

2023/2024 PRESCHOOL PROGRAM

EPISCOPAL CHURCH & DAY SCHOOL

TUITION AGREEMENT FORM

CHILD'S LAST NAME FIRST	NAME	DATE OF BIRTH	Please Choose One: □ MALE □ FEMALE
AGE ON SEPT 30, 2023 T-SHIRT S	IZE START DATE	ARE YOU RET	TURNING STUDENT?)
MAILING ADDRESS	CITY, ST	ATE	ZIP
MOTHER/GUARDIAN responsible for o	child MOTH	IER/GUARDIAN CELL PH	ONE
FATHER/GUARDIAN responsible for c	hild FATH	ER/GUARDIAN CELL PHO	ONE
MOTHER/GUARDIAN E-MAIL ADDRE	SS FATH	ER/GUARDIAN E-MAIL AI	DDRESS
Are you a member of St. Patrick's Epis	copal Church? YES	□ NO	
Would you like to be added to St. Patrio	ck's Episcopal Church's	Weekly Newsletter? ☐ \	∕ES □ NO
PLEASE CHECK PROGRAM SELE	CTION:		
PART-TIME PROGRAM (6:30AI	M—3:00PM)		
☐ Infant Classroom:	5 months - 15 month	s of age \$895 /MONTH	
☐ Toddler Classroom:	16 months - 2 years of	age \$860 /MONTH	
☐ Pre-K-3 Classroom:	3 years of age	\$810 /MONTH	
☐ Pre-K-4 Classroom:	4 years of age	\$785 /MONTH	
FULL-TIME PROGRAM (6:30AM	л—6:00РМ)		
☐ Infant Classroom:	5 months - 15 months	s of age \$950 /MONTH	
☐ Toddler Classroom:	16 months - 2 years of	age \$915 /MONTH	
☐ Pre-K-3 Classroom:	3 years of age	\$860 /MONTH	
☐ Pre-K-4 Classroom:	4 years of age	\$835 /MONTH	
ANNUAL REGISTRATION FEE \$150 Registration Fee is due with registration		e is NON-REFUNDABLE	
PARENT/GUARDIAN TUITION AGRE Patrick's Episcopal Day School Parent marked, above fees and understand pa	Handbook. I understan		cost. I agree to pay the
			FOR OFFICE USE ONLY
PARENT/GUARDIAN SIGNATURE	DA	ATE	Registration Date:
If parents/guardians split tuition payme	nts, please list additiona	al payers here:	□New Stu □Returning Stu Notified Sandy?
			ProCare Access?



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EMERGENCY MASTER CARD

STUDENT: LAST NAME	FIRST NAME	DATE OF BIRTH	□ □ BOY GIRL								
DDIMA DV QUADDIAA	LINEODMATION	-									
PRIMARY GUARDIAN	INFORMATION										
FULL NAME:											
RELATIONSHIP TO CHILD:											
MARITAL STATUS:											
MAILING ADDRESS:											
CITY, STATE, ZIP:											
HOME ADDRESS OF CHILD?											
EMAIL ADDRESS:											
ACCESS TO PARENT APP?	☐ YES ☐ NO	☐ YE	S 🗆 NO								
CELL PHONE #:											
WORK PHONE #:											
EMPLOYER/OCCUPATION:											
Name of parent who has legal custo Custody/access restrictions (if appli	ody of child (if applicable):										
	r, Restraining Order or any other Order in place t		or access of the child.								
MEDICAL/ALLERGY II	A copy of the Order(s) is to be attached to the NFORMATON	e registration paperwork.									
		trician's Phone#:									
Child's Dentist:											
List any special concerns, inclu needs of your child:	ding but not limited to: existing medical conditi	ons, chronic illness, medication	ns, and/or any special								
	□My child's allergies <u>are NOT life threatening</u> :	He/she is allergic to:									
	E THREATENING*: He/she is allergic to:										
*If your child suffers from life t Form, provide a copy of his/he guidance to the school with re	to post your child's name and allergy informati threatening allergies, it is essential that you com er emergency plan, and personally inform your ch espect to the prevention of and treatment of allerg	plete the school's Emergency M hild's teacher. It is the parent's r gic reactions prior to your child	edication Authorization esponsibility to provide								
My child has permission to be r	CTS/AUTHORIZED PICK UP PER released to the following individuals, childcare to the pelow individuals that they will be the pelow individuals.	facilities, or transportation serv									
FIRST & LAST NAM	ME RELATIONSHIP TO STUDEN	T CONTACT IN CASE OF EMERGENCY? circle one	EMERGENCY PHONE NUMBER								
		Y or N									
		Y or N									
		Y or N									
		Y or N									
I authorize St. Patrick's Episcop	oal Church & Day School to secure emergency	medical treatment for my child									
Signature of Parent or Gua	ardian Date	<u> </u>									
Signature or raitill or Gue	araiari Dalt	,									



2023/2024 PRESCHOOL PROGRAM

AUTHORIZATION TO PROVIDE MEDICAL TREATMENT & RELEASE OF MEDICAL RECORDS AND REPORTS

Student's Name	
I given Parent/Guardian name, please print Episcopal Day School personnel and after care personne when parents or emergency contacts cannot be reached	•
Legal Relationship: □Natural Parent □Adoptive Parent	□Foster Parent
Name of Doctor	Contact number
PARENT/GUARDIAN SIGNATURE	DATE
TO BE COMPLETED BY PHYSICIAN IN	THE EVENT OF AN INJURY
Date of Injury Initial Diagnosis	
Circulture of Dhysician as Authorized Decreased th	Deta
Signature of Physician or Authorized Representative Name and address and phone number of Medical Facility	Date

PHOTO CONSENT FORM

Student's Name	
I, the pare student, give permission for my child to be photograph Day School. The photograph may be used for display or publicity for the school. This includes uploading publicity. This consent releases from liability all personal permission by the staff to take photos.	y at school related meetings, publications, photos to our school's password protected nnel of the school and any others who
PARENT/GUARDIAN SIGNATURE	DATE
PARENTAL AWARENESS	OF RECORDINGS
I am aware that St. Patrick's Episcopal Day School utinamed above (such as digital recordings, videotaping center for observation/security purposes.	
PARENT/GUARDIAN SIGNATURE	DATE
IF NOT GIVING PHOTO CONSENT	, please read & sign below:
O I DO NOT give consent for my child to be photogradaily parent updates through ProCare, the parent eng	aphed for any reason other than to send
PARENT/GUARDIAN SIGNATURE	 DATE

EPISCOPAL CHURCH & DAY SCHOOL

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AUTHORIZATION FOR THE APPLICATION OF TOPICAL PRODUCTS

Student's Name	
I give permission for St. Patrick's Parent/Guardian name, please print Episcopal Day School staff to apply the following topical products to my child whether center provided or parent provided:	
YES NO o o Sunscreen o o Insect Repellant o o Other: (Please list)	
This one time authorization will remain in effect until a new authorization is signed.	
PARENT/GUARDIAN SIGNATURE DATE	

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HANDBOOK ACKNOWLEDGEMENT PLEASE SIGN AND RETURN

STUDE	NT'S NAME
	hereby confirm that I have read of Y School Parent Handbook. I also understand that
a copy of our current Parent Handbook can b	e viewed, saved, and printed from our website:
www.StPatsLA.org/Admissions	
PARENT/GUARDIAN SIGNATURE	DATE

St. PATRICK'S

EPISCOPAL CHURCH & DAY SCHOOL

Dear Parents,

We know how important it is to stay up to date on your child's learning journey, which is why we're excited to offer you access to Solutions' best-in-class parent app.

Procare

What can I see on the App?

Once you download the Procare app on your smartphone, we can update you on your child's daily activities, milestones, and more. We can send you photos and videos of your child, as well as keep you in the loop on upcoming events with newsletters and time-sensitive information with messaging.

How do I get the app?

You will receive an email from Procare with a unique 10-digit code and instructions on how to download and log into the the app.

Portfolio

We can now create a portfolio containing daily activities along with pictures taken throughout the day. These pictures will be available for you to download, share, print or link to Facebook.

Can I make tuition payments to St. Patrick's through Procare?

Yes. However not through the app. The ProCare app engineers are still working to enable payments through the Procare app.

To make payments online, visit: MyProCare.com

- ⇒ Log-in using your ProCare credentials (same as app).
- ⇒ Choose the Pay button.
- ⇒ Fill in the credit card information and amount.
- ⇒ Choose whether you want to same the card for future payments.
- ⇒ Select Pay Now.

Can I print receipts and Tuition Statement through Procare?

Yes. To print receipts or Tuition Statements online through Procare, Visit: <u>MyProCare.com</u> and log-in using your ProCare credentials (same as app).

- ⇒ At the top of your homepage, click "Reports".
- ⇒ Use the drop down feature to choose which report you'd like to run.
- ⇒ Click "RUN REPORT".
- ⇒ The .pdf will auto populate and you will be able to save and/or print your receipt or tuition statement.

What other Payment Methods are accepted by St. Patrick's Episcopal Day School?

- Auto Draft. Using a credit card or bank account, you may enroll in auto-draft. Please see attached form.
- Cash. Exact change only.
- <u>Check.</u> Please make checks payable to <u>St. Patrick's Episcopal Day School</u> and place in envelope with student's name & amount. Place envelope with check in our "Tuition Payments Box" located in the lobby.

We think you'll really enjoy this new way for us to stay connected!

Sincerely,

St. Patrick's Episcopal Day School Administration

Automated Payment Processing



Safe. Convenient. Easy.

ROUTING

NUMBER

ACCOUNT

NUMBER

CHECK

NUMBER

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

St. Patrick's Episcopal Day School ___ to initiate credit card I (we) hereby authorize (business name) charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 f

O days written notice. Credit union members: please contact your or automatic payments. Check with the center for accepted credit	(3)	count and routing	numbers
COMPLETE ONE SECTION ONLY			
ECTION A (Credit Card)			
ardholder Name	Phone #		
ardholder Address	City	State	Zip
ccount Number	Expiration Date		
ardholder Signature	Date		
ECTION B (Bank Account)			
our Name	Phone #		
ddress	City	State	Zip
ank or Credit Union Name Bank or Credit Union Address	City	State	Zip
outing Transit Number (see sample below) Account Number (see sa	mple below)	Checking	Savings
uthorized Signature	Date		
Your Name 0001	_	FOR OFFICIAL	USE ONLY
Any Street, Anytown Tel: (001) 555-0000			
PAY TO THE ORDER OF ATTACH VOIDED CHECK HERE		Date Received	
DEPOSIT SLIPS NOT ACCEPTED 100 DOLLARS Design on blank Savings Bank Any Stroot, Anytown			
BĂNK Tel: (001) 555-5555 RE		Employee Signature	
123430765		200/ • proces	

800.338.3884 • procaresoftware.com



KEY:

Elementary Holiday Care

Elementary Early Release

ST. PATRICK'S EPISCOPAL DAY SCHOOL | 2023-2024 CALENDAR

			A	UG	UST	20	23			FE	BRU	JAR	Y 20	024			
7	First Day of School for St. Patrick's	S	М	Т	w	Т	F	S	S	М	Т	w	Т	F	S	9	Preschool Mardi Gras Parade
7-8	Elementary Holiday Care	ب	··	-	₩	⊢	₩	5		-	ا	Ë		2	3	12	Staff Development Day, Closed
9	Zachary Schools Begin			1	2	3	4					75555	1			13	Mardi Gras Holiday, Closed
21-25	Fall Book Fair	6	7	8	9	10	11	12	4	5	6	7	8	9	10	14 16	Elementary Holiday Care Valentine's Day Class Parties
		13	14	15	16	17	18	19	11	12	13	14	15	16	17	26	Summer Camp Registration Begins
		20	21	22	23	24	25	26	18	19	20	21	22	23	24		
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4	Labor Day Holiday, Closed	S	М	Т	w	Т	F	S	S	М		w	Т	E	S	1	Elementary Holiday Care, In-service
15	St. Jude Trike-a-Thon	_	171	Ľ	·"		50000				+ -	-"	H.		(0.00)	8	Muffins with Mom Event
18	Elementary Holiday Care			╙	_	_	1	2						1	2	11	In-House Re-Registration for 2023/2
		3	4	5	6	7	8	9	3	4	5	6	7	8	9	15 18	St. Patrick's Day Parties Preschool Open Registration 2023/2
		10	11	12	13	14	15	16	10	11	12	13	14	15	16	25-28	Spring Bookfair
	1	17	18	19	20	21	22	23	17	18	19	20	21	22	23	29	Good Friday, Closed
		24	25	26	27	28	29	30	24	25	26	27	28	29	30	31	Easter Sunday
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ТВА	Preschool Open House (Tentative)	S	М	Т	W	Т	F	S	S	М	Т	w	Т	F	S	1	Classroom Easter Egg Hunt & Partie
2	Blessing of the Pets	1	2	3	4	5	6	7		1	2	3	4	5	6	1-5	Elementary Holiday Care
9-11 24	Elementary Holiday Care, Fall Break Christmas Pictures, Infants –2's					55767	-		7	8	9	10	11	12	13	16 17	Spring Pictures Infant—2's Spring/Graduation Pictures 3's & 4's
24 25	Christmas Pictures, 111 ants –2 s Christmas Pictures, 3's & 4's	8	9	10	11	12	13	14		-				_		19	Donuts with Dad
27	Fall Carnival	15	16	17	18	19	20	21	14	15	16	17	18	19	20		1
		22	23	24	25	26	27	28	21	22	23	24	25	26	27		
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10	Preschool Thanksgiving Feast	S	м	Т	w	Т	F	S	S	м	Т	w	Т	E	S	6-10	Teacher Appreciation Week
20-22 23-24	Elementary Holiday Care, Fall Break Thanksgiving Holiday, Closed		Г	Т	1	2	3	4			3	1	2	3	4	9 21-23	Preschool Graduation Day
20-24	mank-sgiving moliday, Closed	5	6	7	8	9	10	11	5	6	7	8	9	10	11	23	Elementary Early Dismissal Last Day for Zachary Schools
	- 			200		925	1000				1			-		24	Elementary Holiday Care
		12	13	14	15	16	17	18	12	13	14	15	16	17	18	27	Memorial Day Holiday, Closed
	1	19	20	21	22	23	24	25	19	20	21	22	23	24	25	28	First Day of Elem Summer Camp
		26	27	28	29	30			26	27	28	29	30	31			
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15	Pre-K Christmas Sing-a-long & Classroom Christmas Parties	S	м	Т	w	Т	F	S	S	М	Т	w	Т	F	S		
18-20	Elementary Early Dismissal, Elemen-		L	L	L		1	2				L	L		1	19	Juneteenth
21-22	tary Holiday Care Full Days, Elementary Holiday Care	- 3	4	5	6	7	8	9	2	3	4	5	6	7	8		
25-26	Christmas Holiday, Closed	10	11	12	13	14	15	16	9	10	11	12	13	14	15	ļ	
26-28	Elementary Holiday Care, Winter	17	18	19	20	21	22	23	16	17	18	19	20	21	2	ļ	
29	Break New Year Holiday, Closed					28	29	30					-				
23	New Feat Floiday, Glosed	24	25	26	27	28	29	30	23	24	25	26	27	28	29	1	
		31		L	L	L	L		30							ļ	
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1	New Year's Day Holiday, Closed		W. Brit					-		1.4					-	ļ	
2-5	Elementary Holiday Care, Winter	S	М	Т	W	Т	F	S	S	М	_	w	Т	F	S	4	Independence Day Holiday, Closed
	Break		1	2	3	4	5	6		1	2	3	4	5	6	ļ	
8 15	Zachary Schools Resume Dr. MLK, Jr. Day Holiday, Closed	7	8	9	10	11	12	13	7	8	9	10	11	12	13	ļ	+
	S. Mar, or. Day Holiday, Olosed	14	15	16	17	18	19	20	14	15	16	17	18	19	20	Ference:	4
	- †	21	22	23	24	25	26	27	21	22	23	24	25	26	27	£	
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Elementary Special Day

Special Event Day

St. Patrick's Closed



STUDENT REGISTRATION CHECKLIST

☐ Tuition Agreement Form
☐ Emergency Master Card (front & back)
\square Authorization for Medical Treatment Form
\square Photo Consent/Parental Awareness of Recordings
☐ Media Permission Form (Elementary Only)
\square Authorization of Topical Products
☐ Signed Handbook Acknowledgement
☐ Copy of Birth Certificate
\square Copy of Current Immunizations Annual
☐ Registration Fee

Revised January 2024