



APPLICATION FOR ENROLLMENT

Preschool 2025-2026

- **REQUIRED DOCUMENTS**

Please attach the following documents with your completed application. These are required before your child can start.

- A copy of birth certificate (new students only)
- A copy of most recent immunization record
- Registration Fee (enclose a check or paid via invoice)

Parent/Guardian Initials _____

- **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 and Kindergarten 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 _____

- **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 the 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 2025-2026

STUDENT INFORMATION		
Child's Last Name:	Child's First Name:	Intended Start Date:
Date of Birth:	Gender:	Ethnicity:
Potty Trained?	Does Your Child Nap?	Child's T-Shirt Size:
Requested Schedule Please Circle Desired Schedule and if you are adding Before Care or After Care		
Half Day: 8:30-12:30pm	Full Day: 8:30-3:00pm	Before Care 7 - 8:30am: Y/N After Care 3 - 5:30pm: Y/N
5 Days: Monday-Friday	3 Days: Monday/Wednesday/Friday	2 Days: Tuesday/Thursday

FAMILY INFORMATION		
Parent/Guardian First Name:	Parent/Guardian Last Name:	Phone Number:
Marital Status:	Employer/Occupation:	Relationship to Child:
Address:	City/State/Zip:	Email:
Parent/Guardian First Name:	Parent/Guardian Last Name:	Phone Number:
Marital Status:	Employer/Occupation:	Relationship to Child:
Address:	City/State/Zip:	Email:
Sibling Name:	Age:	School Attending:
Sibling Name:	Age:	School Attending:
Sibling Name:	Age:	School Attending:

CHURCH BACKGROUND

Church Home:

Pastor Signature to confirm "Active" status at Gethsemane Church:

Are you active? (Yes/No)

Is your student baptized?
(Yes/No)

Date of baptism if known:

EDUCATION & DEVELOPMENT BACKGROUND

Last School Attended:

What helps to comfort your child if they are feeling upset?

What are your child's special interests and/or favorite pastimes at home?

Anything you would like to tell us regarding your child's growth & development that would help us provide appropriate instruction:

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

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_____

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 Fall Break, Spring Break, Christmas Break and other declared holidays are not included in this total. GCA offers camps over school breaks 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_____

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_____

FINANCIAL AGREEMENT CONT.

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 20th of the month, GCA will charge the method of payment on file (bank account or credit card.) Payments not received by the 21st 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 my email for invoices and ensure the 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.

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 that in order to withdraw my child from GCA, I must give written notice at least 30 days in advance to the director stating the 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_____

PARENT COMMITMENT

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 do hereby agree to the commitments as stated on this form.

Parent's Printed Name:

Parent's Signature:

Date:

Parent's Printed Name:

Parent's 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

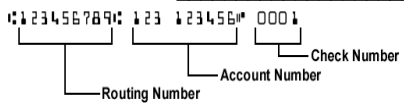
Name of student: _____

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 (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.***

2025-2026 Gethsemane Christian Academy Academic Calendar

July 2025						
S	M	T	W	Th	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 Fourth of July - GCA Closed

August 2025						
S	M	T	W	Th	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
1, 4-5 Teacher Workdays - GCA Closed
6 First Day of School

September 2025						
S	M	T	W	Th	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
1 Labor Day - GCA Closed

October 2025						
S	M	T	W	Th	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
6-10 Fall Break Camp
15-17 Parent / Teacher Conferences

November 2025						
S	M	T	W	Th	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
24-25 Thanksgiving Camp
26-28 Thanksgiving Break - GCA Closed

December 2025						
S	M	T	W	Th	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
22-23 Christmas Break Camp
24 Christmas Break Camp - Early Release - 12:30
25-26 Christmas Holiday - GCA Closed
29-30 New Years Break Camp
31 New Years Eve - Early Release - 12:30

January 2026						
S	M	T	W	Th	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
1-2 New Years Holiday - GCA Closed
19 MLK Day Camp

February 2026						
S	M	T	W	Th	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
16 Presidents' Day Camp

March 2026						
S	M	T	W	Th	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
9-13 Spring Break Camp
18-20 Parent / Teacher Conferences

April 2026						
S	M	T	W	Th	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
3 Good Friday - GCA Closed
6 Easter Monday - GCA Closed

May 2026						
S	M	T	W	Th	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 Last Day of School - Early Release - 12:30
25 Memorial Day - GCA Closed

First Day/Last Day of School
Parent Teacher Conferences
Camp Days
GCA Closed



**GETHSEMANE
CHRISTIAN ACADEMY**

2025 - 2026 TUITION RATES

1's Program	Schedule	Base Monthly Tuition	Schedule + Before Care 7:00-8:30	Tuition + Before Care 7:00-8:30	Schedule + After Care 3:00-5:30	Tuition + After Care	Schedule + Before & After Care	Tuition + Before & After Care
5 Full Days - Mon-Fri	830 to 300p	\$1,100	700 to 300p	+\$125 = \$1225	830 to 530p	+\$220 = \$1320	700 to 530p	+\$325 = \$1425
5 Half Days - Mon-Fri	830 to 1230p	\$880	700 to 1230p	+\$125 = \$1005	---	---	---	---
3 Full Days - M/W/F	830 to 300p	\$705	700 to 300p	+\$75 = \$780	830 to 530p	+\$132 = \$837	700 to 530p	+\$200 = \$905
3 Half Days - M/W/F	830 to 1230p	\$555	700 to 1230p	+\$75 = \$630	---	---	---	---
2 Full Days - Tue/Thu	830 to 300p	\$500	700 to 300p	+\$50 = \$550	830 to 530p	+\$88 = \$588	700 to 530p	+\$130 = \$630
2 Half Days - Tue/Thu	830 to 1230p	\$390	700 to 1230p	+\$50 = \$440	---	---	---	---

2's Program	Schedule	Base Monthly Tuition	Schedule + Before Care 7:00-8:30	Tuition + Before Care 7:00-8:30	Schedule + After Care 3:00-5:30	Tuition + After Care	Schedule + Before & After Care	Tuition + Before & After Care
5 Full Days - Mon-Fri	830 to 300p	\$1,050	700 to 300p	+\$125 = \$1175	830 to 530p	+\$220 = \$1270	700 to 530p	+\$325 = \$1375
5 Half Days - Mon-Fri	830 to 1230p	\$805	700 to 1230p	+\$125 = \$930	---	---	---	---
3 Full Days - M/W/F	830 to 300p	\$675	700 to 300p	+\$75 = \$750	830 to 530p	+\$132 = \$807	700 to 530p	+\$200 = \$875
3 Half Days - M/W/F	830 to 1230p	\$550	700 to 1230p	+\$75 = \$625	---	---	---	---
2 Full Days - Tue/Thu	830 to 300p	\$475	700 to 300p	+\$50 = \$525	830 to 530p	+\$88 = \$563	700 to 530p	+\$130 = \$605
2 Half Days - Tue/Thu	830 to 1230p	\$360	700 to 1230p	+\$50 = \$410	---	---	---	---

3's & 4's Programs	Schedule	Base Monthly Tuition	Schedule + Before Care 7:00-8:30	Tuition + Before Care 7:00-8:30	Schedule + After Care 3:00-5:30	Tuition + After Care	Schedule + Before & After Care	Tuition + Before & After Care
5 Full Days - Mon-Fri	830 to 300p	\$890	700 to 300p	+\$125 = \$1015	830 to 530p	+\$220 = \$1110	700 to 530p	+\$325 = \$1215
5 Half Days - Mon-Fri	830 to 1230p	\$710	700 to 1230p	+\$125 = \$835	---	---	---	---
3 Full Days - M/W/F	830 to 300p	\$600	700 to 300p	+\$75 = \$675	830 to 530p	+\$132 = \$732	700 to 530p	+\$200 = \$800
3 Half Days - M/W/F	830 to 1230p	\$500	700 to 1230p	+\$75 = \$575	---	---	---	---
2 Full Days - Tues/Thurs	830 to 300p	\$415	700 to 300p	+\$50 = \$465	830 to 530p	+\$88 = \$503	700 to 530p	+\$130 = \$545
2 Half Days - Tues/Thurs	8:30 to 1230p	\$325	700 to 1230p	+\$50 = \$375	---	---	---	---

\$175 non-refundable Registration Fee due at time of enrollment. Preschool calendar follows a 10 month school calendar with tuition being payable for those 10 months. GCA will not refund or prorate for holidays, school breaks, or illness.

Alternate schedule requests not listed above are subject to administrative approval.



**GETHSEMANE
CHRISTIAN ACADEMY**

2025 - 2026 KINDERGARTEN TUITION RATES

Kindergarten	Annual Tuition	Base Monthly Tuition	Schedule + Before Care 7:00-8:30	Tuition + Before Care 7:00-8:30	Schedule + After Care 3:00-5:30	Tuition + After Care	Schedule + Before & After Care 7:00-5:30p	Tuition + Before & After Care
Monday- Friday 830-300p	\$11,250	\$1,125	700 to 300p	+\$125 = \$1250	830 to 5:30p	+\$220 = \$1345	700-530p	+\$325 = \$1450

\$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. School breaks are not included in tuition.

FAMILY DISCOUNTS on TUITION
 Gethsemane Church Member - 10%* if enrolled by 4/1/25
 *Family must be active members of Gethsemane Church
 Discount must be approved by Lead Pastor.
 Multi-Student Discount:
 1st Child - Regular Price
 2nd Child + - 10% if enrolled by 4/1/25
 Family is only eligible for one discount, not stackable
Early Payment Discount:
 5% Discount on net amount due if paid by July 1, 2025
 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 \$100 per minute
 Camp Fees over School Breaks \$30 half/\$50 full per day
Camp over breaks are included for preschool students enrolled in 5 full days. Camp fees apply for part time students & Kindergarten.
 All payments due the 20th of the month
 \$30 late fee for any outstanding balance after the 20th of the month.
 \$30 fee charged for any returned checks or disputed credit card charges.
 Refunds at the discretion of Gethsemane.
 There are no "makeup" days for illness or absence.