

# STUDENT REGISTRATION CHECKLIST

☐ Tuition Agreement Form
☐ Emergency Master Card
$\square$ Authorization to provide Medical Treatment Form
$\square$ Photo Consent/Parental Awareness of Recordings Form
☐ Media Permission Form
$\square$ Authorization of Topical Products Form
☐ Water Activities Permission Slip
☐ Signed Handbook Acknowledgement
☐ Copy of Birth Certificate
☐ Copy of Current Immunizations Annual
$\square$ Registration Fee and/or Automated Payment Processing Form

EPISCOPAL CHURCH & DAY SCHOOL

# **TUITION AGREEMENT FORM**

CHILD'S LAST NAME	, FIRST NAME		DATE OF BIRT	H M	□ □ ALE FEMAL	LE
AGE ON SEPT 30, 2024 C	RADE COMPLETED SPRI	NG 2024	SCHOOL ATTE	NDING IN F	ALL 2024	
MAILING ADDRESS	CITY	, STATE		Z	IP	
MOTHER/GUARDIAN response	onsible for child	MOTHER/0	GUARDIAN CELL	- PHONE		
FATHER/GUARDIAN respon	nsible for child	FATHER/G	GUARDIAN CELL	PHONE		
MOTHER/GUARDIAN E-MA	IL ADDRESS	FATHER/G	GUARDIAN E-MA	IL ADDRESS	;	
Is your child new to our Elen	nentary Program ? ☐ YES	$\square$ NO				
Are you a member of St. Pat	rick's Episcopal Church? □	YES 🗆	NO			
PLEASE CHECK PROGE	RAM SELECTION(S):					
O Before & After Ca	re: Early Release days are i	included.		\$355 /M0	HTMC	
☐ Holiday Ca	re*: For students enrolled in	n Before an	d/or After Care	\$30 /DA	·Υ	
O Before Care ONL	<b>f</b> : 6:30 to 8:30 AM			\$165 /M0	ONTH	
O After Care ONLY:	3:00 to 6:00 PM - Early relea	ase days a	re included.	\$250 /M(	ONTH	
○ Holiday Care* ON	LY: For students NOT enroll	led in Befor	re and/or After Ca	are. \$50 /D <i>A</i>	·Υ	
○ Early Release ON	LY: For students NOT enroll	led in Befor	re and/or After Ca	are. \$30 /D <i>A</i>	·Υ	
•	p sheets will be available in					
ANNUAL REGISTRATION Registration Fee of \$50 per	•	form. **Re	gistration fee is N	ION-REFUN	DABLE	
WITHDRAWL INFORMATION A two week notice is required		ams.				
PARENT/GUARDIAN TUITI I have read and understand the costs, due dates, policies	the St. Patrick's Episcopal D					
				FOR OFFIC	E USE ONLY	
PARENT/GUARDIAN SIGN	ATURF	DATE		Registration Date:		
. , CITTI GOARDIAN GION				□New Student □	Returning Studen	ıt
If parents/guardians split tuit	ion payments, please list ad	lditional pay	yers here:	Accountant		



EPISCOPAL CHURCH & DAY SCHOOL

## **EMERGENCY MASTER CARD**

STUDENT:  LAST NAME	FIRST NAME	DATE OF BIRT	H BOY GIRL
PRIMARY GUARDIAN	INFORMATION		
FULL NAME:	MOM		DAD
RELATIONSHIP TO CHILD:			
MARITAL STATUS:			
MAILING ADDRESS:			
CITY, STATE, ZIP:			
HOME ADDRESS OF CHILD?			
EMAIL ADDRESS:			
ACCESS TO PARENT APP?	☐ YES ☐ NO		YES □ NO
CELL PHONE #:			
WORK PHONE #:			
EMPLOYER/OCCUPATION:			
Child's Dentist:  List any special concerns, incluneeds of your child:  My Child has no allergies.  My child's allergies ARE LIFE  Do we have your authorization  *If your child suffers from life to Form, provide a copy of his/he guidance to the school with re  EMERGENCY CONTACT  My child has permission to be re	ding but not limited to: existing medica	Dentist's Phone#:	classroom)? □No □Yes by Medication Authorization bis responsibility to provide bild starting St. Patrick's.
FIRST & LAST NAM		CONTACT IN CASE	EMERGENCY PHONE NUMBER
		Y or N	
I authorize St. Patrick's Episcop	oal Church & Day School to secure em	nergency medical treatment for my c	child.
Signature of Parent or Gua	ırdian	Date	



EPISCOPAL CHURCH & DAY SCHOOL

# 2024/2025 ELEMENTARY PROGRAM

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

Student's Name	_
Parent/Guardian name, please print Episcopal Day School personnel and after care person when parents or emergency contacts cannot be reache	
Legal Relationship: □Natural Parent □Adoptive Pare	ent □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  Name and address and phone number of Medical Facility	Date

# PHOTO CONSENT FORM

Student's Name	
I, Parent/Guardian name, please print  student, give permission for my child to be photographed School. The photograph may be used for display at school ty for the school. This includes uploading photos to our sconsent releases from liability all personnel of the school sion by the staff to take photos at the school or school releases.	while attending St. Patrick's Episcopal Day ool related meetings, publications, or publicischool's password protected website. This and any others who have received permis-
PARENT/GUARDIAN SIGNATURE	DATE
PARENTAL AWARENESS	OF RECORDINGS
I am aware that St. Patrick's Episcopal Day School utilize named above (such as digital recordings, videotaping, a ter 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 photographe parent updates through ProCare, the parent engagement	
PARENT/GUARDIAN SIGNATURE	DATE

## 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, televisions 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	

PARENT/GUARDIAN SIGNATURE

## 2024/2025 ELEMENTARY PROGRAM

AUTHORIZATION FOR THE APPLICATION

Student's Name	_
Parent/Guardian name, please print Episcopal Day School staff to apply the following top provided or parent provided:	give permission for St. Patrick's gical products to my child whether center
YES NO o o Sunscreen o o Insect Repellant o o Other: (Please list)	

**OF TOPICAL PRODUCTS** 

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

DATE

# HANDBOOK ACKNOWLEDGEMENT

STUDENT'S NAME	
I,	
PARENT/GUARDIAN SIGNATURE	 DATE

\*Please sign up with the lobby window 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.

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

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.

10 days written notice. Credit union members: please contact your or for automatic payments. Check with the center for accepted credit c	edit union to verify acco	A STATE OF THE PROPERTY OF THE	An Imperior of
COMPLETE ONE SECTION ONLY			
SECTION A (Credit Card)			
Cardholder Name	Phone #		
Cardholder Address	City	State Zip	<b>D</b>
Account Number	Expiration Date		
Cardholder Signature	Date		
SECTION B (Bank Account)			
Your Name	Phone #		
Address	City	State Zip	D .
Bank or Credit Union Name Bank or Credit Union Address	City	State Zip	p
Routing Transit Number (see sample below) Account Number (see sample below)	ple below)	Checking	Savings
Authorized Signature	Date		
Your Name 0001		FOR OFFICIAL US	E ONLY
Any Street, Anytown Tel: (001) 555-0000 DATE			
PAY TO THE ORDER OF DEPOSIT SLIPS NOT ACCEPTED 100 DOLLARS 1 Descript Instance Description of Dollars 2 Description of Dollars 3 Description of Descrip		ate Received	
Any Street, Anytown BANK Tol: (001) 555-5555  RE	_	2002 00	
123456789 000123456789 0001	Er	nployee Signature	

800.338.3884 • procaresoftware.com



### WATER ACTIVITIES AUTHORIZATION FORM

•	icipate in the following type(s) of water	•
1322 Churc	ch Street, Zachary, LA 70791 (Description	on of all types of water activities included)
•	Inflatable Water Slides	
•	Sprinklers	
•	Water Tables	
•	Water Walls	
PARENT SIGI	NATURE	DATE
*This water	activities authorization form for permis	ssion must be updated at least annually.



# ST. PATRICK'S EPISCOPAL DAY SCHOOL 2024-2025 Elementary CALENDAR

ISCOPAL CHURCH &	DAY SCHOOL ZUZT Z	-020		CITIC	, i i cai		<i>&gt;</i> / (L)	_1 1 1	<i>&gt;</i> / (I	`				
8 Zach	nentary Holiday Care nary Schools Begin Book Fair	A 5 M 4 5 11 12 18 19 25 26	UGL T 6 13 20 27	W T 1 1 7 8 14 15 21 22 28 29	F S 2 3 3 9 10 16 12 23 2	7	2 9 16 23	M 3 10 17 17	RUAI T W 4 5 11 12 18 19 25 26	7 T 6 6 6 2 13 20	7 14	\$ 1 8 15 22	14 24	Elementary Holiday Care Summer Camp Registration Begins
	or Day Holiday, Closed nentary Holiday Care	SEP S M 1 2 8 9 15 16 22 23 29 30	TEN T 3 10 17 24	W T 4 5 11 12 18 19 25 26	F S 6 7 13 1-20 2: 27 28	1 L	2 9 16 23 30	M 3 10 17	ARCH T V 4 5 111 1: 18 1*	V T  5 6 2 13 9 20	7 14	\$ 1 8 15 22 29	3 4 5 10 17 24-28	Staff Development Day, Closed Mardi Gras, Closed Elementary Holiday Care, In-service In-House Re-Registration for 2025/26 Preschool Open Registration 2025/26 Spring Bookfair
<b>14-16</b> Elem	nentary Holiday Care, Fall Break	S M  6 7  13 14  20 21  27 28	T 1 8 15 22 29	W T 2 3 9 10 16 17 23 24 30 31	F S 4 5 11 12 18 19 25 26	2	6 13 20 27	7 14 21	PRIL T W 1 2 8 9 115 16 222 23	7 T 3 10 10 17 17 17 17 17 17 17 17 17 17 17 17 17	F 4 11 18	\$ 5 12 19 26	18 21 21-25	Closed, Good Friday Class Parties, Easter Egg Hunt Elementary Holiday Care, Spring Break
	nentary Holiday Care, Fall Break nksgiving Holiday, Closed	S M  3 4  10 11  17 18  24 25	VEM  T  5  12  19  26	W T 6 7 13 14 20 21 27 28	F S 1 2 8 9 15 16	5	4 11 18 25	M 5 12 19	6 13 1 20 2	202 w 1 7 8 114 1: 21 2 28 2:	F 2 9 16 22 23	\$ 3 10 17 24 31	20-22 22 23 26 27	Elementary Early Dismissal Last Day for Zachary Schools Elementary Holiday Care Memorial Day Holiday, Closed First Day of Elem Summer Camp
tary l 23 Full I 24-25 Chris 26-30 Elem Breal	nentary Early Dismissal, Elemen- Holiday Care Days, Elementary Holiday Care stmas Holiday, Closed nentary Holiday Care, Winter k 'Year Holiday, Closed	S M	T 3 10 17 24 31	W T 4 5 11 12 18 19 25 26	F S 6 7 13 14 20 2: 27 28	1 L	\$ 1 8 15 22 29	M 2 9 16	JNE T V 3 4 10 1 17 18 224 2	V T 5 1 12 8 19	F 6 13 20	\$ 7 14 21 28	2-30	Summer Camp
	Year's Day Holiday, Closed	JA s M	NU <i>i</i>	ARY 20	D25		S	_	ULY T V	<b>20</b> 2	5 F	S	1-31	Summer Camp