



## STUDENT REGISTRATION CHECKLIST

- ☐ Tuition Agreement Form
- ☐ Emergency Master Card
- ☐ Authorization to provide Medical Treatment... Form
- ☐ Photo Consent/Parental Awareness of Recordings Form
- ☐ Media Permission Form (Elementary & Summer Camp Programs Only)
- ☐ Authorization of Topical Products Form
- ☐ Field Trip Permission Slip
- ☐ Water Activities Permission Slip
- ☐ Signed Handbook Acknowledgement
- ☐ Copy of Birth Certificate
- ☐ Copy of Current Immunizations Annual
- ☐ Registration Fee and/or Automated Payment Processing Form

## EMERGENCY MASTER CARD

STUDENT:

LAST NAME

FIRST NAME

DATE OF BIRTH

☐

MALE

☐

FEMALE

## 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?	<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 &amp; 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

### TUITION AGREEMENT FORM

\_\_\_\_\_, \_\_\_\_\_  
**CHILD'S LAST NAME**                      **FIRST NAME**                      **DATE OF BIRTH**                      ☐ **MALE**    ☐ **FEMALE**

\_\_\_\_\_  
**GRADE & SCHOOL COMPLETED MAY 2023—MUST BE 5 ON OR BEFORE MAY 30, 2024**

\_\_\_\_\_  
**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"/> <b>Session 1*:</b> May 28—May 31   | <input type="checkbox"/> <b>Session 6*:</b> July 1—July 5    |
| <input type="checkbox"/> <b>Session 2:</b> June 3—June 7    | <input type="checkbox"/> <b>Session 7:</b> July 8—July 12    |
| <input type="checkbox"/> <b>Session 3:</b> June 10—June 14  | <input type="checkbox"/> <b>Session 8:</b> July 15—July 19   |
| <input type="checkbox"/> <b>Session 4*:</b> June 17—June 21 | <input type="checkbox"/> <b>Session 9:</b> July 22—July 26   |
| <input type="checkbox"/> <b>Session 5:</b> June 24—June 28  | <input type="checkbox"/> <b>Session 10:</b> July 29—August 2 |

*\*indicates Holiday. St. Patrick's will be closed on Monday, May 27 in observance of Memorial Day, Wednesday, June 19 in observance of Juneteenth, and Thursday, July 4 in observance Independence Day. **The ZCSD First Day of School for students is Thursday, 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 St. Patrick's Episcopal Day School Parent Handbook in it's entirety. 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**

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

\_\_\_\_\_

FOR OFFICE USE ONLY	
Registration Date:	
<input type="checkbox"/> New Student <input type="checkbox"/> Returning Student	
ACCOUNTANT	
PROCARE	

### 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

### 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

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

(Please list)

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

\_\_\_\_\_  
DATE

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

### HANDBOOK ACKNOWLEDGEMENT

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STUDENT'S NAME

I, ----- **Parent/Guardian name, please print** ----- hereby confirm that I have read 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 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.



### 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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Week

# St. PATRICK'S

JULY 2024—Summer Camp

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
RED, WHITE, & BLUE WEEK	1 DISSECT THE DECLARATION	2 INDEPENDENCE DAY HATS	3 DRESS UP IN RED, WHITE, & BLUE	Close Independence Day	5 WATER SLIDE DAY	6
7 FOOD WEEK	8 FAVORITE FOOD CRAFT	9 DECORATE COOKIES	10 FAVORITE PIZZA TOPPING CRAFT	11 FIELD TRIP CHOPPED	12 WATERMELON DAY	13
14 8 ART WEEK	15 CREATE TYE-DYE TOWELS	16 PAPER CHAIN PYTHONS	17 ACRYLIC PAINTING	18 POPSICLE STICK HOUSE CREATION	19 FIELD TRIP ART MUSEUM	20
21 9 SPORTS WEEK	22 FOUR-SQUARE TOURNAMENT	23 WEAR FAVORITE SPORTS SHIRT/JERSEY	24 KICKBALL TOURNAMENT	25 JUMP ROPE TOURNAMNET	26 WATER SLIDE DAY	27 STUDENTS WILL CREATE THEIR OWN SURFBOARD THIS WEEK
28 10 MYSTERY WEEK	29 SCAVENGER HUNT	30 FINGERPRINTING/TIME MACHINE	31 ESCAPE ROOM	1 MYSTERY SOLVING	2 PIZZA PARTY	3

Field Trip Day
In-House "Field Trip" Day
Water Day
Closed/Holiday

Water Days: Please come dressed in your swimsuit & water shoes - bring a change of clothes & tow-



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# ST. PATRICK'S

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EPISCOPAL CHURCH & DAY SCHOOL

## FIELD TRIP PERMISSION FORM

My child \_\_\_\_\_ has my permission to be transported to and from the following field trips via First Student, Inc. and to participate in the activities associated with the following events:

DATE OF EVENT: Friday 6/6/2024

EVENT: BARNHILL PRESERVE

LOCATION: 11342 LA-955, ETHEL, LA 70730

DEPARTURE: 9:00 A.M.

ARRIVE: 9:30 A.M.

LUNCH: 12:30—1:00 P.M. (Bagged lunch from St. Patrick's cafeteria)

RETURN: 2:00P.M.

DATE OF EVENT: 7/19/2024

EVENT: CAPITOL PARK MUSEUM

LOCATION: 660 N 4th St, Baton Rouge, LA 70802

DEPARTURE: 10:00 A.M.

RETURN: 1:00 P.M.

(Lunch at St. Patrick's)

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\*In the event of any situation out of our control and there is a need to reschedule one or all of the above events, we will require a parent to sign an updated field trip permission form.

## WATER ACTIVITIES AUTHORIZATION FORM

My child \_\_\_\_\_ has permission to  
participate in the following type(s) of water activities at St. Patrick's Day School;  
1322 Church Street, Zachary, LA 70791 (Description of all types of water activities included):

- ♦ Inflatable Water Slides
- ♦ Sprinklers
- ♦ Water Tables
- ♦ Water Walls

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\*This water activities authorization form for permission must be updated at least annually.