

\_\_\_\_\_  
CHILD'S LAST NAME FIRST NAME DATE OF BIRTH ☐ BOY ☐ GIRL

\_\_\_\_\_  
GRADE & SCHOOL COMPLETED MAY 2023 - **MUST BE 5 ON OR BEFORE MAY 30, 2023**

\_\_\_\_\_  
MAILING ADDRESS CITY, STATE ZIP

\_\_\_\_\_  
MOTHER/GUARDIAN responsible for child MOTHER/GUARDIAN CELL PHONE

\_\_\_\_\_  
FATHER/GUARDIAN responsible for child FATHER/GUARDIAN CELL PHONE

\_\_\_\_\_  
MOTHER/GUARDIAN E-MAIL ADDRESS FATHER/GUARDIAN E-MAIL ADDRESS

Are you a member of St. Patrick's Episcopal Church? ☐ YES ☐ NO

Is child currently enrolled in St. Patrick's Before/After Care? ☐ YES ☐ NO

**SESSION DATES:** *Please check all sessions you plan to attend.*

- |   |   |
|---|---|
| <input type="checkbox"/> Session 1*: May 30—June 2  | <input type="checkbox"/> Session 6*: July 3—July 7    |
| <input type="checkbox"/> Session 2: June 5—June 9   | <input type="checkbox"/> Session 7: July 10—July 14   |
| <input type="checkbox"/> Session 3: June 12—June 16 | <input type="checkbox"/> Session 8: July 17—July 21   |
| <input type="checkbox"/> Session 4: June 19—June 23 | <input type="checkbox"/> Session 9: July 24—July 28   |
| <input type="checkbox"/> Session 5: June 26—June 30 | <input type="checkbox"/> Session 10: June 31—August 4 |

*\*St. Patrick's will be closed on Monday, May 29 in observance of Memorial Day and Tuesday, July 4 in observance of Independence Day. The ZCSD First Day of School for students is Tuesday, August 8.*

**SUMMER CAMP FEES** Registration Fee is \$100 per child. Each 1-week Session is \$160 per child.

**TIMES** Monday—Friday, 6:30 AM to 6:00 PM. *Except for holidays\* mentioned above.*

**SUMMER CAMP FOOD SERVICE** Breakfast, Lunch, and Afternoon Snack are provided.

**PARENT/GUARDIAN TUITION AGREEMENT** I have read and understand the Tuition Policy in the St. Patrick's Episcopal Day School Parent Handbook. I understand the policies, times, and cost. I agree to pay the marked, above fees and understand payment is due the Monday of each session, before check-in.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

FOR OFFICE USE ONLY	
Registration Date:	
<input type="checkbox"/> New Student <input type="checkbox"/> Returning Student	
Notified Sandy?	
ProCare Access?	

*If parents/guardians split tuition payments, please list additional payers here:*

### EMERGENCY MASTER CARD

STUDENT:

LAST NAME

FIRST NAME

DATE OF BIRTH

☐ BOY

☐ GIRL

#### 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
CELL PHONE #:		
WORK PHONE #:		
EMPLOYER/OCCUPATION:		

Name of parent who has legal custody of child (if applicable): \_\_\_\_\_

Custody/access restrictions (if applicable): \_\_\_\_\_

If there is a Custody Order, Restraining Order or any other Order in place that pertains to the custody and/or access of the child.  
A copy of the Order(s) is to be attached to the registration paperwork.

#### MEDICAL/ALLERGY INFORMATION

Pediatrician Name: \_\_\_\_\_ Pediatrician's Phone#: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Dentist's Phone#: \_\_\_\_\_

List any special concerns, including but not limited to: existing medical conditions, chronic illness, medications, and/or any special needs of your child: \_\_\_\_\_

☐ My Child has no allergies. ☐ My child's allergies are NOT life threatening: He/she is allergic to: \_\_\_\_\_

☐ My child's allergies **ARE LIFE THREATENING\***: He/she is allergic to: \_\_\_\_\_

Do we have your authorization to post your child's name and allergy information in public view (kitchen & classroom)? ☐ No ☐ Yes

**\*If your child suffers from life threatening allergies, it is essential that you complete the school's Emergency Medication Authorization Form, provide a copy of his/her emergency plan, and personally inform your child's teacher. It is the parent's responsibility to provide guidance to the school with respect to the prevention of and treatment of allergic reactions prior to your child starting St. Patrick's.**

#### EMERGENCY CONTACTS/AUTHORIZED PICK UP PERSONS

My child has permission to be released to the following individuals, childcare facilities, or transportation services in addition to the parents/guardians listed above. Please notify the below individuals that they will be required to show proof of identity at lobby window.

FIRST & LAST NAME	RELATIONSHIP TO STUDENT	CONTACT IN CASE OF EMERGENCY? <i>circle one</i>	EMERGENCY PHONE NUMBER
		Y or N	
		Y or N	
		Y or N	
		Y or N	

I authorize St. Patrick's Episcopal Church & Day School to secure emergency medical treatment for my child.

Signature of Parent or Guardian

Date

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

\_\_\_\_\_  
Student's Name

I \_\_\_\_\_ give permission for St. Patrick's  
**Parent/Guardian name, please print**  
Episcopal Day School personnel and after care personnel to seek medical attention for my child  
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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and address and phone number of Medical Facility

### MEDIA PERMISSION FORM FOR ELEMENTARY STUDENTS

\_\_\_\_\_  
Student's Name

I \_\_\_\_\_ give my child listed above  
Parent/Guardian name, please print  
permission to view "PG" rated media (as stated in the Dept. of Education policy below).

#### **PROGRAMS, MOVIES AND VIDEO GAMES POLICY (Per Dept. of Education, Title 28, Bulletin 137, Part 1509, 11 a-f)**

"Programs, movies, and video games with violent or adult content, including but not limited to soap operas, television news, and sports programs aimed at audiences other than children, shall not be permitted in the presence of children.

All television, video, DVD, or other programming shall be suitable for the youngest child present.

"PG" programming or its television equivalent shall not be shown to children under age five.

"PG" programming shall only be viewed by children age five and above and shall require written parental authorization."

In accordance with the above policy, St. Patrick's Day School is required to have written parental authorization in their files in order to watch "PG" rated media in the classroom.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

### 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

- ☐ ☐ Sunscreen
- ☐ ☐ Insect Repellant
- ☐ ☐ Other: \_\_\_\_\_

(Please list)

*This one time authorization will remain in effect until a new authorization is signed.*

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

### PHOTO CONSENT FORM

-----  
Student's Name

I, -----  
**Parent/Guardian name, please print** the parent or legal guardian of the above-named student, give permission for my child to be photographed while attending St. Patrick's Episcopal Day School. The photograph may be used for display at school related meetings, publications, or publicity for the school. This includes uploading photos to our school's password protected website. This consent releases from liability all personnel of the school and any others who have received permission by the staff to take photos at the school or school related activities.

-----  
PARENT/GUARDIAN SIGNATURE

-----  
DATE

### PARENTAL AWARENESS OF RECORDINGS

I am aware that St. Patrick's Episcopal Day School utilizes recordings and/or taping of my child named above (such as digital recordings, videotaping, audio recordings, web cam) while in the center for observation/security purposes.

-----  
PARENT/GUARDIAN SIGNATURE

-----  
DATE

### IF NOT GIVING PHOTO CONSENT, please read & sign below:

☐ I DO NOT give consent for my child to be photographed for any reason other than to send daily parent updates through ProCare, the parent engagement app.

-----  
PARENT/GUARDIAN SIGNATURE

-----  
DATE

### HANDBOOK ACKNOWLEDGEMENT PLEASE SIGN AND RETURN

-----  
STUDENT'S NAME

I, ----- hereby confirm that I have read  
Parent/Guardian name, please print  
and understand the St. Patrick's Episcopal Day School Parent Handbook. I also understand that  
a copy of our current Parent Handbook can be viewed, saved, and printed from our website:  
[www.StPatsLA.org/Admissions](http://www.StPatsLA.org/Admissions)

-----  
PARENT/GUARDIAN SIGNATURE

-----  
DATE

\*Please sign up with the front desk if you are interested in volunteering for special events.

# 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.



### What can I see on the App?

Once you download the Procure 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 Procure with a unique 10-digit code and instructions on how to download and log into 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 Procure?

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

To make payments online, visit: [MyProCare.com](https://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 save the card for future payments.
- ⇒ Select Pay Now.

### Can I print receipts and Tuition Statement through Procure?

Yes. To print receipts or Tuition Statements online through Procure, Visit: [MyProCare.com](https://MyProCare.com) 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.*
- Check. Please make checks payable to St. Patrick's Episcopal Day School 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.

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

I (we) hereby authorize (business name) St. Patrick's Episcopal Day School to initiate credit card 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 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

STUDENT'S FIRST AND LAST NAME HERE

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

Your Name  
Any Street, Anytown  
Tel: (001) 555-0000

DATE \_\_\_\_\_ 0001

PAY TO THE ORDER OF **ATTACH VOIDED CHECK HERE** \$ \_\_\_\_\_

**DEPOSIT SLIPS NOT ACCEPTED** 100 DOLLARS

**Savings Bank**  
Any Street, Anytown  
Tel: (001) 555-5555

RE \_\_\_\_\_ MP

**123456789** **000123456789** **0001**

ROUTING  
NUMBER

ACCOUNT  
NUMBER

CHECK  
NUMBER

#### FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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## MAY 2023—Summer Camp

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	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 FIRST WEEK OF SUMMER CAMP	29 CLOSED MEMORIAL DAY	30 FIRST DAY OF SUMMER CAMP >> GET TO KNOW EACH OTHER ACTIVITIES >>	31			

Field Trip Day
  In-House "Field Trip" Day
  Water Day. Please come dressed in your swimsuit & water shoes - bring a change of clothes & towel.

## JUNE 2023—Summer Camp

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
				>> GET TO KNOW EACH OTHER ACTIVITIES >>		
4 ANIMAL WEEK	5 IF I WAS AN ANIMAL	6	7	8 FIELD TRIP BARNHILL	9 ANIMAL CRAFT	10
		>> JUNGLE CRAFT >>				
11 OCEAN WEEK	12	13	14 BLUE DAY WEAR ALL BLUE	15 LEI CRAFT	16 WATER SLIDE DAY	17
	>> SURF BOARD CRAFT >>					
18 DECADE WEEK Happy Father's Day	19	20	21	22	23 DRESS UP DRIVE-IN MOVIE	24
	>> BUILD & DECORATE "CARS" FOR DRIVE-IN MOVIE>>					
25 INSIDE-OUT WEEK	26 CRAZY HAIR DAY	27 MAGIC SHOW	28 WEAR MIX- MATCHED SHOES	29 WEAR YOUR SILLIEST OUTFIT	30 PAJAMA DAY	31

 Field Trip Day
  In-House "Field Trip" Day
  Water Day. Please come dressed in your swimsuit & water shoes - bring a change of clothes & towel.

# ST. PATRICK'S

EPISCOPAL CHURCH & DAY SCHOOL

## JULY 2023—Summer Camp

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
RED, WHITE, & BLUE WEEK <sup>2</sup>	INDEPENDENCE DAY CRAFT <sup>3</sup>	CLOSED INDEPENDENCE DAY <sup>4</sup>	DRESS UP IN RED, WHITE, & BLUE <sup>5</sup>	POPSICLE DAY <sup>6</sup>	WATER SLIDE DAY <sup>7</sup>	8
FOOD WEEK <sup>9</sup>	WHAT'S YOUR FAVORITE FOOD <sup>10</sup>	DECORATE COOKIES <sup>11</sup>	FAVORITE PIZZA TOPPING CRAFT <sup>12</sup>	FIELD TRIP CHOPPED <sup>13</sup>	WATERMELON DAY <sup>14</sup>	15
ART WEEK <sup>16</sup>	TYE-DYE DAY <sup>17</sup>	PAINT DAY <sup>18</sup>	19	20	FIELD TRIP ART MUSEUM TENTATIVE <sup>21</sup>	22
			>> POPSICLE STICK CRAFT>>			
SPORTS WEEK <sup>23</sup>	FOUR-SQUARE TOURNAMENT <sup>24</sup>	WEAR FAVORITE SPORTS SHIRT/ JERSEY <sup>25</sup>	KICKBALL <sup>26</sup>	JUMP ROPE TOURNAMNET <sup>27</sup>	WATER SLIDE DAY <sup>28</sup>	29
SPACE WEEK <sup>30</sup>	CREATE THE GALAXY CRAFT <sup>31</sup>					



Field Trip Day





In-House "Field Trip" Day



Water Day. Please come dressed in your swimsuit & water shoes - bring a change of clothes & towel.

## AUGUST 2023—Summer Camp

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1 MOON ROCKS CRAFT	2 TIME MACHINE CRAFT	3 ROCKET CRAFT	4 PIZZA PARTY LAST DAY OF SUMMER CAMP	5
6	7 ELEMENTARY HOLIDAY CARE	8 TENATIVE ZCSD Back to School	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

 Field Trip Day
  In-House "Field Trip" Day
  Water Day. Please come dressed in your swimsuit & water shoes - bring a change of clothes & towel.



## STUDENT REGISTRATION CHECKLIST

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