Academic Excellence with a Christian perspective

Genesis Christian Preschool 3 yr. olds - Pre-Kindergarten Tuition Schedule 2024-2025

Enrollment Fee: \$125.00 per student

Non-refundable; holds place in class

Supply/Book Fee: \$50 per student All preschool students must be toilet trained

Preschool Three and Four year olds

Class sizes are limited

Half Day

Tuesday and Thursday 8:00 - 11:00am Yearly tuition: \$2,800 \$280.00 monthly (10 equal installments)*

Full Day

Monday - Friday 8:00am - 3:00pm Yearly tuition: \$5,700 \$570.00 monthly (10 equal installments)*

Pre-Kindergarten Four and Five year olds

Class sizes are limited

Half Day

Monday, Wednesday, Friday 8:00 - 11:00am Yearly tuition: \$3,620 \$362.00 monthly (10 equal installments)*

Full Day

Monday - Friday 8:00am - 3:00pm Yearly tuition: \$5,700 \$570.00 monthly (10 equal installments)*

Documents needed at final enrollment:
Birth certificate Immunization records Current physical

*First and last months' tuition are expected at or before August final enrollment. If opting for auto draft, then only one payment is expected at enrollment.

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



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Enrollment Form 2024-2025

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

Completed form and \$125 enrollment fee reserves your place in class. Enrollment fee is non-refundable.

| Student's Full Name | Birth date | Gender M/F | K3FT | КзРТ | PreK FT | PreK PT |
|-----------------------------------|---------------------------|----------------|----------|---------|------------|------------|
| | | | 1.0 | 1.5. | | |
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| | | <u>'</u> | | | | |
| Family Name | | | | | | |
| Street Address | | | | | | |
| City, State Zip | | | | | | |
| Primary Phone | | | | | | |
| Fillinary Frione | | | | | | |
| Primary Email Address | | | | | | |
| I agree to abide by the rules and | d naticies set hu the Rad | ard of Trustae | s of Gan | asis Sc | hook | Inc |
| the Genesis Student Handbook. | | | | | | |
| Student Handbook. | | | | | | |
| | | | | | | |
| Parent/Guardian Signature | | Date | | | | |
| Enrollment fee paid cash | check# | | | | | |



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| Family Information - | please prir | <u>nt</u> | | | |
|--|---------------------------------|------------|--|--|--|
| Mother/Guardian | Mother/Guardian Father/Guardian | | | | |
| Home Address | | (Street DC |) Roy City State 7in) | | |
| | | | | | |
| | | | | | |
| Mother phone contact - | cell work | | | | |
| Father phone contact - | cell work | | | | |
| Other Email contacts de | siring school i | nformation | | | |
| Church affiliation (not re | equired) | | | | |
| 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. | | | I sala a a l'affica a sa access a filla a acceta alce accesa accesa a l'Illa a | | |
| Media Publications | Yes | No | | | |
| School/class newsletters | | | | | |
| Social Media/Facebook | | | | | |
| Special events | | | | | |
| Website | | | | | |
| <u>Yearbook</u> | | | | | |
| Parent Signature | | | | | |

2024-2025 Emergency Contact/Pick Up List

ln

| 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) | | | | | | |
| | ool will need to notify a parent or trusted adult. Please list contact information 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 add | ditional 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 | | | | | |

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 sch | nool contact number | | | |
| | gives permission for my child to attend the Before and After School Care understand this service is billed on an "as used", monthly basis. Bills will come home in folders. | | | |
| Parent signature | Date | | | |
| | | | | |