes No If yes, Occasionally Often What language(s) _____

STUDENT LIVES WITH (please check ALL that apply)

Father Mother Stepfather Stepmother Guardian Other (please explain): _____

Please check ALL that apply (Please provide a copy of any court-ordered custody documents, when necessary):

Parents are separated Parents are divorced

Father has custody Mother has custody Parents have joint custody Guardian has custody

Father is remarried Mother is remarried Father is deceased Mother is deceased

Parent Signature: _____

02/2024

Student Name: _____ Class: _____ Year: **2024/2025**

Family Contact

Home address: _____

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

Father Stepfather Other: _____ Mother Stepmother Other: _____

First Name: _____ MI: _____ First Name: _____ MI: _____

Last Name: _____ Last Name: _____

Employer: _____ Employer: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

E-mail: _____ E-mail: _____

(**School communications are regularly sent via email)

(**School communications are regularly sent via email)

May pick up child without special note Yes No

May pick up child without special note Yes No

Responsible for: school related decisions
 school communications
 financial bills

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 school communications
 financial bills

Emergency Contacts

In case Family contacts cannot be reached. **Must have at least two emergency contacts (NOT PARENTS).**

Emergency contact #1: _____ Relationship to student: _____

Address: _____ City: _____ State: _____

Home phone: _____ Work phone: _____ Cell phone : _____

May pick up without note. If so, DL #: _____ Vehicle License Plate #: _____

Emergency contact #2: _____ Relationship to student: _____

Address: _____ City: _____ State: _____

Home phone: _____ Work phone: _____ Cell phone : _____

May pick up without note. If so, DL #: _____ Vehicle License Plate #: _____

Please write any additional emergency contacts and their information on a blank sheet of paper and attach it to this page.

Parent Signature: _____

02/2024

Student Name: _____ Class: _____ Year: **2024/2025**

Emergency Medical Release

In case of emergency, please take my child to: (Due to licensing regulations, please do not enter "nearest". We must have the actual name of the hospital and provider you prefer.)

Hospital Name: _____ Phone: _____

Address: _____

Physician Name: _____ Phone: _____

Address: _____

I, _____, authorize St. Peter Preschool to obtain emergency medical care for my child,
(Parent / Guardian's Name)

_____, and/or to transport my child for emergency medical treatment. Yes No
(Student's Name)

General Health Information

- General health of student: Poor Fair Good Excellent

- Allergies? No Yes (If "yes", please explain), _____

- Physical disabilities or limitations: (*glasses, scoliosis, hearing, etc.*)? No Yes (If "yes", please explain), _____

- Is the student taking medication regularly? No Yes (If "yes", please explain), _____

- Has the student ever been dismissed or withdrawn from any school for any reason? No Yes (If "yes", please explain, including name and address of school) _____

- Does the student have any developmental delays? No Yes (If "yes", in what areas?), _____

- Does the student have any clinically diagnosed learning disabilities? No Yes (If "yes", please explain), _____

- Is your child potty trained? No Yes (If yes, what does your child say when they need to use the restroom?), _____

- Please use the space below for any other pertinent information about the applicant or family situation that would assist us in meeting our shared commitment to your child. _____

Parent Signature: _____

Program Selections (9am-2pm)

Foundations 2s _____

Mon/Wed _____ Tues /Thurs _____ Mon-Thurs _____

Fundamentals 3s _____

Pre-kindergarten 4s _____

Mon/Wed _____ Mon/Wed/Fri _____ Mon-Thurs _____

Tues/Thurs _____ Tues/Thurs/Fri _____ Mon-Fri _____

Nutrition

You are responsible for your child's snacks and/or lunch. We are not responsible for its nutritional value or for meeting your child's daily food needs.

Publication Release

Photographs and videos are taken on different occasions such as performances, holidays, outings, and special events. If you do not wish for your child's photo and name to appear, please send written notification to the school office no later than the first day your child attends class at St. Peter Preschool. Indicate which publications you prefer your child not to appear in.

Preschool Photos

You may include my child on any Preschool photo collections, to include wall photos, slide shows, or special occasion crafts, preschool social media, classroom collections etc. YES NO

Water Activities Release

My child may participate in water activities, including but not limited to water table or sprinkler play. YES NO
My child can swim without assistance YES NO

Contractual Agreement

Must be signed by ALL individuals listed on page 2 who are responsible for school related decisions AND/OR financial bills.

We the undersigned:

I. Agree to fulfill all financial obligations.

A. Tuition and fees will be paid in a timely manner. Students with tuition in arrears may be withheld from class until payments are current.

B. In the event of withdrawal or dismissal, all tuition and fees paid to date are non-refundable and tuition will be charged through 30 days.

II. We have read and agree to abide by St. Peter Preschool's guidelines as outlined in the Student Handbook, which may be downloaded from the website.

III. I understand that all information listed above is honest and accurate as of the date listed below.

Signature _____ **Date** _____ **Signature** _____ **Date** _____

St. Peter Preschool

2024-2025 Placement Guide

Please use the following indicators as a **guide** to choose your child's class. Your child may not meet each indicator, but he or she should demonstrate strengths in several areas of the indicators. If you have questions, please call, or meet with the director to discuss placement.

Foundations Class (2's) The Foundations class prepares students for structure, routine, and social play. The class introduces students to dramatic play, music, visual arts, literacy, and mathematics. Indicators of readiness for the Foundations class include:

- **Age:** 2 years old (by September 1 of the enrolled school year)
- **Language and Literacy** follows simple requests; uses some words; may recognize a few letters in his or her name; shows interests in books; beginning scribbles.
- **Cognition and General Development:** matches similar objects; imitates actions; recognizes familiar people, objects, and animals in pictures.
- **Approaches to Learning** sustains some interest in working on a task but cannot ignore distractions; enjoys exploration and investigation.

Fundamentals Class (3's) The Fundamentals class is centered on core knowledge instruction. The class continues to foster social play, dramatic play, music, and visual arts. Instruction in literacy, mathematics, and handwriting is structured, systematic, and individualized. Indicators of readiness for the Fundamentals class include:

- **Age:** 3 years old (by September 1 of the enrolled school year)
- **Language and Literacy:** follows two-step directions; understood by most people; can speak 4-6 word sentences; recognizes letters in his or her name and possibly a few other letters; begins writing letter like forms or mock letters
- **Cognition and General Development:** recalls familiar objects and can sequence experiences; classify in two or more groups; begins dramatic play.
- **Approaches to Learning:** sustains interest in working on a task and beginning to ignore most distractions; pursues a variety of tasks and an eagerness to learn; transitions from parallel play to associative play.
- **Potty trained:** understands the concept of being potty trained; may still need some reminders and may have an occasional accident.

Pre-Kindergarten Class the Pre-Kindergarten class is designed to ready students for the rigors and expectations of kindergarten. Indicators of readiness for the pre-Kindergarten class include:

- **Age:** 4 years old (by September 1 of the enrolled school year)
- **Language and Literacy:** begins to recognize rhyming words; shows awareness that some words begin the same way; recognizes as many as 10 letters; produces the correct sound for several letters.
- **Cognition and General Development:** uses more details in experiences; begins to apply experiences to new situations; begins to interact with other children during dramatic play.
- **Approaches to Learning:** sustains work on interesting tasks while ignoring most distractions; begins to use a variety of resources to find answers to questions.
- **Fully potty trained**

Discovery Day (Fridays) In addition to our regular preschool curriculum, our students also will have the opportunity to discover unique concepts through hands-on experiments. This class is offered to our Fundamental (3's) and Pre-Kindergarten class. is designed to ready students for the rigors and expectations of kindergarten.

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Registration fee (non-refundable)

\$385

Yearly Tuition

Class	M/W or T/TH	M/W/F or T/TH/F	Mon-Thurs	M-F
Foundations 2's	\$3300	NA	\$5610	NA
Fundamentals 3's	\$3300	\$4510	\$5610	\$6710
Prekindergarten	\$3300	\$4510	\$5610	\$6710

Registration and Tuition Fees

Subject to change without notice.

All tuition payments and registration fees are non-refundable.

Tuition and registration fees include school supplies and curriculum. Tuition does not include lunches, snacks, events, or other miscellaneous items.

Tuition Payments and Discounts

Sibling discount – 2% off second siblings' yearly tuition

Paid in full discount – 2% off the yearly tuition.

All tuition payments will be paid through the online FACTS system.

* Please see Tuition Agreement

St. Peter Preschool

TUITION AGREEMENT

St. Peter Preschool is a yearly tuition program. You may choose one of two options to pay the tuition as noted below.

1. Tuition paid in full prior to the start of the school year.

Tuition can be paid in full for the school year by June 1st of the current school year. You will receive a 2% discount on tuition paid in full. Tuition paid in full can be paid via check or the St. Peter website.

2. Tuition paid over 10 payments.

You may choose to pay tuition over 10 monthly payments. THE FIRST TUITION PAYMENT IS DUE NO LATER THAN AUGUST 1, 2024. The remaining tuition payments are due on the 1st of each month. THE LAST TUITION PAYMENT IS DUE MAY 1, 2025. Any payments made after the 10th of the month will incur a \$25.00 late fee. For further information regarding late or delinquent payments, please refer to the Parent/Student Handbook.

All tuition payments will be paid through the online FACTS system.

See website: <https://online.factsmgt.com/signin/3D24T>

Refunds and Withdrawals: There are no refunds or adjustments for absences, including but not limited to: illness, vacation, holidays, weather-related or health-related closings.

As a courtesy to our families, if a student starts our program after the first day of school or withdraws from the program prior to the last day of school, we will prorate the tuition amount.

If you must withdraw your student at any time during the school year, 30-day notice is required. Tuition will continue to be charged during the notice period.

ALL TUITION PAYMENTS AND REGISTRATION FEES ARE NON-REFUNDABLE, INCLUDING TUITION PAID IN FULL.

Discounts

- Sibling discount – 2% off second siblings' yearly tuition
- Paid in full discount – 2% off the yearly tuition.

I agree to pay my child's tuition in full no later than May 1st of the current school year.

Student Name: _____

Parent Signature _____ Date _____

St. Peter Preschool

Handbook Agreement (2024-2025)

I understand the Parent/Student Handbook is located at www.stpeterfw.org. I agree that I am responsible for understanding the information in the Handbook. Please contact the school office at 817-491-2015 with any questions.

I have read and understand the policies set forth in the St. Peter Preschool Handbook.

Child Name:

Parents signature: _____ Date: _____

St. Peter Preschool

Authorized Student Pick-Up (2024-2025)

Please print all the information clearly.

Child's Full Name _____ Birth date _____

Parent or Guardian's Names: _____

Business Phone: Mom: _____ Dad: _____

Cell Phone: Mom: _____ Dad: _____

Email: Mom: _____ Dad: _____

Driver's License# Mom: _____ Dad: _____

Authorized Student Pick-Up Release:

I hereby authorize St. Peter Preschool to allow my child to leave the school with only the people listed below. All persons listed on the approved pick-up list must present a valid ID/Driver's License.

Parent Signature: _____

1. Name: _____ Relationship to child: _____
ID/Driver's License: _____ Cell Phone: _____

2. Name: _____ Relationship to child: _____
ID/Driver's License: _____ Cell Phone: _____

3. Name: _____ Relationship to child: _____
ID/Driver's License: _____ Cell Phone: _____

4. Name: _____ Relationship to child: _____
ID/Driver's License: _____ Cell Phone: _____



MEDICAL FORM
ST. PETER PRESCHOOL
15701 CLEVELAND GIBBS ROAD
ROANOKE, TX 76262

Health Care Professional Name: _____

Office Address: _____

City: _____ State: _____ Zip _____

Phone: (Include Area Code) _____

I have examined (Student's Name) _____
and find him/her to be able to take part in the child-care program of St. Peter Preschool

With no exceptions

With the following exceptions: _____

(Required by Texas Dept. of State Health Services for children 4yrs. and up attending private or public school)

Hearing Screening _____

Vision Screening _____

Health Care Professional's Signature

Date

Must turn in **Up-to-date Immunization Records** by the first day of school.

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____








THEREFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	<p>OR A COMBINATION of symptoms from different body areas.</p>

↓ ↓ ↓

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
--	--	--	--

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

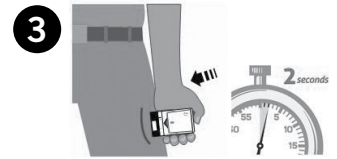
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

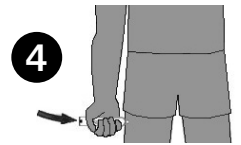
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



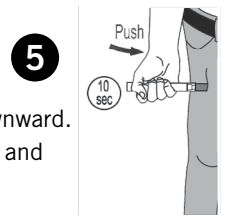
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____