



APPLICATION FOR ENROLLMENT

Kindergarten 2024- 2025

1. Complete applications are required for both new and returning students. Please use the following checklist to confirm your application is complete before submitting.
 - o Completed State of Arizona Emergency Form
 - o Completed Application Packet with wet (not digital) signatures
 - o Completed Payment Authorization form
 - o Completed Maricopa County School Affidavit

Parent/Guardian Initials _____

2. Please attach the following documents with your application. These are required before your child can start.
 - o A copy of birth certificate (new students only)
 - o A copy of most recent immunization records
 - o Check with Registration Fee

Parent/Guardian Initials _____

3. Kindergarten Requirements.

- o An interview and/or tour is required. This is an excellent opportunity to get to know you better and for you to learn more about our school.
- o Students entering Kindergarten must be 5 years of age by September 1st of the current year or be interviewed by administration and pass a Kindergarten readiness test.
- o To officially withdraw an application, you must send your request in writing to school administration 30 days in advance.

Parent/Guardian Initials _____

4. 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.

Parent/Guardian Initials _____

ENROLLMENT APPLICATION

Kindergarten 2024-2025

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:		

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:

SCHOOL INFORMATION			
Intended Schedule for 2024-2025 Please Circle if you are adding Before Care or After Care			
Full day 8:30-3:00pm	Add Before Care 7:00-8:30am	Add After Care 3:00-5:30pm	Add Before Care & After Care 7:00-8:30am and 3:00-5:30pm
Intended Start Date:	Tshirt Size- Circle one: 2T, 3T, YXS, YSM	Last School Attended:	

Information you would like us to know about your child (food concerns/restrictions, behaviors, medical info, family dynamics, etc.)

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 filmed 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 \$260 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 Winter, Easter, Fall Break, Spring Break, Summer, 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 understand I will pick up my child by the designated time of enrollment: 3:00pm for full days, or 5:30pm for after care. I will pay a late fee of \$1 per minute after the scheduled pick-up time.

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 charges 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 the school budget is based on the student count at the start of the year. I/we understand in order to withdraw my child from GCA, I must submit a letter 30 days in advance to the school office stating withdrawal date and reason for withdrawal. Full monthly tuition is due for any days the child is enrolled even if the child withdraws mid-month.

Parent/Guardian Initials_____

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 2024-2025

Proof of immunization is required by the Arizona Health Department for enrollment. 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:

- 3 HepB- Hepatitis B
- 3 RV*- Rotavirus
- 5 DTaP- Diphtheria, Pertussis, & Tetanus
- 4 Hib*- Haemophilus influenza type b
- 4 PCV 13, PCV 15- Pneumococcal disease
- 4 IPV- Polio
- 2 MMR- Measles, Mumps, and Rubella
- 2 Varicella-Chickenpox
- 2 HepA- Hepatitis A

*Administering a third dose of RV and Hib depends on the brand of Hib or rotavirus vaccine used for previous dose.

*CDC recommends a COVID-19 vaccine, doses recommended depends on your child's age and type of vaccine used.

*CDC recommends 1-2 doses yearly of the flu vaccine

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.



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):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	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

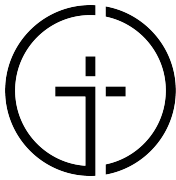
Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
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 If yes, list precautions:
Additional comments:
Other special instructions:

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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GETHSEMANE CHRISTIAN ACADEMY

PAYMENT AUTHORIZATION FORM

required for all enrollments

Name of student: _____

Last Name	First Name
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Address

City	State	Zip
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Email	Phone Number
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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.**

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.

4041 N. Central Avenue, Ste. 1200, Phoenix AZ 85012 • Phone 602-506-3866 • Fax 602-506-3753
Private School Hotline 602-506-3144



2024 - 2025 TUITION RATES

Kindergarten	Annual Tuition	Base Monthly Tuition	Schedule + Before Care 7:00-8:30	Tuition with Before Care	Schedule + After Care 3:00-5:30	Tuition with After Care	Schedule + Before Care & After Care	Tuition with Before Care and After Care
Monday- Friday 830-300p	\$10,000	\$1,000	700 to 300p	+\$100 = \$1100	830 to 5:30p	+\$200 = \$1200	700-530p	+\$300 = \$1300

\$260 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. School breaks are not included in tuition and additional fees will apply.

FAMILY DISCOUNTS on TUITION
 Gethsemane Church Member - 10% if enrolled by 4/1/24
 To be approved by Senior Pastor of Gethsemane Church
 Family must be "active" members of Gethsemane Church
 1st Child - Regular Price
 2nd Child + - 10% if enrolled by 4/1/24
 Family is only eligible for one discount, not stackable
Early Payment Discount:
 5% Discount on net amount due if paid by July 1, 2024
Cash (ACH) or Check Only

MISCELLANEOUS FEES
 Hot Lunch-prepaid \$ 4.25 per lunch
 Hot Lunch- day of \$5.75 per lunch
 Late Fee Pick-up \$1.00 per minute
 Daycare over School Breaks \$30 half/\$50 full per day
Daycare over breaks is not included for preschool part time or Kindergarten.
 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 or chargebacks
 Refunds at the discretion of Gethsemane.
 There are no "makeup" days for illness or absence.

2024 - 2025 Gethsemane Christian Academy Academic Calendar

July 2024						
S	M	T	W	T	F	S
	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			

July						
4 & 5 4th of July - No School or Daycare						

January 2025						
S	M	T	W	T	F	S
			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	

January						
1 New Year - No School or Daycare						
2-3 Winter Break - Daycare Only						
6 School Resumes						
20 MLK - No School or Daycare						
20 MLK- Teacher In-Service Day						

August 2024						
S	M	T	W	T	F	S
				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

August						
2 Teacher Work Day - No School or Daycare						
5-6 Teacher Work Days - No School or Daycare						
5 Meet the Teacher Night						
7 First Day of School						
29 Back to School Night						

February 2025						
S	M	T	W	T	F	S
						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	

February						
17 Presidents Day - No School or Daycare						

September 2024						
S	M	T	W	T	F	S
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					

September						
2 Labor Day - No School or Daycare						

March 2025						
S	M	T	W	T	F	S
						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					

March						
10-14 Spring Break - Daycare Only						

October 2024						
S	M	T	W	T	F	S
		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		

October						
7-11 Fall Break - Daycare Only						
23-25 Parent Teacher Conferences						

April 2025						
S	M	T	W	T	F	S
		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			

April						
9-11 Parent Teacher Conferences						
18 Good Friday - No School or Daycare						
21 Easter Monday - No School or Daycare						

November 2024						
S	M	T	W	T	F	S
					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

November						
11 Veterans Day - No School or Daycare						
11 Teacher In-Service Day						
25-26 Thanksgiving Break - Daycare Only						
27-29 Thanksgiving Break - No School or Daycare						

May 2025						
S	M	T	W	T	F	S
				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

May						
22 Kindergarten Graduation - Last Day for Kindergarten						
23 Last Day of School, School Closes at Noon						
26 Memorial Day - No School or Daycare						

December 2024						
S	M	T	W	T	F	S
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				

December						
20 Early Dismissal at Noon						
23-27 Christmas Break - No School or Daycare						
30 Daycare Only						
31 Daycare Only, School Closes at Noon						

First/Last Day of School						
Parent Teacher Conferences						
Daycare Only						
No School or Daycare						