

ST. PATRICK'S

EPISCOPAL CHURCH & DAY SCHOOL

STUDENT REGISTRATION CHECKLIST

- Tuition Agreement Form
- Emergency Master Card
- Authorization for Medical Treatment Form
- Photo Consent/Parental Awareness of Recordings
- Authorization of Topical Products
- Signed Handbook Acknowledgement
- Non-Vehicular Excursions Authorization
- Water Activities Authorization Form
- Copy of Birth Certificate *On file for returning students.*
- Copy of Current Immunizations Annual
- Registration Fee

EMERGENCY MASTER CARD

STUDENT: _____
 LAST NAME FIRST NAME DATE OF BIRTH MALE FEMALE

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: medications, existing medical conditions, medical history, chronic illness, 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 with allergy information in public view (*kitchen & classroom*)? Yes No

**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

TUITION AGREEMENT FORM

CHILD'S LAST NAME _____, FIRST NAME _____ DATE OF BIRTH _____ Please Choose One:
 MALE
 FEMALE

AGE ON SEPT 30, 2024 _____ T-SHIRT SIZE _____ START DATE _____ ARE YOU RETURNING STUDENT?
 YES NO

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

Would you like to be added to St. Patrick's Episcopal Church's Weekly Newsletter? YES NO

PLEASE CHECK YOUR PROGRAM SELECTION:

OFFERED PROGRAMS: (6:30AM—6:00PM)

- Infant Classroom:** 5 months - 15 months of age **\$1,070 /MONTH**
- Toddler Classroom:** 16 months - 2 years of age **\$1,030 /MONTH**
- Pre-K-3 Classroom:** 3 years of age **\$970 /MONTH**
- Pre-K-4 Classroom:** 4 years of age **\$935 /MONTH**

ANNUAL REGISTRATION FEE \$150 PER CHILD

Registration Fee is due with registration form. ****Registration fee is NON-REFUNDABLE ****

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 by the 10th of each month before check-in or a \$25 late fee will be applied. I understand that failing to pay the balance before the end of the month will result in unenrollment of my child from St. Patrick's Episcopal Day School and their slot will be assigned to another student from the waitlist.

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	

This Tuition Agreement Form Expires on July 31 , 2026 (The last day of the 2025/2026 School Term).

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

AUTHORIZATION FOR THE APPLICATION OF TOPICAL PRODUCTS

Student's Name

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

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

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

PHOTO CONSENT FORM

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, _____, 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, _____, **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

HANDBOOK ACKNOWLEDGEMENT PLEASE SIGN AND RETURN

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

PARENT/GUARDIAN SIGNATURE

DATE

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

Please cut the bottom of this page for your future reference

Parent Handbook 2024-2025

Page 2: Day School Faculty and Staff

Interim Rector — Audra Ryes — rector@stpatsla.org

Day School Director — Janice Wootan — janice@stpatsla.org

Assistant Director — Kendrea Harris — kendrea.harris@stpatsla.org

Accountant — Ellen Merkle — ellen.merkle@stpatsla.org

Phone: 225-654-4091

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:

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

This authorization is valid for one year.

Parent Signature

Date

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

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

- ⇒ 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 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

		AUGUST 2025						
		S	M	T	W	T	F	S
4	First Day of School for St. Patrick's						1	2
4-6	Elementary Holiday Care							
7	Zachary Schools Begin	3	4	5	6	7	8	9
18-22	Fall Book Fair	10	11	12	13	14	15	16
19	Grandparents Day	17	18	19	20	21	22	23
		24	25	26	27	28	29	30
		31						

		SEPTEMBER 2025						
		S	M	T	W	T	F	S
1	Labor Day Holiday, Closed		1	2	3	4	5	6
15	Elementary Holiday Care/Remote Learning	7	8	9	10	11	12	13
19	St. Jude Trike-a-Thon	14	15	16	17	18	19	20
		21	22	23	24	25	26	27
		28	29	30				

		OCTOBER 2025						
		S	M	T	W	T	F	S
7	Preschool Open House				1	2	3	4
13-15	Elementary Holiday Care, Fall Break	5	6	7	8	9	10	11
14	Blessing of the Pets	12	13	14	15	16	17	18
21	Christmas Pictures, Infants -2's	19	20	21	22	23	24	25
22	Christmas Pictures, 3's & 4's	26	27	28	29	30	31	
24	Fall Carnival							
31	Classroom Halloween Parties							

		NOVEMBER 2025						
		S	M	T	W	T	F	S
4	Elementary Holiday Care, Election Day							1
18	Preschool Thanksgiving Feast	2	3	4	5	6	7	8
21,24-26	Elementary Holiday Care, Remote Learning, Fall Break	9	10	11	12	13	14	15
27-28	Thanksgiving Holiday, Closed	16	17	18	19	20	21	22
		23	24	25	26	27	28	29
		30						

		DECEMBER 2025						
		S	M	T	W	T	F	S
12	Pre-K Christmas Sing-a-long & Classroom Christmas Parties		1	2	3	4	5	6
17-19	Elementary Early Dismissal, Elementary Holiday Care	7	8	9	10	11	12	13
22-23	Full Days, Elementary Holiday Care	14	15	16	17	18	19	20
24-25	Christmas Holiday, Closed	21	22	23	24	25	26	27
26, 29-30	Elementary Holiday Care, Winter Break	28	29	30	31			
31	New Year Holiday, Closed							

		JANUARY 2026						
		S	M	T	W	T	F	S
1	New Year's Day Holiday, Closed					1	2	3
2,5-6	Elementary Holiday Care, Winter Break	4	5	6	7	8	9	10
7	Zachary Schools Resume	11	12	13	14	15	16	17
19	Dr. MLK, Jr. Day Holiday, Closed	18	19	20	21	22	23	24
		25	26	27	28	29	30	31

		FEBRUARY 2026						
		S	M	T	W	T	F	S
12	Classroom Valentine's Day Parties	1	2	3	4	5	6	7
13	School Mardi Gras Parade, Elementary Holiday Care/Remote Learning	8	9	10	11	12	13	14
16-17	Mardi Gras Holiday, Closed	15	16	17	18	19	20	21
18	Elementary Holiday Care/Remote Learning	22	23	24	25	26	27	28
23	Summer Camp In- House Registration Begins							

		MARCH 2026						
		S	M	T	W	T	F	S
2	Summer Camp Open Registration Begins	1	2	3	4	5	6	7
3	Spring Pictures, Infants -2's	8	9	10	11	12	13	14
4	Spring Pictures 3's & 4's, 4's Graduation pictures	15	16	17	18	19	20	21
9	In-House Re-Registration for 2026/27	22	23	24	25	26	27	28
16-20	Spring Book Fair	29	30	31				
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
6	School Easter Egg Hunt & Classroom Parties				1	2	3	4
3	Good Friday, Closed	5	6	7	8	9	10	11
6-10	Elementary Holiday Care	12	13	14	15	16	17	18
17	Muffins with Mom	19	20	21	22	23	24	25
		26	27	28	29	30		

		MAY 2026						
		S	M	T	W	T	F	S
4-8	Teacher Appreciation Week						1	2
19-22	Elementary Early Dismissal, Elementary Holiday Care	3	4	5	6	7	8	9
21	Last Day for Zachary Schools	10	11	12	13	14	15	16
25	Memorial Day, Closed	17	18	19	20	21	22	23
26	First Day of Summer Camp	24	25	26	27	28	29	30
		31						

		JUNE 2026						
		S	M	T	W	T	F	S
19	Juneteenth, Closed		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				

		JULY 2026						
		S	M	T	W	T	F	S
3	Independence Day Holiday, Closed				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	