



Dear Parents,

Thank you for considering St. Mary's Episcopal Day School for your child's early childhood education. St. Mary's has been providing quality education in a Christian environment to students and families in the Austin County area since 1964. Our students range in age from eighteen months to six years old. We are accredited by the Southwestern Association of Episcopal Schools and are committed to teaching all students, regardless of race, color, creed, or country of national origin.

We are thankful to have been able to continue to offer daily reinforcement of education and fun learning along with traditional values and leadership since 1964. We believe our weekly Chapel service, Bible lessons, Music, Spanish, Art, STEM, Gross and Fine motor, and Tech Labs make for an excellent program in all areas of development. While these things are all vital to your child's growth, St. Mary's is equally well-known for the large doses of love and hugs that provide an atmosphere of security and acceptance to complete the experience.

On top of our regular morning program that goes until 12:00, St. Mary's offers two afternoon options. The first, our Early Enrichment Time, is for parents who wish for their child to stay until 3:00. The Late Enrichment Time is for students staying as late as 5:30. For children staying during Early Enrichment, the students will eat their lunch, have nap/quiet time and story time. The Late Enrichment students will complete the Early Enrichment activities, have an afternoon snack, recess and an enrichment science, art or other activities.

* Our supply fee covers class and school supplies, a chapel shirt and yearbook.

* Tuition prices for the 2026-2027 school year are on the tuition handout included in enrollment packet.

To reserve a place in the 2026-2027 classes for your child, we will need to have the following:

1. Completed Student Enrollment form
2. Completed Binding Contractual Agreement
3. **Returning Students:** Nonrefundable Registration Fee of \$200 and supply fee of \$100, **total \$300**
4. **New Students:** Nonrefundable Registration Fee of \$250 and supply fee of \$100, **total \$350**
5. In addition to the above, we must also have the following to complete your child's school file prior to the first day of school:
6. **Copy of Current Immunizations (must be updated and signed or stamped by the doctor's office).**
7. **Statement of Health/Physicians Statement, if we do not already have one with the doctor's signature.**

We are honored to have the opportunity to serve you and your family as part of our St. Mary's Day School family. Thank you for allowing us to be a part of your child's growth and development.

Sincerely,

Holly Monk

The congregation of St. Mary's Episcopal Church through its Christian Day School creates a learning environment where children can flourish as unique individuals in God's sight. St. Mary's Episcopal Day School provides a foundation of academic excellence allowing children to grow spiritually, intellectually, emotionally and socially in a Christian environment.

St. Mary's Episcopal Day School

24 N. Masonic Bellville, TX 77418 979-865-5551



STUDENT ENROLLMENT FORM

SCHOOL YEAR 2026-2027

Child's Name: _____ Admission Date: 8/17 /2026

Complete Address: _____

Home Phone: _____ DOB: ____/____/____ Chapel Shirt Size: 3t 4t 5t YS YM YL AS

Ethnicity: Caucasian, African American, Hispanic, Asian, Native American, Other _____

Parent/Guardian Name(s): _____

Complete Address (if different from child's): _____

Are you a member of St. Mary's Episcopal Church? _____

If not, would you like information about St. Mary's Church? _____

Please indicate where you regularly attend church: _____

CONTACT INFORMATION

Give two numbers where Parents/Guardians may be reached while child is at school:

Mother/Guardian 1: Primary: _____ Secondary: _____

Father/Guardian 2: Primary: _____ Secondary: _____

Email addresses are used for invoicing purposes and for day school general correspondence and updates:

Mother's Email: _____

Father's Email: _____

Give name, phone number, and complete address of contact to call in case of emergency if parents/guardians cannot be reached:

Name: _____ Relationship to Child: _____

Address: _____ Phone Number: _____

Release Authorization Statement: I hereby authorize St. Mary's Day School to allow my child to leave the childcare operation **ONLY** with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after ID verification.

Name	Phone Number	Relationship

AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the St. Mary's Episcopal Day School staff to transport or arrange transportation of my child to:

Name of Child's Licensed Physician: _____ Phone Number: _____

Complete Address: _____

IN THE EVENT MY CHILD NEEDS IMMEDIATE MEDICAL CARE, I HEREBY GIVE CONSENT FOR THE TRANSPORTATION AND EMERGENCY MEDICAL TREATMENT OF MY CHILD TO THE CLOSEST PHYSICIAN AND/OR CLINIC/HOSPITAL.

Parent/Guardian: _____ Date: _____

List any special problems that your child may have, i.e. **ALLERGIES (food, insect, medication, etc.)**, existing illness, previous serious illness and injury, hospitalizations during the past 12 months, any medications prescribed for continuous long term use, and any other information the staff should be aware of. **Mark N/A if none are applicable:**

PERMISSIONS: I hereby

~ () GIVE () DO NOT GIVE my consent for my child to be transported by the day school staff/chaperone on field trips. (All field trips will require second authorization from parent(s) on specific event permission forms and be provided to parent(s) with at least 48 hour notice.)

~ Water activities at St. Mary's Day School consist of sprinklers, sponges, paint brushes, splash pad, and water table play. There are never more than 6 inches of water for any water activity St. Mary's does.

() GIVE () DO NOT GIVE my consent for my child to participate in end of year water activities.

My child () CAN () CANNOT swim without assistance.

A child brought to school will be left in the presence of a staff member and released only to parents or persons designated by the parents or legal guardian. Special problems or occurrences affecting a child will be brought to the attention of the parents. This includes serious communicable diseases.

I/WE, THE PARENT(S)/GUARDIAN(S) OF THE ABOVE NAMED CHILD, TO BE A STUDENT IN ST. MARY'S EPISCOPAL DAY SCHOOL, HEREBY GIVE MY/OUR APPROVAL TO HIS/HER PARTICIPATION IN ANY AND ALL SCHOOL ACTIVITIES. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES, AND I/WE HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS ST. MARY'S EPISCOPAL DAY SCHOOL STAFF, ST. MARY'S EPISCOPAL CHURCH CORPORATION, ST. MARY'S FOUNDATION, THE CLERGY, WARDENS AND VESTRY, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS FOR ANY CLAIM ARISING OUT OF AN INJURY TO MY/OUR CHILD WHETHER IT IS THE RESULT OF NEGLIGENCE OR FOR ANY CAUSE, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY ACCIDENT OR LIABILITY INSURANCE.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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BINDING CONTRACTUAL AGREEMENT

I am registering _____ for the **2026-2027** academic school year.
(Child's Name)

Please check the program(s) that you would like to enroll your child in:

EARLY DEVELOPMENTAL (18 MOS) 8:00-12:00 p.m. Monday - Friday Tues/Wed/Thurs
(must be 18 months prior to starting school and independently walking)
Born on or before 2/17/2025 to start in August, otherwise start on the date they turn 18 months old

DEVELOPMENTAL (2 YRS) 8:00-12:00 p.m. Monday - Friday Tues/Wed/Thurs
(must be 2 by Sept 1)

EARLY CHILDHOOD (3 YRS) 8:00-12:00 p.m. Monday - Friday Tues/Wed/Thurs
(must be 3 by Sept 1 and fully, independently potty-trained)

PRE-KINDERGARTEN (4 YRS) (must be 4 by Sept 1) 8:00-12:00 p.m. Monday - Friday

KINDERGARTEN (5 YRS) (must be 5 by Sept 1) **contact St. Mary's Day school for hours and registration information.**

EXTENDED STAY PROGRAMS:

EARLY ENRICHMENT TIME 12:00 until 3:00 p.m. Monday - Friday Tues/Wed/Thurs
(must be enrolled in a morning program)

LATE ENRICHMENT TIME 12:00 until 5:30 p.m. Monday - Friday Tues/Wed/Thurs
(must be enrolled in a morning program)

DISCOUNTS: 10% Sibling discount, first child pays full tuition 5% Annual

In registering my child, I understand that this is a binding contractual agreement with St. Mary's Episcopal Day School for the entire 2026-2027 academic school year. I agree to pay the registration fee of \$250 for a new student; \$200 for a returning student and the \$100 supply fee. The full academic tuition is \$_____, based on a 10-month school year (August - May), due on the first of each month. Enrollment in the Early Enrichment Program (12:00-3:00) or Late Enrichment Program (12:00-5:30) is also contractual for the full academic school year. The Enrichment Time fee, is \$_____, based on a 10-month school year (August - May), due on the first of each month. The above fees are payable by me unless St. Mary's Episcopal Day School Board discharges my child from enrollment, chooses to waive fees or agrees to a schedule change

By signing you agree to this binding contract:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

For Office Personnel:			
<input type="checkbox"/> Registration Fee	<input type="checkbox"/> Shot Record	<input type="checkbox"/> Health Statement	<input type="checkbox"/> BOY Paperwork

St. Mary's Episcopal Day School

Health Statement

Child's Name

HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that he/she is able to participate in the school's program without limitations.

Date

Physician's Signature

Physician Name _____

Address _____

City/state/zip _____

Parents may sign and detach form below if your child has been examined by physician in the past 12 months and cleared for activities. Take the above portion to your next doctor's appointment and have physician sign; then return top portion to the school as soon as possible.

My child, _____, has been seen by a physician/health care provider in the past 12 months and is able to participate in the school's program without limitations.

Physician Name _____

Address _____

City/state/zip _____

Parent's Signature

Date



TUITION ASSISTANCE

Opportunities for tuition assistance are available at St. Mary's Episcopal Day School. There are limited funds for assistance, both over the school year and on an emergency basis. Due to limited funds, St. Mary's is unable to provide a full scholarship for any child at this time. Tuition assistance is available to students based on his/her family situation. Tuition assistance at St. Mary's Day School most emphatically does NOT discriminate on the basis of race, color, creed or country of origin.

Applications for aid are confidential and are reviewed by a committee, which then makes recommendations to the board without identifying information. Please see the Head of School for an application. Your most recent tax return must accompany your application, as well as a letter explaining any special circumstances.

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