



**St. Patrick School and ECC/EDP**  
 Registration Information 2021 - 2022  
**Return to School by 2/26/21**

**Please Print**

Parent/Guardians: \_\_\_\_\_ Today's Date \_\_\_\_\_

Primary Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Student/s lives with  Both Parents/Guardians  Mom  Dad  Other: \_\_\_\_\_

Mom/Guardian Email: \_\_\_\_\_ Mom/Guardian Phone #: \_\_\_\_\_

Dad/Guardian Email: \_\_\_\_\_ Dad/Guardian Phone #: \_\_\_\_\_

Student's Name (Nickname if applicable)	Grade in 21 - 22	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____

My financial responsibility - check the (3) appropriate boxes that apply to your family:

- I understand that all fees from the current school year must be current before I am eligible to enroll for the upcoming school year. Any fees paid will be applied to your prior balance first.
- I understand that Registration Fees are to be paid separately from my monthly tuition / tithing commitment. Registration are non-refundable.
- We are a tuition family and understand that our Smart Tuition Account will automatically be rolled over for the 2021-2022 school year. [www.enrollwithsmart.com](http://www.enrollwithsmart.com). The first payment will be withdrawn on August 1, 2021. General Enrollment Instructions are included in this packet.

**- OR -**

- We are a tithing family and are registered members of St. Patrick Parish. We have a tithing history of 6 months or more. As tithing members of St. Patrick, we are signed up for online giving <https://www.shelbygiving.com/app/giving/stpatrickkcmo>

**What is the "Registration Deposit Fee"?** This deposit of **\$200 per family** is a flat fee to be paid and submitted with your registration paperwork by **February 26, 2021** to secure your place for next year. This is a flat fee PER FAMILY that is non-refundable as are all registration fees. Your registration balance will depend on the number of K - 8 students that you have enrolled at St. Patrick.

**2020-2021 Registration Fee Schedule**

Registration Opens 2/17/21 (A PDF will be emailed to you on this day; a hard copy will be sent home on Friday 2/19/21).		1 child (\$1000 full fee)	2 children (\$1500 payment in full)	3 or more children (\$2000 payment in full)
Registration Deposit & Paperwork Due:	February 26, 2021	\$200.00 Per Family	\$200.00 Per Family	\$200.00 Per Family
*Registration Balance for 2021-2022 Due:	June 25, 2021	\$800	\$1,300	\$1,800
Late Enrollment Fee Applies After:	June 1, 2020	\$250	\$250	\$250

**2021-2022 Tuition Fees per year:**

1 child	2 children	3 or more children
\$5,100	\$8,200	\$9,900

**Optional Fees**

We also have other **optional fees** that vary and are not included in our Registration Family Fees

- ❖ Hot Lunch
- ❖ Yearbook
- ❖ Extra Curricular Clubs
- ❖ Parochial League Sports
- ❖ Spirit Wear

**I've logged in to Sycamore Education <https://app.sycamoreschool.com> and have updated/confirmed:**

- My family information
- My student/s information
- I've included a minimum of (1) Emergency Contact including Name, Relationship, and Phone Number.
- I've updated who is allowed to pick up my child.
- If applicable, Medical Alerts have been updated in Sycamore Education and an Emergency Care Plan is on file with the school office.

**I've read, initialed, and signed:**

- |   |  |
|---|--|
| <input type="checkbox"/> Family Covenant                  | <input type="checkbox"/> Permission to Photograph / Record                       |
| <input type="checkbox"/> School Handbook                  | <input type="checkbox"/> Internet / Technology Access                            |
| <input type="checkbox"/> Fundraising Commitment or Buyout | <input type="checkbox"/> Electronic Contact with Minors Policy                   |
| <input type="checkbox"/> Parent Volunteer Requirements    | <input type="checkbox"/> Exchange of Custody for EDP and After School Activities |
| <input type="checkbox"/> Covid Waiver                     |  |

Parent / Guardian Signarure: \_\_\_\_\_  
Student/s Name/s (please print) \_\_\_\_\_

**THE DIOCESE OF KANSAS CITY-ST. JOSEPH  
ST. PATRICK SCHOOL/ECC/EDP  
Please Read, Initial, and Sign**

\_\_\_\_\_ **A FAMILY COVENANT**

This Covenant agreement represents our commitment to collaborate with the work of the Catholic school in the spiritual formation of our children. As the first teachers of our children in faith, we hereby accept responsibility to support Church teaching in the school, and see that our children attend and participate in church services every week.

For Catholics this Covenant is an agreement to participate in the Holy Sacrifice of the Mass, on all Sundays (Weekends) and Holy Days.

For non-Catholics this Covenant is an agreement to attend weekly church services in your denomination.

We acknowledge that the teachers are also pledged to this Catholic/Christian commitment. Because the partnership of parents and teachers in the formation of children is so important, we accept the family covenant for church attendance as a way of honoring the third commandment, as an extension of our baptismal vows, and as essential for the spiritual formation of our children.

\_\_\_\_\_ **ST. PATRICK SCHOOL/ECC FAMILY HANDBOOK**

As parent/guardian of a student that attends St. Patrick School, I agree to read an online copy of the Family Handbook, discuss its contents with my student/s, and abide by the policies of the school.

\_\_\_\_\_ **INTERNET / TECHNOLOGY ACCESS**

I hereby grant permission for my son/daughter to have access to technology at school, including the Internet, provided there is authorized adult supervision. (The complete technology use policy is available on the school website at [www.stpatrickkc.com](http://www.stpatrickkc.com).)

\_\_\_\_\_ **FUNDRAISING COMMITMENT**

I also understand that each family commits to sell/solicit a minimum of \$400 in fundraising items. **Families can buy out of the fundraising for \$500 due with final registration.** Each family **also** attempts to sell/buy a minimum of \$200 per month in scrip gift cards per school year.

\_\_\_\_\_ **PARENT VOLUNTEER REQUIREMENTS**

I agree to attend a "Protecting God's Children" workshop and provide a copy of my certificate to the school/ECC office. For a list of available classes visit: [www.kcsj catholic.org](http://www.kcsj catholic.org) At the bottom of this page select: Offices / Child and Youth Protection / Training / Virtus Protecting God's Children for Adults / Click to register for upcoming workshops.

Please contact our Safe Environment Coordinator, Mrs. Becky Orr, at 816-453-0971 x123 for assistance.

**NOTE:** If you have already complied w/ VOLUNTEER REQUIREMENTS, please initial, sign, and date.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**THE DIOCESE OF KANSAS CITY-ST. JOSEPH**  
**ST. PATRICK SCHOOL/ECC/EDP**  
**Please Read, Initial, and Sign**

\_\_\_\_\_ **CONSENT FOR USE OF PHOTOGRAPHS & SIMILAR RECORDINGS**

I hereby grant permission to Saint Patrick School for my child to be included in photographs, images, videos, social media and other recordings (collectively, "photographs") made in connection with the school, center, parish, or diocese. I also grant the right to use, publish, exhibit or distribute such photographs for purposes of advertising, promoting or marketing the school, parish, center, and diocese. I understand that I have no copyright interest in such photographs, and that the school need not obtain any further approval from me to use the photographs.

\_\_\_\_\_ **ELECTRONIC CONTACT WITH MINORS**

All Saint Patrick School employees are prohibited from initiating or responding to phone calls, texts, social media, or other electronic communications to/from a student. Students in grades 4 – 8 may use the parent approved school email account to submit essays and projects to teachers via the teacher's school email account.

Employees are not allowed to befriend a student on Facebook (or other social media), and are discouraged from sharing personal information with parents/guardians of students on social media websites.

In all matters, teachers and school staff will only communicate with parents/guardians of our students. This policy is intended to help ensure the safety and security of all of our students and employees.

Your initial will indicate your knowledge and respect for the above policy.

\_\_\_\_\_ **EXCHANGE OF CUSTODY FOR EDP AND AFTER SCHOOL ACTIVITIES**

We understand that there could be an emergency in which you might have to leave your child at school past the 3:15 PM pick up time, after clubs or sport hours. In order for the school personnel to leave students with the Extended Day Program (EDP) staff, we must be sure we have a proper "exchange of custody" between you, the school, and EDP. To satisfy this requirement, we will need you to sign the agreements for drop in care and fill out an updated emergency contact sheet each year.

If your child has a situation in which they need EDP after school, practice, or a club, the drop in fee will be \$15 each incident. If a child exceeds dropping in more than 5 times, a \$75 registration fee will be incurred and the drop in fee will change to \$10 per day.

If your child needs care, they will be signed in by the club coordinator or coach and then you must sign them out when you pick up. EDP is located in Room 4 of the ECC. I understand the EDP closes at 6:00 PM and I will be charged \$5 for every 5 minutes I am late in addition to the \$15 charge for drop in care.

Fees will be billed at the end of the month and prompt payment is due the 1st Monday of the month. Payment will also be accepted on the same day you pick up from the EDP.

Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

## SMART TUITION GENERAL ENROLLMENT INSTRUCTIONS

Your School has partnered with Smart Tuition to service your child's tuition account. To enroll online, please follow the instructions below:

### 1. ONLINE ENROLLMENT

Visit: [www.enrollwithsmart.com](http://www.enrollwithsmart.com)

### 2. WELCOME TO ENROLL WITH SMART

Click on the blue box, Create a New Account.

### 3. FIND YOUR SCHOOL

Enter your school's name in the search box. Make your selection by clicking the green circle. Our school ID is 11241

### 4. SECTION 1 – WHO WILL PAY?

Enter the parent, guardian, or bill payer's contact information. Please provide your mobile number and email address as Smart Tuition regularly communicates important information about your account via text message and email.

### 5. SECTION 2 – WHO WILL ATTEND?

Enter the names and grades of the children who will attend the school. If you already have a child in this school with a Smart Tuition account, simply add any additional children to your existing account by going to [enrollwithsmart.com](http://enrollwithsmart.com) and enter your current account information under I Have A Smart Account.

### 6. SECTION 3 – HOW & WHEN TO PAY?

Review the payment plans offered by your school and choose one. The payment plans listed are selected by your school and cannot be changed by Smart Tuition. Select your preferred payment method and due date from the options offered by your school.

### 7. SECTION 4 – SUBMIT

Review Smart Tuition's terms and conditions. Click SUBMIT ENROLLMENT to complete your online enrollment.

### REGISTRATION APPLICATION SUCCESSFUL

You will receive a confirmation page with your Smart Tuition Family ID. Your school will then review your enrollment, and once complete, you will receive confirmation from Smart Tuition.

### ACCOUNT ACTIVATION

Once your school has reviewed and activated your account, you will receive an email with login instructions.

To view your balance, make payments, update your personal information, or chat with a live representative, access your Smart Tuition account at [parent.smarttuition.com](http://parent.smarttuition.com).

The Smart Tuition program manages tuition payments and follows the policies established at the school. Decisions regarding tuition amounts, tuition aid, scholarships, and all other tuition related items are made by your school.

We look forward to working with you and your family this year! Our Parent Contact Center is available 24 hours per day. Families can access their accounts to check balances and make payments. Call us at (888) 868-8828.



**SMART TUITION™**

## Frequently Asked Questions (K-8):

1. **Is there a benefit if I pay my Registration Fee in full?** Yes! Anyone who chooses to pay the Registration & Family Fees **in full by February 26, 2021** will receive a **\$200 discount** on the total registration fees.

## 2. What additional fees are **NOT** included in our Registration & Family Fees?

- \$30.00 PTO Fee - Payable to St. Patrick PTO; paid separate from Registration Due by 8/09/21
- \$50.00 Beverage Fee per child. May be included with Registration Fee \*

- Field Trips (as needed)
- School Supplies (list will available in June 2021)
- Uniforms (as needed)
- Fundraising Commitment or Buyout
- Before and/or After School Care (If needed).

### Optional Fees:

- Hot Lunch
- Yearbook
- Extra Curricular Clubs
- Parochial League Sports
- Spirit Wear

## 3. What fees may I pay online?

We ask that the Registration & Family Fees are paid by check, cash or money order, at this time.

We currently offer an the following online payment options:

- Online ordering and payment for our Hot Lunch Program is available through Sycamore Education: <https://app.sycamoreschool.com/index.php?schoolid=1065>
- Parish Tithing: <https://www.shelbygiving.com/app/giving/stpatrickkcmo>
- Smart Tuition: [www.enrollwithsmart.com](http://www.enrollwithsmart.com)

Questions? Contact us: [Info@StPatrickKC.com](mailto:Info@StPatrickKC.com) / 816-453-0971

Finance Coordinator Mrs. Robin Lamb x219  
[LambRobin@Rocketmail.com](mailto:LambRobin@Rocketmail.com)

School Office Mrs. Tonie Eads x110  
[TEads@StPatrickKC.com](mailto:TEads@StPatrickKC.com)

School Office Mrs. Lisa Angotti x114 (7:30 - Noon)  
[LAngotti@StPatrickKC.com](mailto:LAngotti@StPatrickKC.com)

ECC Ms. Lilly Winkeljohn x116  
Before & After School Care [LWinkeljohn@StPatrickKC.com](mailto:LWinkeljohn@StPatrickKC.com)

**St. Patrick Student Enrollment Form for 2021-2022 School Year**  
**Please complete this form for each child enrolled in grades K - 8**

Student First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Legal Last Name \_\_\_\_\_ :

Goes By: \_\_\_\_\_ Family Last Name, if different from student: \_\_\_\_\_

Student Birth Date: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Gender:  Male  Female

Previous school attended, if applicable: \_\_\_\_\_

Public School & District for student's address: \_\_\_\_\_

Does student have a current IEP?  Yes  No If yes, we will need a copy for our records.

Student Racial/Ethnic Heritage: (Please complete information)

Ethnicity—Please check one:  Hispanic/Latino  Not Hispanic/Latino Race

Please check all that apply:  American Indian or Alaska Native  Asian  Pacific Islander  Black or African American  White (Selecting two or more denotes multi-racial)

**Medical Information**

Medication this student takes (name, dosage, and frequency): \_\_\_\_\_

List health issues for this student here:  
\_\_\_\_\_  
\_\_\_\_\_

List Allergies for this student here: \_\_\_\_\_

Practicing Catholic  Yes  No If yes, Current Parish \_\_\_\_\_

If student is Catholic, please provide the following information if you have not previously submitted it:

Baptism Date: \_\_\_\_\_ Parish: \_\_\_\_\_

First Reconciliation Date: \_\_\_\_\_ Parish: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Confirmation Date, if applicable: \_\_\_\_\_ Parish: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**ST. PATRICK STUDENT EMERGENCY CONTACT FORM**

I am opting to update this information in Sycamore Education and understand that it's in my child's best interest for St. Patrick School to have the most current contact information on file.

PLEASE PRINT LEGIBLY

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address (if different from Child's) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_ to \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address (if different from Child's) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_ to \_\_\_\_\_

**EMERGENCY CONTACTS OTHER THAN PARENT OR DOCTOR**

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**PERSON(S) AUTHORIZED TO PICK UP (other than Parent or Emergency Contacts)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I understand that I will be notified at once in the case of an accident or illness to my child and I will make arrangements for medical care for my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements or in a critical emergency requiring medical care, I hereby authorize:

St. Patrick School/ECC/EDP  
Center/School Name

To contact 911 for emergency medical treatment of my child, my preferred hospital(s) are:

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS**

List any allergies, special medical conditions, including chronic health problems, special medications and/or restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Waiver of Liability Relating to Coronavirus/COVID-19

Student Name: \_\_\_\_\_

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

While St. Patrick School and ECC have implemented preventative measures, it cannot guarantee that you or your child(ren) will not be exposed to, contract, or spread COVID-19 while attending School's services or are present on School's premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize school's services and/or enter onto School's premises, you and family members may be exposed to and/or increase the risk of contracting or spreading COVID-19.

**ASSUMPTION OF RISK:** I have read and understand the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize school's services and enter school's premises. These services are of such value to me and/or to my children, that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize School's services and premises in person.

**WAIVER OF LAWSUIT/LIABILITY:** I hereby forever release and waive my right to bring suit against School and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing School's services and premises. I understand that this waiver means I give up my right and children's right to bring any claims, including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

**CHOICE OF LAW:** I understand and agree that the law of the State of Missouri will apply to this contract.

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE AND ATTACHED ACKNOWLEDGEMENT, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:**

Acknowledgement

While School has put in place preventative measures to reduce the spread of COVID-19, School cannot prevent that program participants or staff members may contract COVID-19.

I acknowledge and accept it is my responsibility to monitor my child's health each day prior to their participation in programs at school, including but not limited to taking their temperature daily, and keep them home if they exhibit any symptoms of COVID-19.

If my child or a family member with whom my child resides is diagnosed as infected with COVID-19, I agree to immediately notify the director of any program in which my child is participating in at School and I agree that information will be provided to those individuals who may have been exposed.

I likewise commit to educate and encourage my child to comply with social distancing requirements to promote the health and well-being of my child and others.

I understand if it is determined a staff member or participant of *any program* occurring at school is infected with COVID-19, school will be required to suspend, delay or terminate all programs occurring at school for such period of time as necessary to clean and disinfect exposed areas of School.

I likewise understand programs may be suspended, delayed or terminated due to increased occurrences of COVID-19 in the community.

I understand significant costs are incurred by School to develop and staff programs. I understand fees paid in advance of my child(s) participation in programs at School may not be refunded.

Any refund or reduction in fees due to any occurrence related to COVID-19 is the sole discretion of program directors at School.

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

# St. Patrick Extended Day Program Fee Registration



Please check the applicable box below, sign and return to the school office with registration fee.

- Annual non-refundable registration fee per family: \$100 or \$150 with 2 or more children; after Labor Day late registration fee \$175
- Morning Care Only(6:30-7:30 AM): \$35 weekly [circle days M T W Th F]
- After Care Only (3:15-6:00PM): \$150/month [Monday - Friday]
- Before and After Care : 160/month [Monday-Friday] Includes noon dismissal days EDP is open and full days with the exception of Spring Break week and Thanksgiving MT. (Families choosing this option will be billed at an additional \$7/day on these days added.)
- Drop in EDP care - Space available care only - must be registered with forms on file and registration fees paid in advance. Payment for the day is due by that day. RSVP the Friday BEFORE the week you need care.

Drop in afternoon - \$15 per student per day

Noon dismissal - \$25 per student per day

Full Day - \$35 per student per day

A 10% EDP discount is given to families with 2 or more students or siblings enrolled in ECC.

ALL school registration forms and releases will be duplicated and put on file for EDP as part of the EDP registration. This includes the Emergency form.

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fill out a separate form for each child