

Genesis Christian Preschool  
3 yr. olds - Pre-Kindergarten  
Tuition Schedule  
2025-2026

**Enrollment Fee:** \$150.00 per student  
(Non-refundable; holds place in class)

**Student Fee:** \$100 per student  
All preschool students must be toilet trained

**Preschool**  
**Three and Four year olds**  
*Class sizes are limited*

**Full Day**

Monday - Friday  
8:00am - 3:00pm  
Yearly tuition: \$5,800  
\$580.00 monthly  
(10 equal installments)\*

**Part-time Half Day\*\***

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

\*\*Offered only if a minimum of 5 students enroll.

**Pre-Kindergarten**  
**Four and Five year olds**  
*Class sizes are limited*

**Full Day**

Monday - Friday  
8:00am - 3:00pm  
Yearly tuition: \$5,800  
\$580.00 monthly  
(10 equal installments)\*

**Part-time Full Day**

Monday, Wednesday, Friday  
8:00 - 3:00pm  
Yearly tuition: \$3,800  
\$380.00 monthly  
(10 equal installments)\*

Documents needed at final enrollment:  
Birth certificate Immunization records Current well child exam

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

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

# Enrollment Form 2025-2026

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.*

Completed form and \$150 enrollment fee reserves your place in class.  
 Enrollment fee is non-refundable.

Student's Full Name	Birth date	Gender M/F	K3FT	K3PT	PreK FT	PreK PT
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 2025-2026

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?

# 2025-2026 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 \_\_\_\_\_

# 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 \_\_\_\_\_