## Genesis Christian Academy Kindergarten - Eighth Grade Tuition Schedule 2023 - 2024

Enrollment Fee: \$125.00 per student (non-refundable)

Student Fees: \$150.00 per student

**Yearly Tuition**: \$3,750.00 \$375.00 monthly (10 equal installments) \$312.50 monthly (12 equal installments)

Chapter 2: Before and after school program
7:00 - 7:45am - \$6.00
3:15 - 5:00pm - \$6.00 per hour
5:00 - 5:30pm - \$6.00 per ½ hour
After 5:30pm charges are \$12 per 15 minutes
Enrollment Fee per student in Chapter 2: \$50.00

Optional Fees

Milk - \$80 per year

Yearbook - \$18.00

Hot Lunch Cards - \$40 for 10 lunches

\*Tuition and enrollment fees do not cover all financial needs of Genesis. If you are able to pay more than the tuition and fees, it will be credited as a tax deductible donation.

Genesis Schools, Inc. admits students of any race, color and national or ethnic origin.



## Academic Excellence with a Christian perspective

#### Enrollment Form 2023-2024

Genesis Schools, Inc. admits students of any race, color and national or ethnic origin.

Classes offered

Preschool - Full Time K3 or Pre-K Part time - K3(T/Th) or Pre-K(MWF) All preschoolers must be toilet trained.

Kindergarten through 8th grade

All new students must provide a copy of Birth Certificate, Immunizations and Physical

Completed form and \$125 enrollment fee reserves your place in class. Student's Full Name Gender M/F Preschool or Grade Birth date Family Name Street Address City, State Zip Primary Phone Primary Email Address I agree to abide by the rules and policies set by the Board of Trustees of Genesis Schools, Inc. in the Genesis Student Handbook. I understand my financial responsibility as set forth in the Student Handbook. Parent/Guardian Signature Date

Enrollment fee paid cash

check#



# Academic Excellence with a Christian perspective

#### Enrollment Form 2023-2024

Genesis Schools, Inc. admits students of any race, color and national or ethnic origin.

Family Information - please print							
Mother/Guardian			Father/Guardian				
Home Address(Street, PO Box, City, State, Zip)							
Primary Email Address (please print)							
Mother phone contact - cellwork							
Father phone contact -	cell		work				
Other Email contacts desiring school information							
Church affiliation (not required)							
Picture Permission - During the school year we take pictures for newsletters, yearbook, media publications (newspaper), special events, and our Facebook page. Check below which events you are willing for your child's picture to be used.  Yes  No			If separated or divorced, is there a custody agreement in force? If so, what is it? Please provide the school office a copy of the custody agreement. Who has residential custody?(use back is necessary)				
Media Publications  School/class newsletters			If transferring from another school, please complete the following section: School last attended Grade completed				
Social Media/Facebook							
Special events Website			School addressPhone				
Yearbook			Reasons for leaving				
Parent Signature			Has the student ever been expelled, dismissed, suspended or refused admission at another school? If yes, please explain:(use back if necessary)				

## 2023-2024 Emergency Contact/Pick Up List

Family Name	e
	sible to notify parents of early dismissal or other non-emergency information use list email addresses to be used by the school.
Email address(es)	
	ncy the school will need to notify a parent or trusted adult. Please list contact fyour contact information changes, please keep the school office advised.  Please list in order of importance.
	Parental Contacts:
First	Second
Phone number 1	Phone number 1
2	2
3	3
	Others:
Third	Fourth
Relationship	Relationship
Phone number 1	Phone number 1
2	2
3	3
Please list ad	ditional people authorized by you to pick up your child.
Name	Contact number

## EMERGENCY MEDICAL CARE AUTHORIZATION GENESIS CHRISTIAN ACADEMY

School Year: August 2023 through May 2024

	trator of Genesis Schools, Inc. to give consent for any and all necessary emergency ed medical practitioners is immediately necessary in the treatment of				
(Child's Name)	, ${(\text{Birth date} - \text{M/D/Y})}$ , if I am personally unavailable to give consent.				
	Signature of Parent or Legal Guardian				
STATE OF KANSAS )	Address				
COUNTY OF LEAVENWORTH )					
Sworn and subscribed before me thisc the State of Kansas, the person whose signate acknowledged the execution of the documen					
My commission expires:	Notary Public				
PHYSICIAN	PHONE				
ADDRESS					
PARENTAL CONTACTS:					
FIRST (NAME/RELATIONSHIP)	SECOND(NAME/RELATIONSHIP)				
PHONE NUMBER 1					
2					
3					
HEALTH INSURANCE POLICY NAME AN	D NUMBER:				
MEDICAL ASSISTANCE PROGRAM AND	CARD NUMBER:				
MILITARY MEDICAL CARE I.D. NUMBER	8				
MEDICAL INFORMATION					
LAST TETANUS TOXOID					

### **Chapter 2 Enrollment Form**

Application fee: \$50.00

Chapter 2 charges are \$6.00 per hour or any portion of an hour from 7:00am – 7:45am and from 3:00pm – 5:00pm.

Between 5:00pm – 5:30pm charges are \$6.00 per ½ hour.

After 5:30pm charges are \$12.00 per 15 minutes.

Child's name		Grade		
Child's name		Grade		
Child's name		Grade		
Donant's Nove				
Parent's Name_				
Primary after sch	ool contact number			
A alabas as				
Address(Street, City, State, Zip)				
	My child will b	oe on a regular schedule		
	My child will	be coming "as needed"		
For a regular schedule, check the times your child will usually be in Chapter 2.				
	Before school Cho	apter 2 – 7:00am – 7:55am		
	After school Chap	pter 2 - 3:00pm - 5:30pm		
	Dlogso circle which do	us – M. Tu. W. Th. F		