

St. Luke's Episcopal Student Health Information

Grade _____

Carpool # _____

Teacher _____

Last name		First name		Middle	Gender
Address			Zip	Home Telephone	
DOB			SSN		
Father/ Stepfather=s full name			Mother/ Stepmother=s full name		
Father/Stepfather's work #	Father/Stepfather=s cell #	Mother/ Stepmother=s work #	Mother/Stepmother=s cell #		
Father/Stepfather's Place of Employment			Mother/Stepmother's Place of Employment		
Emergency Contact				Phone #	
Emergency Contact				Phone #	
Medical Insurance Carrier			Policy #		
Pediatrician's name & number				Hospital of choice	

Publicity Release: I give permission for my child's photograph or videotape to be used for St. Luke's School promotional purposes.

Handbook Agreement: I have read the St. Luke's Episcopal Day School handbook and agree to follow its policies.

Emergency Medical Care: In the event I cannot be reached to make arrangements for emergency care, I hereby authorize the Head of School, Teacher, or Care giver of St. Luke's Episcopal to provide transportation and give consent for any necessary emergency care for my child.

Signature of Parent or Guardian

Date

Allergies

Allergy Type:

- Food (list foods) _____
- Insect Sting (list insect(s)) _____
- Medication (list medication(s)) _____
- Other (list) _____

Reactions: (Date of last occurrence if yes.)

- Coughing (Date: _____)
- Hives (Date: _____)
- Rash (Date: _____)
- Difficulty Breathing (Date: _____)
- Local Swelling (Date: _____)
- Wheezing (Date: _____)
- Generalized Swelling (Date: _____)
- Nausea (Date: _____)
- Other _____ (Date: _____)

Currently Prescribed medications and treatments:

- Oral antihistamine (Benadryl, etc.)
- Epi-Pen
- Other

Asthma

Triggers: Environmental (i.e., tobacco, dust, pets, pollen, etc.) (list) _____ Other (list) _____

Does your child experience asthma symptoms with exercise? No Yes

Symptoms:

- Chest tightness, discomfort, or pain
- Difficulty breathing
- Coughing
- Wheezing
- Other _____

Currently prescribed medications and treatments : _____

Date of last hospitalization related to asthma _____ Date of last emergency room visit related to asthma _____

Does your child have a written asthma management plan? No Yes

Diabetes

Currently prescribed medications and treatments:

- Insulin: Syringe Pen Pump
- Blood sugar testing
- Glucose
- Oral Medication(s) List Medication(s) _____

OVER



School Correspondence

- Which parent do you wish contacted first for sickness or emergency? _____
- Parent Alert:** Phone number you would like to be contacted: _____ Do you have texting: yes
 no
- Email addresses you wish used for school, Parent Alert and Parent Guild correspondence:
1. _____ 2. _____

Grandparent Information

Maternal Grandparents: Name _____
Address _____
Phone _____ Email _____

Paternal Grandparents: Name _____
Address _____
Phone _____ Email _____

Seizure Disorder

Type of seizure :

- Absence (staring, unresponsive) Complex Partial Generalized Tonic-Chronic (Grand Mal/Convulsive)
- Other (explain) _____

Physical Education Restrictions: No Yes

Medication(s) : No Yes List medication(s) _____

Date of last seizure _____ Length of seizure _____

Other Health Conditions

- Anemia ADD/ADHD Cancer Cerebral Palsy Chicken Pox Cystic Fibrosis
- Depression Digestive disorders Emotion/Psychological Juvenile Rheumatoid Arthritis
- Hemophilia Heat Condition Physical disability Sickle Cell Disease Skin disorders
- Speech Problems Other (explain) _____

Physical Education Restrictions: No Yes (explain): _____

Medication(s) : No Yes List Medication(s) _____

Special diet required _____

Are there anticipated frequent absences or hospitalizations? No Yes

(explain): _____

Vision Conditions

- Contacts/glasses
- Other _____

Any special attention required regarding classroom seating _____

Hearing Conditions

- Hearing aid(s)
- Other _____

MEET OUR DIRECTOR

Deborah Walker has a Bachelor of Science in Elementary Education from Freed-Hardeman University. She has previously taught first and second grade and is looking forward to her third year as Director of St. Luke's School Extended Care program. Please stop by her office in the Noland Building any afternoon for a visit.

Extended Care Information and Registration



St. Luke's Episcopal Day School

8833 Goodwood Blvd
Baton Rouge, LA

School Office : 225-927-8601
Extensions: Extended Care Receptionist #260
Extended Care Director #238
Extended Care Direct Line: 927-8622
E-mail: dwalker@stlukesbrschool.org

When you need more than a
7:45 to 3:25 school day

EXTENDED CARE

In this day and time many families need more than a 7:45 to 3:25 school day for their child. Our extended care programs are a way to make your child's morning transition from home to school and afternoon transition from classroom to after school activities smooth and enjoyable when you are at work or they need extra time to play.

Our Early Care program provides a breakfast snack and activities to wake up your child's mind in preparation for the school day.

Our After Care program provides a snack, time for homework and studying, free play with outside and inside activities to choose from, and an opportunity to participate in the numerous after school activities here at St. Luke's School.

Our Holiday Care camps provide all day care during many of our school holidays. Children participate in planned and free play activities. Everyone must bring a bag lunch to be enjoyed picnic style.

EARLY CARE

Children attending the Early Care program may arrive as early as 7:25 a.m. Parents are to escort children to Witter Hall, and ensure that a staff member has acknowledged their arrival. A carpool drop off is available by using the driveway area in front of Witter Hall under the canopy. Children will be released to their classrooms at 7:45 a.m. for Middle School and 7:55 a.m. for Lower School.

AFTER CARE

Our After Care program is available from 3:20 to 6:00 p.m. The children are supervised in small groups allowing personal attention during snack and homework time. Large group activities, including mixed grade levels, are conducted on the playground and classrooms. Many of our children participate in numerous St. Luke's School sponsored after school activities on campus which allows the children a fun filled afternoon. It is not uncommon to hear a child tell their parent, "Can you come back later. It's my turn to _____." (fill in the blank with "pitch in the game", "play on the computer", or "finish watching the movie").

HOLIDAY CARE

All St. Luke's School students are invited to participate; however, priority registration will be given to enrolled full time after care families. The Holiday Care program maintains a minimum and maximum number of students for enrollment in the holiday camps.

Individual camp sign-ups are required.



EXTENDED CARE REGISTRATION 2011-2012

\$35 REGISTRATION FEE PER CHILD

<input type="checkbox"/> FULL TIME EARLY CARE Payment Options <input type="checkbox"/> Annual \$200 <input type="checkbox"/> Semi Annual \$100 Aug/Jan Method of Payment <input type="checkbox"/> Check <input type="checkbox"/> Renweb Credit Card Payment <input type="checkbox"/> Auto Draft	<input type="checkbox"/> DROP IN EARLY CARE \$5 a day Billed Monthly
<input type="checkbox"/> FULL TIME AFTER CARE Payment Options <input type="checkbox"/> Annual \$1125 <input type="checkbox"/> Monthly \$125 Sept. thru May Method of Payment <input type="checkbox"/> Check <input type="checkbox"/> Renweb Credit Card Payment <input type="checkbox"/> Auto Draft	<input type="checkbox"/> DROP IN AFTER CARE \$5 an hour Billed Monthly

HOLIDAY CARE

Please send me Holiday Care Camp Registrations

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

All of the following areas of information on RenWeb have been reviewed and updated: Parent Information, Emergency Contacts, allowed Transportation Pick-ups, and Medical (including allergies, insurance, physician, and hospital of choice).

_____ Initials

In the event I cannot be reached to make arrangements for emergency care, I hereby authorize the Extended Care staff of St. Luke's Episcopal Day School to provide transportation and give consent for any necessary emergency care for my child.

Signature

Date

AUTOMATIC BANK DRAFT AUTHORIZATION
Full Time Monthly Extended Care Payment

All individuals choosing full time extended care have the option this year to participate in the bank draft plan. You will no longer need to write monthly checks for payments. On or about the 15th of the month, your authorized checking account will be drafted for the registered extended care amount. This amount will be shown as a debit on your monthly bank statement.

Withdrawals will begin in September, 2011 and continue through May, 2012 or as registered after September 1, 2011. As stated in the school contract, you are responsible for all charges incurred for the set up and distribution of the monthly draft, including, but not limited to, charges for returned items. Please remember, this is our fee and does not include any fees issued by your bank for set up or returned items. The school must be notified, immediately, of any changes or closure to the authorized account. Please maintain this portion of the authorization for your records and return the completed bottom portion with a voided check from your account, along with the \$5.00 set up fee. Please note: a separate draft must be sent per student; therefore, if you have more than one child, you must complete separate authorization forms. In this case, one voided check is required and the total of the set up fees may be paid in one payment.

Bank Draft Fees for 2011-12

Set up fee per account	\$ 5.00	Return item fee	current bank charge
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I authorize St. Luke's Episcopal Day School to initiate a debit entry against my checking account in payment of my monthly extended care fees. This authority will remain in effect through May, 2012, or until which time I notify St. Luke's Episcopal Day School in writing to cancel it in such time as to afford St. Luke's a reasonable opportunity to act on it.

Responsible Party's Signature

Date

Responsible Party's Name (Please Print)

Student's Name

Name of Financial Institution

Location (City & State)

Financial Institution Routing Number

Checking Account Number

Return this completed portion with a voided check from your account and the \$5.00 fee.

**2ND SEMESTER (January 5-May 21)
HOT LUNCH PROGRAM**

CHILD'S NAME: _____ TEACHER: _____

CHILD'S NAME: _____ TEACHER: _____

CHILD'S NAME: _____ TEACHER: _____

Lunch is a semester commitment:	Preschool -5th Grade	1 payment	\$310.26	3 payments	\$103.42
	6th-7th Grade		\$331.50		\$110.50
	8th Grade		\$327.60		\$109.20

A portion of this amount allows St. Luke's to maintain miscellaneous kitchen equipment. Remember drink cost is included in this price. There is no need to complete a drink order if your child is buying a hot lunch.

Payment Option: _____ **One Payment** OR _____ **Three payments**
(due Jan. 5th) (due 5th of Jan., Feb. & Mar.)

Payment Type: _____ **Check attached** OR _____ **Charge to RenWeb Pay Now**
(Payable to St. Luke's Episcopal Day School)

**2ND SEMESTER (January 5-May 21)
DRINK FOR LUNCH BOX CHILDREN**

CHILD'S NAME: _____ TEACHER: _____

CHILD'S NAME: _____ TEACHER: _____

CHILD'S NAME: _____ TEACHER: _____

Amount per semester:	Preschool – 7th	\$63.75
	8th Grade	\$63.00

_____ **Check attached** OR _____ **Charge to RenWeb Pay Now**
(Payable to St. Luke's Episcopal Day School)