

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 (Elementary & Summer Camp Programs Only)
- Authorization of Topical Products Form
- Signed Handbook Acknowledgement
- Water Activities Authorization
- Field Trips Permission Slip *On file for returning students.*
- Non-Vehicular Excursions Authorization
- Copy of Birth Certificate*
- Copy of Current Immunizations Annual*
- Registration Fee and/or Automated Payment Processing Form

TUITION AGREEMENT FORM

CHILD'S LAST NAME _____, FIRST NAME _____ DATE OF BIRTH ____/____/____ MALE FEMALE

GRADE & SCHOOL COMPLETED MAY 2024—**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 & THEMES: *Please check all sessions you plan to attend.*

Session 1* <i>Team Building</i>	May 27—30	Session 6* <i>Inside Out Week</i>	June 30– July 3
Session 2 <i>Animal Week</i>	June 2—6	Session 7 <i>Food Week</i>	July 7—11
Session 3 <i>Disney Week</i>	June 9—13	Session 8 <i>Art Week</i>	July 14—18
Session 4* <i>Wild Wild West Week</i>	June 16—20	Session 9 <i>Sports Week</i>	July 21—25
Session 5 <i>Spirit Week</i>	June 23—27	Session 10 <i>Aloha Summer</i>	July 28—Aug 1

**St. Patrick's will be closed on Monday, May 26 in observance of Memorial Day, Thursday June 19 in observance of Juneteenth, and Friday, July 4 in observance of Independence Day. The ZCSD First Day of School for students is Thursday, August 7.*

SUMMER CAMP FEES Registration Fee is \$100 per child. Each 1-week Session is \$165 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 daily.

PARENT/GUARDIAN TUITION AGREEMENT I have read and understand this excerpt from 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	
<input type="checkbox"/> New Student <input type="checkbox"/> Returning	
Accountant	
ProCare Access	

EMERGENCY MASTER CARD

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

PRIMARY GUARDIAN(S) 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 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

Parent/Guardian name, please print

I _____ 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

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

Parent/Guardian name, please print

I _____ 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)

PARENT/GUARDIAN SIGNATURE

DATE

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

HANDBOOK ACKNOWLEDGEMENT

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. I will keep a copy and reference it for my non-urgent questions and concerns and use administration as a resource further beyond.

PARENT/GUARDIAN SIGNATURE

DATE

**Please sign up with the lobby window 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

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

ST. PATRICK'S

EPISCOPAL CHURCH & DAY SCHOOL

2025 SUMMER CAMP PROGRAM

FIELD TRIPS 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: 6/5/2025

EVENT: BARNHILL PRESERVE

LOCATION: 11342 LA-955, ETHEL, LA 70730

DEPARTURE: 9:00 A.M.

ARRIVE: 10:05 A.M.

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

RETURN: 1:30P.M.

DATE OF EVENT: 7/18/2025

EVENT: CAPITAL PARK MUSEUM

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

DEPARTURE: 9:00 A.M.

ARRIVE: 9:40 A.M.

LUNCH: 12:30 P.M. (at St. Patrick's)

RETURN: 12:40 P.M.

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.

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

—**Tuesday Chapel (ALL PROGRAMS)**

Location

St. Patrick's Episcopal Church

—**Stroller trips on front sidewalks
(infant classrooms)**
School

St. Patrick's Episcopal Church &

—**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

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  Procure 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. This app allows you access to daily communications about your child and school.

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. To make payments online, visit: [MyProCare.com](https://www.MyProCare.com) via your search engine such as Safari or Google Chrome.

- ⇒ 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](https://www.MyProCare.com) via your search engine such as Safari or Google Chrome.

- ⇒ 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.* Please give to tenant at desk & obtain a receipt.
- 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			



FOR OFFICIAL USE ONLY

Date Received

Employee Signature

MAY 2025—Summer Camp

SUNDAY	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	29	30	31	Elementary Care	
31	31	31	31	31	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.

We are collecting XL boxes for Drive-In Movie Day

JUNE 2025—Summer Camp

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
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	31	31	31	31	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.

We are collecting XL boxes for Drive-In Movie Day

JULY 2025—Summer Camp

SUNDAY	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	29	30
31	31	31	31	31	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.

We are collecting toilet paper rolls for TIKI MASKS

AUGUST 2025—Summer Camp

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
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	31	31	31	31	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.