



APPLICATION FOR ENROLLMENT

Kindergarten 2023- 2024

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

- Complete State of Arizona Emergency Form
- Complete Application Packet with wet (not digital) signatures
- Complete Payment Authorization form
- Complete Maricopa County School Affidavit

2. Attachments

- Attach a copy of birth certificate (new students only)
- Attach a copy of most recent immunization records
- Attach Registration Fee and Initial Tuition Payment

3. Interview Process

Registration of new students is handled on an individual basis. Once a complete enrollment application is submitted, an interview will be scheduled between the parents and administration. The interview process is an excellent opportunity to get to know you better and for you to learn more about our school. To officially withdraw an application, you must send your request in writing to school administration.

4. Kindergarten- Kindergarteners must meet requirements established by administration

- Students entering Kindergarten must be 5 years of age by September 1st of the current year.
- Current Gethsemane Christian Academy Pre-School students will be tested for kindergarten readiness during school hours
- To be considered for early admittance parents must have recommendations from both the Kindergarten and preschool teacher

5. Billing

Billing statements are emailed by the first of the month. Tuition is due by the 20th 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 21st of each month. Billing questions may be emailed to billing@gatempe.org

ENROLLMENT APPLICATION

Kindergarten 2023-2024

FAMILY INFORMATION				
Child's Last Name:		First Name:		Middle Name:
Date of Birth:	Gender:	Ethnicity:		
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:		
Sibling Name:	Age:	School Attending:		
Sibling Name:	Age:	School Attending:		

SCHOOL INFORMATION		
	T-shirt Size- Circle one: Youth XS, Youth Small, Youth Medium	Last School Attended:
Intended Schedule for 2023-2024 (Circle One)		
School Day 8:30am-2:30pm	Extended Care Option, Additional \$200 a month. 7:00am-5:30pm *Daycare days covered	

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:

PARENT CONSENT
In the event of an emergency I give permission to GCA to seek medical attention as deemed necessary.
Parent/Guardian Initials_____

I give permission for my child to participate in all school activities involving church services, concerts, and special activities.

Parent/Guardian Initials_____

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.

Parent/Guardian Initials_____

Who referred you to Gethsemane/how did you hear about us?

FINANCIAL AGREEMENT

The registration fee of \$250 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.

Parent/Guardian Initials_____

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, Spring 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 Kindergarten is an annual rate and parents/guardians are given the option to pay in 10 monthly installments as a convenience.

Parent/Guardian Initials_____

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 21st of the month, GCA will charge the payment on file. Payments not received by the 20th of the month are considered delinquent and a \$30.00 late fee will be charged.

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.

Parent/Guardian Initials_____

I/we understand in order to utilize STO (School Tuition Organization) for scholarship recommendations I must have an application into ACSTO and School Choice Arizona by the end of July to ensure processing and availability of awards. Families are responsible for any tuition that is not covered by the STO groups.

Parent/Guardian Initials_____

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 1st. 5% discount on net tuition due.

Monthly: Our family will pay tuition on a monthly basis for 10 months due on or before the 20th of each month starting August 1st and ending May 1st.

*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

EXTENDED CARE PERMISSION FORM

Kindergarten 2023-2024

Every student who is enrolled at GCA is automatically enrolled in the extended program, whether the student ever attends the program or not. This policy enables GCA staff to check your child(ren) in and out of the before care program into the regular school day and into the aftercare program after school.

During morning care from 7:00-8:30am, students should be checked in this program by a parent or guardian. If you wish your child not to be checked into morning care, you must remain with him/her at all times prior to 8:30am. The same applies for aftercare. Students not picked up at dismissal will be accompanied by GCA staff to the aftercare program and signed in. Charges will apply for both morning and afternoon care services.

In order to meet state requirements, GCA required a signed permission slip from each GCA parent or guardian, authorizing GCA staff to sign your child into and out of before care and afternoon in the afternoon.

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 states on this form.
Student Name

Father/Guardian _____
Printed Name Signature Date

Mother/Guardian _____
Printed Name Signature Date

IMMUNIZATION REQUIREMENTS

Kindergarten 2023-2024

Proof of immunization is required by the Arizona Health Department for enrollment. If your child is entering GCA in August 2023, the following immunizations must be completed and on file in the school office BEFORE admitted to school.

Attach a copy of your child's official records with your application.

IMMUNIZATIONS
All students are required to have the following Vaccinations:
<ul style="list-style-type: none">➤ 5 DTPs➤ 4 OPVs➤ IPV➤ 2 MMRs➤ 3 Hep Bs➤ OR *4 DTPs and 3 OPV/IPVs are accepted if dose give on or after 4th birthday➤ Varicella vaccine or proof of child already having chicken pox➤ If your child started the Hep A series, please provide a copy of the 1st and 2nd immunization

DOCUMENTATION

House Bill #2295 went into effect on January 1, 1992 requiring all NEW school entrants to show VERIFIABLE DOCUMENTATION BEFORE the child can be admitted to school. The law pertains to ALL Arizona schools, both public and private.

Parental recall of dates and types of immunization received is not accepted. Acceptable, documented proof of immunizations includes:

- An immunization record book from any state, county, or country stamped and signed by Doctor
- A copy of an immunization record from a health agency or clinic
- Doctor record with a signature or clinic stamp
- On a paper with the clinic's or Doctor's letterhead

This documentation must show the date and type of dose administered. Copies of the above documented proofs of immunization are also acceptable. Exemption forms can be obtained from the school office.

If you do not have documentation of your child's immunizations, you may need to obtain laboratory evidence of immunity.

Again, it is mandatory that documented proof of immunizations is received before school begins. Failure to comply with this mandate will place the school in the position of being unable to allow your child into the classroom.

Questions may be directed to GCA at 480-839-0906 or info@gatemppe.org.



CDC/SGH# or name: _____

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

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

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

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

**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.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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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.

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

Name(s):

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 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

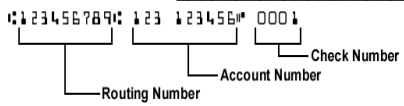
Name of student: _____

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)

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

CHECKING / SAVINGS	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: _____ Valid Routing # must start with 0, 1, 2, or 3 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: _____		

CREDIT / DEBIT CARD*	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.***

PRIVATE SCHOOL AFFIDAVIT OF INTENT
Steve Watson – Maricopa County School Superintendent

STUDENT NAME: _____ DATE OF BIRTH: _____
(LAST, FIRST, MIDDLE)

School District of Residence: _____ Previous School Attended: _____

PARENT/GUARDIAN INFORMATION:

NAME: _____ TELEPHONE NUMBER: _____

HOME ADDRESS: _____ CITY/STATE: _____ ZIP: _____

PRIVATE SCHOOL INFORMATION:

PRIVATE SCHOOL NAME: _____

ADDRESS OF SCHOOL _____ CITY: _____ ZIP: _____

ARIZONA STATE PRIVATE SCHOOL LAWS FOR REGISTRATION AS PRESCRIBED BY THE ARIZONA REVISED STATUTES:

15-802 A: Every child between the ages of six and sixteen years shall attend a school and shall be provided instruction in at least the subjects of reading, grammar, mathematics, social studies and science. The person who has custody of the child shall choose a public, private or charter school or a homeschool as defined in this section to provide instruction.

2. If the child will attend a private school or homeschool, file an affidavit of intent with the county school superintendent stating that the child is attending a regularly organized private school or is being provided with instruction in a homeschool. The affidavit of intent shall include:

- (a) The child's name.
- (b) The child's date of birth.
- (c) The current address of the school the child is attending.
- (d) The names, telephone numbers and addresses of the persons who currently have custody of the child.

AUTHORIZATION:

PARENT/GUARDIAN SIGNATURE: _____

Subscribed and sworn (or affirmed) before me this: _____ STATE OF: _____

_____ day of _____, 20_____. COUNTY OF: _____

NOTARY SIGNATURE: _____

NOTARY SEAL

Submit this form either by mail or in person to the Private School Services Division at the address listed on the bottom of this page.

2's Programs	Days	Times	Cost	Add Lunch Bunch 830a to 1230p
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
3's and 4's Programs	Days	Times	Cost	Add Lunch Bunch 830a to 1230p
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
4's Kindergarten Readiness Program	Days	Times	Cost	Includes extended care
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.**

Kindergarten	Cost - Annual	Prepayment	Balance	Monthly Charge	Add Extended Care 7a to 530p
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

Gethsemene Church Member - 10% if enrolled by 4/1/23
 To be approved by Senior Pastor of Gethsemene Church
 Family must be "active" members of Gethsemene Church 1st
 Child - Regular Price
 2nd 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 20th of the month
 \$30 late fee for any outstanding balance after the 20th
 \$30 fee charged for any returned checks

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



2023-2024 Key Dates

July 28, July 31st, August 1st | Teacher Work days – SCHOOL CLOSED

August 2nd | First Day of School

September 4th | Labor Day, SCHOOL CLOSED

October 9th-13th | Fall Break, SCHOOL CLOSED, Open for Daycare

November 20th-21st | Thanksgiving Break, SCHOOL CLOSED, Open for Daycare

November 22nd-24th | SCHOOL CLOSED

December 22nd | Christmas Break Starts, School Closes at Noon

December 25th-January 1st | Christmas Break, SCHOOL CLOSED

January 2nd-January 5th | Christmas Break, SCHOOL CLOSED, Open for Daycare

January 8th | School Resumes

January 15th | MLK, SCHOOL CLOSED

February 19th | Presidents' Day, SCHOOL CLOSED

March 11th-15th | Spring Break, SCHOOL CLOSED, Open for Daycare

March 29th-April 1st | Easter Break, SCHOOL CLOSED

May 23rd- Kindergarten Graduation, Last day for Kindergarten

May 24th- Last Day of School, School closes at Noon.