



Kindergarten Field Trips Booster Seat Requirement

I understand that I must provide a booster seat for my child to use on class field trips.

The booster seat will be brought to school on the days of the field trips and will be clearly labeled with my child's name.

Parent Signature

Please return to school by August 6.



To: St. James Day School Parents
From: Fr. Mark Holland
Subject: Chapel Services and Holy Communion

Dear Parents,

On Monday, August 16, and Friday, August 20, 2010, we will gather the entire school community for our first worship services of the year. These services are open to all, and everyone is invited to attend and participate as fully as you like.

Monday mornings will begin with the Daily Office of Morning Prayer. This is an ancient worship service of music and prayer that has its roots in Benedictine monasticism. This is also the day of the week when a student's birthday is recognized with a birthday blessing.

Every Friday will begin with a Communion service. We realize that this form of worship might not be familiar to all faith traditions. With that in mind, please give your personal instructions to your child about how you wish them to participate in this service.

Some of the options for instructing your children might include the following:

1. Any child who is a baptized Christian is welcomed and invited to receive communion at St. James. Because the Episcopal Church recognizes the baptism of all the branches of the Christian Church, Holy Communion is open to all Christians.
2. While kneeling at the altar rail, the blessed bread is received in the palm of the hand and eaten. The Blessed wine is administered from the common chalice for a small sip.
3. Any baptized child may choose to receive the bread only. By crossing their hands over their chest they may omit receiving the wine.
4. Any baptized child may receive the blessed bread and hold it in their hands until the wine is offered. Then the bread will be dipped into the wine and placed on the child's tongue by the server.
5. Those choosing not to receive communion can come to the altar rail with their hands crossed over their chest and receive a blessing from one of the priests on staff, instead.
6. If there are any other special instructions that you might have for your child please send a note with these instructions to your child's teacher.

Our common worship is an integral part of our life here at St. James Day School. Please feel free to speak to any of the clergy regarding our chapel services. We want our time together in prayer and worship to be meaningful to all of our children and their families.

God's Peace,

A handwritten signature in black ink, appearing to read "J. Mark Holland" with a small cross at the end.

Fr. J. Mark Holland
Rector



2010-2011

Dear Kindergarten Parents,

Kindergarten children attend Eucharist services every Friday. The teachers need to know your wishes regarding your child's participation. Please return this information before school begins. Thank you for your prompt attention.

**Linda Middleton
Nessie Richards
Margo Spielman**

Child's name _____

- My child may go to the altar rail and receive a blessing from a priest.
- My baptized child may receive the bread only.
- My baptized child may receive the bread and wine.
- My special instructions for my child:

Parent's Signature (Please Print Name)

Date

St. James Episcopal Day School 2010-2011

August

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

October

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

December

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

April

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Dates of some activities may change. Please check the weekly newsletter for updates.

2010-2011 School Calendar

Aug. 2	Teachers report
Aug. 5	New Parents Meeting 5:30
Aug. 6	Orientation/Individual pictures
Aug. 9	First Day of classes
Aug. 16	Initial Chapel
Aug. 20	Initial Eucharist
Sept. 6	Labor Day Holiday
Sept. 13-17	Student Council Campaign
Sept. 7	Progress Reports go home
Sept. 29	Picture Retakes
Oct. 4	Blessing of the Animals
Oct. 8	Carnival
	Early Dismissal 11:40
Oct. 8	End of First Nine Weeks
Oct. 14	Conference Day
	No Students
Oct. 15	Fall Holiday- School Closed
Oct. 18	Report Cards go home
Oct. 27	Class Pictures
Oct. 28	Jack -O
Nov. 10	Progress Reports go home
Nov. 15-19	Book Fair
Nov. 22-26	Thanksgiving Holidays
Dec. 14	Christmas Program
Dec. 17	End of 2nd Nine Weeks
	Christmas Parties
	Early Dismissal 11:40
	Christmas Holidays
Dec. 20-Jan. 3	Christmas Holidays
Jan. 1-3	Christmas Holidays
Jan. 3	Teachers report to school
	No Students
Jan. 4	Classes Resume/Students report
Jan. 7	Report Cards go home
Jan. 17	Martin Luther King Holiday
Feb. 2	Progress Reports go Home
TBA	Grandparents Day
	Early Dismissal
Feb. 7-11	Famous Americans Week
Feb. 9	K- Prog. parents 10:30
	5th Grade Pictures
Feb. 14	Classes Resume
Feb. 23	Conference/Inservice day
	No Students
Mar. 4	End of Third Nine Weeks
March 7-11	Mardi Gras
Mar. 15	Report Cards Go Home
Apr. 18-25	Spring Break
Apr. 6	Progress Reports Go Home
TBA	ERB Testing
April 29	Staff Recognition in Church
May 2-6	Teacher Appreciation Week
May 6	Teacher Recognition in Church
May 18-20	Fifth Grade Trip
May 20	Parent Recognition in Church
May 23-24	Early Dismissal @ 1:00
May 24	Kindergarten Graduation
	8:30 a.m.
May 25	Fifth Grade Graduation
	9:00 a.m.
	Last Day for Students
	Dismissal @ 11:40
May 26	Teacher Inservice

September

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

November

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

January

S	M	T	W	T	F	S
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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

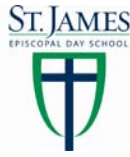
March

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

May

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

OTHER DATES



2010-2011 St. James Student & Family Information

PERSONAL DATA

Student's Name _____ Grade _____ Date of Birth _____ Student's SS _____

Student's Name _____ Grade _____ Date of Birth _____ Student's SS _____

Student's Name _____ Grade _____ Date of Birth _____ Student's SS _____

Student's Name _____ Grade _____ Date of Birth _____ Student's SS _____

PARENTS

The following information is for school use in case of emergency. *Please fill it out completely.* The names, addresses, phone #'s and email addresses will be printed in the school directory unless you write PRIVATE under it.

Father's Name _____ Address _____

Place of Employment _____ Occupation _____ Work Hours _____

Home Phone _____ Work Phone _____ Cell Phone _____ E-mail Address _____

Mother's Name _____ Address _____

Place of Employment _____ Occupation _____ Work Hours _____

Home Phone _____ Work Phone _____ Cell Phone _____ E-mail Address _____

Parents are Married _____ Separated _____ Divorced _____ If separated or divorced, bills should be sent to father _____ mother _____

GRANDPARENTS

Name _____ Address _____ City, State, Zip _____

NAME OF LOCAL PERSON TO CONTACT IF PARENT(S) ARE NOT AVAILABLE (This must be completed)

Name _____ Address _____ Phone _____

Work Phone _____ Cell Phone _____ E-mail _____

STUDENT NAME: _____
Last First Last First

Last First Last First

EMERGENCY & ILLNESS INFORMATION

HEALTH INFORMATION

DO YOUR CHILDREN HAVE ANY UNUSUAL HEALTH CONDITIONS? YES NO

Name of child with health conditions: _____

Asthma Bee Sting Allergy Internal Irregularities Deafness Kidney/Bladder

Convulsive seizures Arthritis Sight Impairment Fractures Diabetes

Wears Glasses Heart Physical Handicap _____

Other _____

Medical allergies _____ Food allergies _____

THESE HEALTH CONDITONS ARE MILD SEVERE

Other Information _____

PHYSICIAN/DENTIST INFORMATION

Family Doctor _____ Office Phone _____

Address _____

Family Dentist _____ Office Phone _____

Address _____

RELEASE

If emergency treatment is required and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Special Note: Please notify school officials immediately as to changes or modifications to any/all information stated.



May 24, 2010

To: Parents of Children attending St. James Day School for the First Time

From: Linda S. Chauviere

Subject: Immunization Record

ACT No.1047, H.B. No. 861 of the State of Louisiana requires that **each student entering a school for the first time**, PK – 12, be up to date on all immunizations. Your pediatrician or physician will furnish you a copy of immunizations, or you may ask that a copy be faxed to St. James Day School at 225 343-4873.

Before a **first time student** can attend St. James, we must have his/her immunization record from your pediatrician or physician. This is required by the State of Louisiana, and without an immunization record, a first time student **will not be allowed to attend school for even one day.**

Please note that students returning to St. James have immunization records on file and it is not necessary to duplicate those records. **Updated records of PK and K are required.**



MEDICATION 2010-2011

Before any daily medication prescribed by a doctor can be given to a student, a Prescription Medication Permission Form must be filled out and signed by parents or guardian and placed on file in the school office.

A written note of permission must be sent with a student for a prescription or an over the counter medicine which is to be given for a short time. The permission must give specific directions about amount and time to be given.

No “over the counter” medication will be given to any student by the office staff without written permission and phone verification.

ST. JAMES EPISCOPAL DAY SCHOOL PRESCRIPTION MEDICATION PERMISSION FORM

DATE _____

PLEASE GIVE _____
(Child's Name)

THE FOLLOWING PRESCRIPTION MEDICINE:

NAME OF MEDICINE _____

AMOUNT OF DOSAGE _____

TIME TO BE GIVEN _____

Parent/Guardian

Date

COMMENTS:



**PERMISSION SLIP
ST. JAMES EPISCOPAL DAY SCHOOL
2010-2011**

Dear Parents:

St. James Day School needs a blanket permission slip to take your child on field trips during our weekday classes. Every precaution is taken to help the children have a safe and happy trip.

Please sign below so we may have your permission on file. You will receive prior notice of the field trips.

HAS MY PERMISSION TO GO ON ANY FIELD TRIP TAKEN BY ST. JAMES EPISCOPAL DAY SCHOOL.

Parent's/Guardian's Signature

Date

OVER THE COUNTER MEDICATION 2010-2011

If you would like, the office staff will administer over the counter medication to your child with written permission and verbal confirmation at the time the medication is given. Please check below.

- Yes you have permission to give over the counter medication to my child.**
- No do not give any over the counter medication to my child.**

Parent's/Guardian's Signature

Date

**Authorization to Use Image
2010-2011**

This authorizes St. James Episcopal Day School to publish the image of my child, _____, whether the image is hard copy, video, or in any other format to be published related to any St. James Episcopal Day School promotional or informational purpose. This authorization includes, but is not limited to, publication on St. James Episcopal Day School website or any other education related website deemed appropriate by St. James Episcopal Day School. I agree to neither I nor my child will receive any compensation of any kind for the use of the image(s). This authorization is revocable by submission of a signed, written revocation presented to the Head of School of St. James Episcopal Day School.

A photocopy of this authorization will serve as an original.

Print Name of Student

Parent's/Guardian's Name

Date Authorization Granted



PERMISSION FOR PICK-UP 2010-2011

Child/Children's Names

The following people have permission to pick up my child/children from St. James Episcopal Day School without any further notification. For my child/children's protection, I understand that my child can be released only to these authorized people unless I send specific written permission at a later date. I will update this list as needed. A driver's license is required in order to sign out and pick up any child.

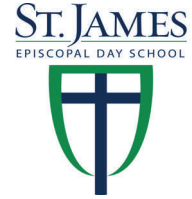
Name	Phone	Relationship
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Name	Phone	Relationship
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Name	Phone	Relationship
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Name	Phone	Relationship
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Extended Care Reservation and Fees 2010-2011



REGULAR EXTENDED CARE	2 DAYS/WEEK OPTON 1	3 DAYS/WEEK OPTION 2	5 DAYS/WEEK OPTION 3
PK-5th (3:05-5:30)	\$85 per month	\$110 per month	\$130 per month

One time Registration Fee, Due Upon Enrolling- \$50.00 (per family)
First monthly payment due by registration, then on the first day of October-May
A late fee of \$10.00 will be charged to accounts after the 10th of the month.

Extended Care fees are for regular school days and teacher conference days.

Extended Care closes promptly at 5:30 p.m. Late fees will be assessed.

Student's Name	Grade	Option #	Day of Attendance	Start Date
_____	_____	_____	M T W Th F	_____
_____	_____	_____	M T W Th F	_____
_____	_____	_____	M T W Th F	_____

Parent's Signature _____

Address _____

Phone _____

Please return your reservation ASAP to reserve your option.



Car Pool 2010-2011

Dear Parents:

NOW is the time to form your carpools! **ALL students need a carpool number**—single family carpools, multiple family carpools and single child carpools.

Please complete the form below and return it to school before August 2. If you need a new carpool number, it will be given out at registration.

We will do our best to reassign old numbers. Timely responses have priority for carpool numbers. If you have any questions, please call Joey Roy at 344-0805. Thank you for your cooperation!

Name: _____ Phone #: _____

Did you have a carpool number last year? Yes _____, Carpool # _____
No _____

If your carpool number remains the same as last year, do you need a new copy?
_____ Yes, I do need _____ more copies of carpool # _____.
_____ No, I have plenty of copies.

2010-2011 Carpool Information:

Students in Carpool	Grade	In this carpool last year?	
		YES	NO

Return completed form to SJEDS by August 2.



Anyone Interested in Being a Room Mother for 2010-2011

At St. James we are blessed with many parent volunteers and we certainly appreciate each one of you. We know there are many of you who would like to be a room mother and would like to let us know. To be fair, we want to give all of you who would like to volunteer a chance to be room mother. We will use this procedure:

IF YOU WOULD LIKE TO BE CONSIDERED TO BE A ROOM MOTHER:

- Fill out the information blank below and send it back to school or
- You can bring the completed form to registration on August 6 or
- You can register at your child's teacher's table on August 6
- Names of those selected will be contacted by the classroom teacher and/or President of Parents' Guild.

Some classrooms have more than one room mother and we will accommodate that teacher request. If you have more than one child at St. James, you can serve as room mother for only one class.

We realize that at this point you do not know your child's teacher and will not know until the week of August 2; therefore, you might want to wait until registration on August 6 to register.

_____ Yes, I would like to serve as Room Mother for my child's class for the 2010-2011 school year.

Name _____

Address _____

Phone (Home) _____ (Cell) _____ (Work) _____

E-mail _____

Grade Level _____

What is the best way for your child's teacher to contact you? Check all that apply.

- _____ Home Phone
- _____ Cell Phone
- _____ Work Phone
- _____ E-mail