



APPLICATION FOR ENROLLMENT

Preschool 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 Signed Parent Commitment Form

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. Classroom Placement

Children will be assigned a classroom based on careful consideration of their age and developmental 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.

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

Preschool 2024-2025

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:
Parent Email		Parent Email		
Sibling Name:	Age:	School Attending:		
Sibling Name:	Age:	School Attending:		

SCHOOL INFORMATION			
<p>Intended Schedule for 2024-2025. GCA Offers Flexible Schedules for Families Please Circle Desired Schedule and if you are adding Before Care or After Care</p>			
Full day 8:30-3:00pm	5 Days Monday-Friday	3 Days: Monday/Wed/Friday	2 Days: Tuesday/Thursday
Add Before Care to Full Day Schedule	Time: 7:00-8:30am	Yes	No
Add After Care to Full Day Schedule	Time: 3:00-5:30pm	Yes	No
Half Day 8:30-12:30pm	5 Half Days: Monday-Friday	3 Half Days: Monday/Wed/Friday	2 Half Days: Tuesday/Thursday
Add Before Care to Half Day Schedule	Times: 7:00-8:30am	Yes	No

SCHOOL INFORMATION

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.)		

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 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 nonrefundable registration fee of \$175 must be paid at the time of registration. This fee will reserve a place for your child. Official 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, Summer, and Fall Breaks 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.

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 I will pick up my child by the designated time of enrollment: 12:30pm for half days, 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 withdrawal 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_____

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**

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

<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

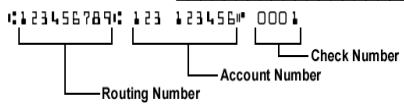
Name of student: _____

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.***



2024 - 2025 TUITION RATES

1's & 2's Programs	Schedule	Base Tuition	Schedule with Before Care 700-830a	Tuition with Before Care	Schedule With After Care- 300-530p	Tuition with After Care	Schedule with Before Care 7:00-8:30 + After Care 3:00-5:30	Tuition with Before Care and After Care
5 Full Days - Monday-Friday	830 to 300p	\$1000	700 to 300p	+\$100 = \$1100	830 to 530p	+\$200 = \$1200	700 to 530p	+\$300 = \$1300
5 Half Days - Monday-Friday	830 to 1230p	\$800	700 to 1230p	+\$100 = \$900	---	---	---	---
3 Full Days - Mon/Wed/Fri	830 to 300p	\$650	700 to 300p	+\$60 = \$710	830 to 530p	+\$120 = \$770	700 to 530p	+\$180 = \$830
3 Half Days - Mon/Wed/Fri	830 to 1230p	\$550	700 to 1230p	+\$60 = \$610	---	---	---	---
2 Full Days - Tues/Thurs	830 to 300p	\$455	700 to 300p	+\$40 = \$495	830 to 530p	+\$80 = \$535	700 to 530p	+\$120 = \$575
2 Half Days - Tues/Thurs	830 to 1230p	\$350	700 to 1230p	+\$40 = \$390	---	---	---	---
3's & 4's Programs	Schedule	Base Tuition	Schedule with Before Care 700-830a	Tuition with Before Care	Schedule with After Care 300-530p	Tuition with After Care	Schedule with Before Care 7:00-8:30 + After Care 3:00-5:30	Tuition with Before Care and After Care
5 Full Days - Monday-Friday	830 to 300p	\$800	700 to 300p	+\$100 = \$900	830 to 530p	+\$200 = \$1000	700 to 530p	+\$300 = \$1100
5 Half Days - Monday-Friday	830 to 1230p	\$650	700 to 1230p	+\$100 = \$750	---	---	---	---
3 Full Days - Mon/Wed/Fri	830 to 300p	\$600	700 to 300p	+\$60 = \$660	830 to 530p	+\$120 = \$720	700 to 530p	+\$180 = \$780
3 Half Days - Mon/Wed/Fri	830 to 1230p	\$500	700 to 1230p	+\$60 = \$560	---	---	---	---
2 Full Days - Tues/Thurs	830 to 300p	\$380	700 to 300p	+\$40 = \$420	830 to 530p	+\$80 = \$460	700 to 530p	+\$120 = \$500
2 Half Days - Tues/Thurs	8:30 to 1230p	\$325	700 to 1230p	+\$40 = \$365	---	---	---	---

\$175 Registration Fee due at time of enrollment and is non-refundable. Tuition is an annual tuition payable in 10 month installments via pricing above. There are no discounts or refunds for holidays, school breaks, or illness. **School breaks are only included for 5 Full Day Preschool students.**

Alternate schedule requests will be reviewed by administration and depend on class sizes and staffing.



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% discount; to be approved by Senior Pastor of Gethsemane Church. Family must be "active" members of Gethsemane Church
 Multi-Student Discount:
 1st Child - Regular Price
 2nd Child - 10% discount
 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 \$5.00 per lunch
 Hot Lunch- day of \$6.00 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	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						