

# ST. PATRICK'S

EPISCOPAL CHURCH & DAY SCHOOL

## 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
- Authorization of Topical Products Form
- Non-Vehicular Activities Permission Slip
- Water Activities Permission Slip
- Signed Handbook Acknowledgement
- Copy of Birth Certificate *On file for returning students.*
- Copy of Current Immunizations Annual
- Registration Fee and/or Automated Payment Processing Form

### TUITION AGREEMENT FORM

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

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 AGE ON SEPT 30, 2025 GRADE COMPLETED SPRING 2025 SCHOOL ATTENDING IN FALL 2025

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 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

Is your child new to our Elementary Program ?  YES  NO  
 Are you a member of St. Patrick's Episcopal Church?  YES  NO

#### PLEASE CHECK PROGRAM SELECTION(S):

- Before & After Care:** Early Release days are included. **\$370 /MONTH**
- Holiday Care\*:** For students enrolled in Before and/or After Care **\$30 /DAY**
- Before Care ONLY:** 6:30 to 8:30 AM **\$175 /MONTH**
- After Care ONLY:** 3:00 to 6:00 PM - Early release days are included. **\$260 /MONTH**
- Holiday Care\* ONLY:** For students **NOT** enrolled in Before and/or After Care. **\$55 /DAY**
- Early Release ONLY:** For students **NOT** enrolled in Before and/or After Care. **\$30 /DAY**

\* **Holiday Care** sign up sheets will be available in the lobby at least one week before the holiday.

#### ANNUAL REGISTRATION FEE \$50 PER CHILD

A Non-Refundable Registration Fee of \$50 per child is due with registration form.

#### WITHDRAWL INFORMATION

A two week notice is required to withdraw from all programs.

#### 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 costs, due dates, policies, and I agree to pay the marked, above tuition in full by the tenth of each month.

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

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

\_\_\_\_\_

FOR OFFICE USE ONLY	
Registration	
<input type="checkbox"/> New Student <input type="checkbox"/> Returning	
Accountant	
ProCare Access	

### EMERGENCY MASTER CARD

STUDENT: \_\_\_\_\_  
 LAST NAME FIRST NAME DATE OF BIRTH  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?	<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 has **MILD ALLERGIES**: 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 attest that St. Patrick's can use this information in the best interest of my child and understand that it is my responsibility to make changes to this form in the case that updates need to be made.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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

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

I \_\_\_\_\_ *Parent/Guardian name, please print* \_\_\_\_\_ give permission for St. Patrick's

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

### PHOTO CONSENT FORM

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Student's Name

#### PARENTAL AWARENESS OF SECURITY CAMERA 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

### PHOTO CONSENT FORM

Students are photographed and/or videoed at appropriate times while attending St. Patrick's Episcopal Day School. **The photograph or video 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.

I, Parent/Guardian name, please print, give St. Patrick's Episcopal Day School permission to use my child's pictures or videos containing my child for school related meetings, publications, or publicity for the school. This includes uploading media containing my child to their password protected website.

I, Parent/Guardian name, please print, **DO NOT** give St. Patrick's Episcopal Day School consent for my child to be photographed for any reason other than to send parent communications via ProCare engagement app.

-----  
PARENT/GUARDIAN SIGNATURE

-----  
DATE

### MEDIA PERMISSION FORM FOR ELEMENTARY STUDENTS

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

#### **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.”*

I, \_\_\_\_\_, *Parent/Guardian name, please print*, give my child listed above

#### **permission to view “PG” rated media (as stated in the Dept. of Education policy above)**

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.

I, \_\_\_\_\_, *Parent/Guardian name, please print*, DO NOT give my child listed above

#### **permission to view “PG” rated media (as stated in the Dept. of Education policy above)**

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)*

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

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

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

# ST. PATRICK'S

EPISCOPAL CHURCH & DAY SCHOOL

## Non-Vehicular Excursions Authorization

My child, \_\_\_\_\_, has my permission to participate in the following off-site activities when the children are walking and accompanied by St. Patrick's Episcopal Day School & Church staff:

<b>Activity</b>	<b>Location</b>
— <b>Tuesday Chapel (ALL PROGRAMS)</b>	St. Patrick's Episcopal Church
— <b>Stroller trips on front sidewalks (infant classrooms)</b> School	St. Patrick's Episcopal Church & School
— <b>Program rehearsals</b> (3's, 4's, Elementary only)	St. Patrick's Episcopal Church
— <b>St. Jude's Trike-a-Thon</b>	St. Patrick's west parking lot
— <b>Any other activities outside security fences</b>	St. Patrick's campus

*This authorization is valid for one year.*

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

## 2025 SUMMER CAMP PROGRAM

### WATER ACTIVITIES AUTHORIZATION FORM

My child \_\_\_\_\_ has permission to participate in the following type(s) of water activity:

- \*Sprinklers
- \*Water Tables
- \*Wading Pools
- \*Water Walls

**Location(s) of activity: St. Patrick's Day School (1322 Church St.)**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

\*This permission slip must be updated with current registration\*

### HANDBOOK ACKNOWLEDGEMENT

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STUDENT'S NAME

Parent/Guardian name, please print

I, \_\_\_\_\_ 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 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](http://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 Procure?

Yes. To print receipts or Tuition Statements online through Procure, Visit: [MyProCare.com](http://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			



ROUTING NUMBER: 123456789  
ACCOUNT NUMBER: 000123456789  
CHECK NUMBER: 0001

#### FOR OFFICIAL USE ONLY

Date Received
Employee Signature

800.338.3884 • [procaresoftware.com](http://procaresoftware.com)

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**AUGUST 2025**

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						

**4** First Day of School for St. Patrick's  
**4-6** Elementary Holiday Care  
**7** Zachary Schools Begin  
**18-22** Fall Book Fair  
**19** Grandparents Day

**SEPTEMBER 2025**

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				

**1** Labor Day Holiday, Closed  
**15** Elementary Holiday Care/Remote Learning  
**19** St. Jude Trike-a-Thon

**OCTOBER 2025**

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	

**7** Preschool Open House  
**13-15** Elementary Holiday Care, Fall Break  
**14** Blessing of the Pets  
**21** Christmas Pictures, Infants -2's  
**22** Christmas Pictures, 3's & 4's  
**24** Fall Carnival  
**31** Classroom Halloween Parties

**NOVEMBER 2025**

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						

**4** Elementary Holiday Care, Election Day  
**18** Preschool Thanksgiving Feast  
**21,24-26** Elementary Holiday Care, Remote Learning, Fall Break  
**27-28** Thanksgiving Holiday, Closed

**DECEMBER 2025**

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			

**12** Pre-K Christmas Sing-a-long & Classroom Christmas Parties  
**17-19** Elementary Early Dismissal, Elementary Holiday Care  
**22-23** Full Days, Elementary Holiday Care  
**24-25** Christmas Holiday, Closed  
**26, 29-30** Elementary Holiday Care, Winter Break  
**31** New Year Holiday, Closed

**JANUARY 2026**

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

**1** New Year's Day Holiday, Closed  
**2,5-6** Elementary Holiday Care, Winter Break  
**7** Zachary Schools Resume  
**19** Dr. MLK, Jr. Day Holiday, Closed

**FEBRUARY 2026**

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

**12** Classroom Valentine's Day Parties  
**13** School Mardi Gras Parade, Elementary Holiday Care/Remote Learning  
**16-17** Mardi Gras Holiday, Closed  
**18** Elementary Holiday Care/Remote Learning  
**23** Summer Camp In- House Registration Begins

**MARCH 2026**

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				

**2** Summer Camp Open Registration Begins  
**3** Spring Pictures, Infants -2's  
**4** Spring Pictures 3's & 4's, 4's Graduation pictures  
**9** In-House Re-Registration for 2026/27  
**16-20** Spring Book Fair  
**20** Donuts With Dad  
**17** St. Patrick's Day Parties, Spring Open Enrollment Open House  
**20** Elementary Holiday Care/Remote Learning  
**23** Preschool Open Registration 2026/27

**APRIL 2026**

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		

**6** School Easter Egg Hunt & Classroom Parties  
**3** Good Friday, Closed  
**6-10** Elementary Holiday Care  
**17** Muffins with Mom

**MAY 2026**

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						

**4-8** Teacher Appreciation Week  
**19-22** Elementary Early Dismissal, Elementary Holiday Care  
**21** Last Day for Zachary Schools  
**25** Memorial Day, Closed  
**26** First Day of Summer Camp

**JUNE 2026**

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				

**19** Juneteenth, Closed

**JULY 2026**

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	

**3** Independence Day Holiday, Closed