



# APPLICATION FOR ENROLLMENT

## Preschool 2023- 2024

**1. Complete applications are required for both new and returning students.**

- Complete Application Packet with wet (not digital) signatures
- Complete State of Arizona Emergency Form
- Complete Payment Authorization form
- Attach a copy of birth certificate (new students only)
- Attach a copy of most recent immunization records
- Pay registration fee

**2. Classroom Placement**

Children will be assigned a classroom based with careful consideration on their age and development skills. Students in the 3's classroom, 4's classroom, Pre-K, and Kinder are required by the state of Arizona to be completely potty-trained and independent in going to the bathroom with no assistance required.

**3. Billing**

Billing statements are emailed by the first of the month. Tuition is due by the 20<sup>th</sup> of each month. It is your responsibility to ensure payment is on time and correct payment method is on file. Hot Lunch is billed separately. A \$30 late fee will be charged for remaining balances on the 21<sup>st</sup> of each month. Billing questions may be emailed to [billing@gatempe.org](mailto:billing@gatempe.org)

# ENROLLMENT APPLICATION

## Preschool 2023-2024

FAMILY INFORMATION				
Child's Last Name:		First Name:		Middle Name:
Date of Birth:	Gender:	Ethnicity:	Potty Trained Y/N?	Nap Y/N?
Parent/Guardian Last Name:	Parent/Guardian First Name:	R/ship to Child:	Marital Status:	Employer/Occupation:
Parent/Guardian Last Name:	Parent/Guardian First Name:	R/ship to Child:	Marital Status:	Employer/Occupation:
Sibling Name:	Age:	School Attending:		
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SCHOOL INFORMATION			
Intended Start Date:	Tshirt Size- Circle one: 2T, 3T, YXS, YSM	Last School Attended:	
Intended Schedule for 2023-2024 (Circle One)			
Full Day Options:	5 Full Days: Monday-Friday 7:00-5:30pm	3 Full Days: Monday/Wed/Friday 7:00-5:30pm	2 Full Days: Tuesday/Thursday 7:00-5:30pm
Half Day Options:	5 Half Days: Monday-Friday 8:30-11:30am or 1:00 - 4:00pm	3 Half Days: Monday/Wed/Friday 8:30-11:30am or 1:00 - 4:00pm	2 Half Days: Tuesday/Thursday 8:30-11:30am or 1:00 - 4:00pm
Half Days with -Lunch Bunch Option: (eat lunch with pick-up time at 12:30)	5 Half Days: Monday-Friday 8:30-12:30pm	3 Half Days: Monday/Wed/Friday 8:30-12:30pm	2 Half Days: Tuesday/Thursday 8:30-12:30pm

CHURCH INFORMATION	
Church Home:	Are you Active? (Yes/No)

Pastor Signature to confirm "active" status at Gethsemane Church:	Is your student Baptized? Yes/No	Date of Baptism if known:

<b>PARENT CONSENT</b>
<p>In the event of an emergency I give permission to GCA to seek medical attention as deemed necessary.</p> <p>Parent/Guardian Initials_____</p>
<p>I give permission for my child to participate in all school activities involving church services, concerts, and special activities.</p> <p>Parent/Guardian Initials_____</p>
<p>I give permission for my child to be photographed and videoed to show the good works being done at GCA via social media, website, and other media outlets.</p> <p>Parent/Guardian Initials_____</p>
<p>Who referred you to Gethsemane/how did you hear about us?</p>

<b>FINANCIAL AGREEMENT</b>
<p>The registration fee of \$170 must be paid at the time of registration. This fee will reserve a place for your child. Formal admittance will not be given until the enrollment application, fee, payment authorization form, birth certificate, and immunization records are received.</p> <p>Parent/Guardian Initials_____</p>
<p>Tuition is due in full regardless of attendance. There are no "makeup days" due to illness or absence. The tuition is based on the GCA schedule in which the student is enrolled. School breaks such as Christmas, Easter, Fall Break, School Break, Summer Break and other declared holidays are not included in this total. Daycare for school breaks is available at an additional charge. Tuition for preschool is an annual rate and parents/guardians are given the option to pay in 10 monthly installments as a convenience.</p> <p>Parent/Guardian Initials_____</p>
<p>All payments should be made to GCA (Gethsemane Christian Academy) and may be dropped off in the school office if paying by check. If payment isn't received by the 21<sup>st</sup> of the month, GCA will charge the payment on file. Payments not received by the 20<sup>th</sup> of the month are considered delinquent and a \$30.00 late fee will be charged.</p> <p>I/we understand that statements will be sent electronically and it is our responsibility to check email account for invoices and ensure current email address is on file.</p> <p>Parent/Guardian Initials_____</p>

I/we agree to pay tuition according to the following method (please check one):

Annual: Our family will pre-pay the entire tuition on or before July 1<sup>st</sup> (5% discount on net tuition due)

Monthly: Our family will pay tuition on a monthly basis for 10 months due on or before the 20<sup>th</sup>

of each month starting August 1<sup>st</sup> and ending May 1<sup>st</sup>.

\*All payments made with a credit card will be assessed a 3% convenience fee

I/we agree to pay lunch and any other incidental charged that may be incurred. Late fees may apply.

I/we understand that if my account is 30 days past due, the bill must be paid or satisfactory arrangements made within 30 days. If a financial arrangement is not made within 30 days (60 days overdue) my child may be dismissed from the school. No student may be enrolled in the school unless past accounts are brought current or arrangements are made with the administrator.

Parent/Guardian Initials\_\_\_\_\_

#### WITHDRAWAL NOTICE

I/we understand in order to withdrawal my child from GCA, I must submit a letter to the school office stating withdrawal date and reason for withdrawal. Tuition is due as long as the child is registered at the school. Full payment is due for any month the child is in attendance.

Parent/Guardian Initials\_\_\_\_\_

#### COMMITMENTS

I/we agree to cooperate with the administration and school staff in support of the preschool, kindergarten programs, policies, and procedures

I/we agree to support GCA by volunteering 10 hours per year per family or pay a \$100 non-participation fee.

Parent/Guardian Initials\_\_\_\_\_

The signing of this agreement constitutes a contract to abide by the rules and regulations of the school as established by Gethsemane Church and Academy.

I/we, the parents of \_\_\_\_\_, do hereby agree to the commitments as stated on this form.  
Student Name

Father/Guardian \_\_\_\_\_  
Printed Name Signature Date

Mother/Guardian \_\_\_\_\_  
Printed Name Signature Date



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Email:</b>	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Email:</b>	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
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Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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## PAYMENT AUTHORIZATION FORM

**required for all enrollments**

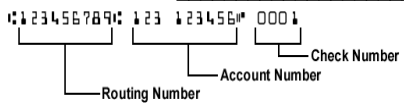
Name of student: \_\_\_\_\_

Last Name	First Name	
Address		
City	State	Zip
Email	Phone Number	

**Tuition Payment Plan** (please check one):

- 10 Month Plan (Aug through May)    
  2 Semester Plan (Aug and Jan)    
  Annual Plan (July, qualifies for 5% discount)

<b>Date of first payment:</b> ____ / ____ / ____ (mm/dd/yy)	<b>Monthly payments will be charged on the 20th of each month, or the business day before if the 20th falls on a weekend.</b>	<b>Amount of first payment:</b> \$ _____
<b>Date of last payment (optional):</b> ____ / ____ / ____		<b>Amount of ongoing payment:</b> \$ _____
		<b>Amount of last payment (optional):</b> \$ _____

<b>CHECKING / SAVINGS</b>	Please debit payments from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized Signature: _____ Date: _____		

<b>CREDIT / DEBIT CARD*</b>	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	Card Number: _____ Expiration Date: _____ CCV: _____
	Name on Card: _____
	Billing Address (if different from above): _____
	I authorize the above organization to process transactions in accordance with the information above.
Signature (as it appears on the card): _____ Date: _____	

***If using a checking account, please attach a voided check over the credit/debit card section above***  
***\*3% convenience fee added to all credit/debit card transactions.***





<b>2's Programs</b>	<b>Days</b>	<b>Times</b>	<b>Cost</b>	<b>Add Lunch Bunch 830a to 1230p</b>
5 Full Days	Monday-Friday	7a to 530p	\$1,133	
5 Half Days	Monday-Friday	830a to 1130a	\$660	\$820, plus lunch \$4/day
3 Full Days	Monday/Wednesday/Friday	7a to 530p	\$722	
3 Half Days	Monday/Wednesday/Friday	830a to 1130a	\$412	\$508, plus lunch \$4/day
2 Full Days	Tuesday/Thursday	7a to 530p	\$520	
2 Half Days	Tuesday/Thursday	830a to 1130a	\$294	\$358, plus lunch \$4/day
<b>3's and 4's Programs</b>	<b>Days</b>	<b>Times</b>	<b>Cost</b>	<b>Add Lunch Bunch 830a to 1230p</b>
5 Full Days	Monday-Friday	7a to 530p	\$1,040	
5 Half Days	Monday-Friday	830a to 1130a or 1p to 4p	\$555	\$715, plus lunch \$4/day
3 Full Days	Monday/Wednesday/Friday	7a to 530p	\$670	
3 Half Days	Monday/Wednesday/Friday	830a to 1130a or 1p to 4p	\$388	\$484, plus lunch \$4/day
2 Full Days	Tuesday/Thursday	7a to 530p	\$450	
2 Half Days	Tuesday/Thursday	830a to 1130a or 1p to 4p	\$258	\$322, plus lunch \$4/day
<b>4's Kindergarten Readiness Program</b>	<b>Days</b>	<b>Times</b>	<b>Cost</b>	<b>Includes extended care</b>
5 Days	Monday-Friday	830a to 230p	\$1,040	7a to 530p

\$170 Registration Fee due at time of enrollment. Preschool calendar follows a school calendar. Tuition is payable for 10 months. There are no discounts for holidays, school breaks, or illness. **School breaks are only included for 5 Full Day students, additional fees apply for students with part time schedules.**

<b>Kindergarten</b>	<b>Cost – Annual</b>	<b>Prepayment</b>	<b>Balance</b>	<b>Monthly Charge</b>	<b>Add Extended Care 7a to 530p</b>
830a to 230p	\$9,750	\$250	\$9,500	\$950	\$200/month

\$250 Prepayment due at time of enrollment. Prepayment is eligible to be paid by an STO. Monthly tuition is payable for 10 months, August through May.

**FAMILY DISCOUNTS on TUITION**

Gethsemane Church Member - 10% if enrolled by 4/1/23  
 To be approved by Senior Pastor of Gethsemane Church  
 Family must be "active" members of Gethsemane Church  
 1<sup>st</sup> Child - Regular Price  
 2<sup>nd</sup> Child + - 10% if enrolled by 4/1/23  
 Family is only eligible for one discount, not stackable  
**Early Payment Discount:**  
 5% Discount on net amount due if paid by July 1, 2023  
**Cash (ACH) or Check Only**

**MISCELLANEOUS FEES**

Before School Care (700a – 8a) \$ 8 hour  
 After School Care (330p – 530p) \$ 8 hour  
 Lunch Fee \$ 4 per lunch  
 Daycare over School Breaks - \$25 half/\$45 full per day  
**(Daycare over breaks is not included for preschool part time)**

All payments due the 20<sup>th</sup> of the month  
 \$30 late fee for any outstanding balance after the 20<sup>th</sup>  
 \$30 fee charged for any returned checks

Refunds at the discretion of Gethsemane  
 There are no "makeup" days for illness or absence



## 2023-2024 Key Dates

July 28, July 31<sup>st</sup>, August 1<sup>st</sup> | Teacher Work days – SCHOOL CLOSED

August 2<sup>nd</sup> | First Day of School

September 4<sup>th</sup> | Labor Day, SCHOOL CLOSED

October 9<sup>th</sup>-13<sup>th</sup> | Fall Break, SCHOOL CLOSED, Open for Daycare

November 20<sup>th</sup>-21<sup>st</sup> | Thanksgiving Break, SCHOOL CLOSED, Open for Daycare

November 22<sup>nd</sup>-24<sup>th</sup> | SCHOOL CLOSED

December 22<sup>nd</sup> | Christmas Break Starts, School Closes at Noon

December 25<sup>th</sup>-January 1<sup>st</sup> | Christmas Break, SCHOOL CLOSED

January 2<sup>nd</sup>-January 5<sup>th</sup> | Christmas Break, SCHOOL CLOSED, Open for Daycare

January 8<sup>th</sup> | School Resumes

January 15<sup>th</sup> | MLK, SCHOOL CLOSED

February 19<sup>th</sup> | Presidents' Day, SCHOOL CLOSED

March 11<sup>th</sup>-15<sup>th</sup> | Spring Break, SCHOOL CLOSED, Open for Daycare

March 29<sup>th</sup>-April 1<sup>st</sup> | Easter Break, SCHOOL CLOSED

May 23<sup>rd</sup>- Kindergarten Graduation, Last day for Kindergarten

May 24<sup>th</sup>- Last Day of School, School closes at Noon