

# APPLICATION FOR RE-ENROLLMENT

Preschool 2019 - 2020



STUDENT/FAMILY INFORMATION		
Last Name	First Name	Middle Name
Grade/Class for 19/20	Requested Schedule M-F (Kinder Prep), M/W/F , or T/Th (Preschool)	
Please note any changes to contact information below:		
Email address:		
MEDICAL INFORMATION		
Any medical changes (allergies, medications)?		
<b>Please ensure you complete the updated AZ Dept of Health Services Form</b>		
PARENT AGREEMENT		
My child will participate in all school activities involving church services, concerts & special activities.		Yes      No
I/We will allow photographs and video of my child to be used to share the good works being done at GCA via social media, our website, and other media outlets.		Yes      No
<b>By signing below, I acknowledge that it is my desire that my child be re-enrolled at Gethsemane Christian Academy for the 2019/2020 school year.</b>		
Parent's Printed Name	Parent's Signature	Date
Initial Tuition Payment (K \$250) / Registration (Preschool \$170) Check		
Paid by	Online	Cash      Reference/Check #





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>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<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**

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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**TWO'S AND PRESCHOOL**
**REGISTRATION FEE \$ 170** (includes T-shirt)

**ANNUAL  
TUITION**
**MONTHLY  
TUITION**

Preschool 2's tuition paid on a monthly basis				
2's - 5 Half Days	Monday - Friday	8:45 am-11:30 am		\$520
2's - 5 Full Days	Monday - Friday	6:30 am - 6:00 pm		\$960
2's - 3 Half Days	Mon/Wed/Fri	8:45 am-11:30 am		\$325
2's - 3 Full Days	Mon/Wed/Fri	6:30 am - 6:00 pm		\$600
2's - 2 Half Days	Tues/Thurs	8:45 am-11:30 am		\$216
2's - 2 Full Days	Tues/Thurs	6:30 am - 6:00 pm		\$400
Preschool 3's, 4's and PreK follow Grade School calendar and payable in 10 month installments				
3's & 4's & PreK - 5 Half Days	Monday - Friday	8:45 am-11:30 am	\$4,050	\$405
3's & 4's & PreK - 5 Full Days	Monday - Friday	6:30 am - 6:00 pm	\$8,750	\$875
3's & 4's & PreK - 3 Half Days	Mon/Wed/Fri	8:45 am-11:30 am	\$2,750	\$275
3's & 4's & PreK - 3 Full Days	Mon/Wed/Fri	6:30 am - 6:00 pm	\$5,400	\$540
3's & 4's & PreK - 2 Half Days	Tues/Thurs	8:45 am-11:30 am	\$1,900	\$190
3's & 4's & PreK - 2 Full Days	Tues/Thurs	6:30 am - 6:00 pm	\$3,620	\$362

**LUNCH BUNCH** is available for all **half day** preschool classes listed above, M-F 11:30-12:30 \$8.00 per day on as needed basis. Hot lunch is an additional fee. Preschool monthly tuition is payable for 10 months August-May. 11 month payment plans are available by request. Two's tuition is payable monthly. 3% convenience fee per payment when using a credit card. School breaks are only included for 5 Full Day students, additional fees apply for students with part time schedules.

**KINDERGARTEN**

	ANNUAL	PREPAYMENT	BALANCE	MONTHLY
<b>Kindergarten (half day)</b>	\$4,750	\$250	\$4,750	\$475
<b>Kindergarten (full day)</b>	\$7,750	\$250	\$7,500	\$750

\$250 Prepayment tuition is due at time of enrollment. Prepayment is eligible to be paid by an STO. Monthly tuition is payable for 10 months from August-May. 11 month payment plans are available by request. 3% convenience fee per payment when using a credit card.

**FAMILY DISCOUNTS on TUITION (Preschool- Kinder)**

Gethsemane Church Member	10% if enrolled by 3/1/19
1 <sup>st</sup> Child	Regular Price
2 <sup>nd</sup> Child +	10% if enrolled by 3/1/19

**Early Payment Discount:**

5% Discount on net amount due tuition is paid by July 1, 2019

**Cash (ACH) or Check Only**

**To be eligible for any tuition discounts a family must complete a financial aid application.**

**MISCELLANEOUS FEES (Preschool - Kindergarten)**

Before School Care (6:30-8:00 am)	\$ 8.00 hour
After School Care (3:30-6:00 pm)	\$ 8.00 hour
Lunch Fee	\$ 3.25 per lunch
Daycare over School Breaks	\$20 half/\$40 full per day
(Daycare over breaks is not included for preschool part time)	

- Registration Fees/Tuition prepayment is due at time of enrollment if the student is accepted.
- All payments are due on the 20<sup>th</sup> of the month.
- A \$30 late fee is assessed on the Tuition balances outstanding on the 21<sup>st</sup> of the month.
- A \$30 fee is charged for any check or Auto pay returned by the bank.
- Childcare bills due on same dates as tuition, but one month in arrears.
- 3% convenience fee per payment when using a credit card.
- Refunds at the discretion of Gethsemane Christian Academy.