

Genesis Christian Academy Kindergarten - Eighth Grade Tuition Schedule 2024 - 2025

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

Student Fees: \$150.00 per student

Yearly Tuition: \$4,250.00
\$425.00 monthly (10 equal installments)

Before and after school program

7:00 - 7:45am - \$8.00

3:15 - 5:00pm - \$8.00 per hour

5:00 - 5:30pm - \$8.00 per ½ hour

After 5:30pm charges are \$16 per 15 minutes

Enrollment Fee per student in care: \$50.00

Optional Fees

Milk - \$80 per year

Yearbook - \$20.00

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.

Enrollment Form 2024-2025

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 | Birth date | Gender M/F | Preschool or Grade |
|---------------------|------------|------------|--------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

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 _____
 Enrollment fee paid cash _____ check# _____

_____ Date

Enrollment Form 2024-2025

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 - cell _____ work _____

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 |
|--------------------------|-----|----|
| Media Publications | | |
| School/class newsletters | | |
| Social Media/Facebook | | |
| Special events | | |
| Website | | |
| Yearbook | | |

Parent Signature _____

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 if necessary)

If transferring from another school, please complete the following section:
School last attended _____
Grade completed _____

School address _____
Phone _____

Reasons for leaving _____

Has the student ever been expelled, dismissed, suspended or refused admission at another school? If yes, please explain:(use back if necessary)

2024-2025 Emergency Contact/Pick Up List

Family Name _____

Email will be used as much as possible to notify parents of early dismissal or other non-emergency information.
Please list email addresses to be used by the school.

Email address(es) _____

In case of illness or emergency the school will need to notify a parent or trusted adult. Please list contact information in priority order. If your 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 additional people authorized by you to pick up your child.

Name _____ Contact number _____

Name _____ Contact number _____

Name _____ Contact number _____

Name _____ Contact number _____

Name _____ Contact number _____

Name _____ Contact number _____

**EMERGENCY MEDICAL CARE AUTHORIZATION
GENESIS CHRISTIAN ACADEMY**

School Year: August 2024 through May 2025

I hereby authorize the Teachers and / or Administrator of Genesis Schools, Inc. to give consent for any and all necessary emergency and medical care, which in the opinion of qualified medical practitioners is immediately necessary in the treatment of

_____, _____, if I am personally unavailable to give consent.
(Child's Name) (Birth date - M/D/Y)

Signature of Parent or Legal Guardian

Address

STATE OF KANSAS)
) ss
COUNTY OF LEAVENWORTH)

Sworn and subscribed before me this ____ day of _____, 20__, there appeared before me, a notary public for the State of Kansas, the person whose signature appears above, said person being personally known to me, and acknowledged the execution of the document for the purposes set forth herein.

Notary Public

My commission expires: _____
.....

PHYSICIAN _____ PHONE _____

ADDRESS _____

PARENTAL CONTACTS:

FIRST _____
(NAME/RELATIONSHIP)

SECOND _____
(NAME/RELATIONSHIP)

PHONE NUMBER 1. _____

PHONE NUMBER 1. _____

2. _____

2. _____

3. _____

3. _____

HEALTH INSURANCE POLICY NAME AND NUMBER:

MEDICAL ASSISTANCE PROGRAM AND CARD NUMBER:

MILITARY MEDICAL CARE I.D. NUMBER _____

MEDICAL INFORMATION _____

DRUG/FOOD ALLERGIES _____

LAST TETANUS TOXOID _____

Before and After School Care Enrollment Form

Application fee: \$50.00

Before and After School care charges are \$8.00 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 \$8.00 per ½ hour.
After 5:30pm charges are \$16.00 per 15 minutes.

Child's name _____ Grade _____

Child's name _____ Grade _____

Child's name _____ Grade _____

_____ My child will be on a regular schedule

_____ My child will be coming "as needed"

For a regular schedule, check the times your child will usually be attending.

_____ Before school – 7:00am – 7:55am

_____ After school - 3:00pm – 5:30pm

Please circle which days – M Tu W Th F

Parent's Name _____

Primary after school contact number _____

This enrollment form gives permission for my child to attend the Before and After School Care Program. I understand this service is billed on an "as used", monthly basis.
Bills will come home in folders.

Parent signature _____ Date _____