

Glad Tidings Christian Academy
GTCA&CDC
2830 East 60th Street
Kansas City, MO 64130
816-333-1054

Date: _____

Enrollment Application

Student's Name (Last) _____ (First) _____ (Middle) _____
Age _____ **Date of Birth** ____/____/____

Address (Street) _____ (City) _____ (State) ____ (Zip) _____

Has this child attended Daycare or Pre-School before? Yes () NO ()

Name of School _____ **Date** _____

Siblings Attending GTCA&CDC _____

Student lives with (x) Both parents () Mother () Father () Guardian () Other (): _____

At least two people must be listed here for payment responsibility along with SSN

(Mark Primary Payee)

____ **Parent/Guardian Name** (Last) _____ (First) _____
(Middle) _____ S.S.N. _____

Address (Street) _____ (City) _____ (State) ____ (Zip) _____

Home # _____ **Cell ##** _____ **Cell Phone Carrier** _____ (ex: Boost Sprint)

Work # _____ **email** _____

Place of Employment _____

____ **Parent/Guardian Name** (Last) _____ (First) _____
(Middle) _____ S.S.N. _____

Address (Street) _____ (City) _____ (State) ____ (Zip) _____

Home # _____ **Cell ##** _____ **Cell Phone Carrier** _____ (ex: Boost Sprint)

Work # _____ **email** _____

Place of Employment _____

Other people authorized to pick-up student.

1. Name (Last) _____ (First) _____ (Middle) _____

Relationship _____ Home # _____ Cell # _____

2. Name (Last) _____ (First) _____ (Middle) _____

Relationship _____ Home # _____ Cell # _____

3. Name (Last) _____ (First) _____ (Middle) _____

Relationship _____ Home # _____ Cell # _____

() **Check here if there are any restrictions** as to who sees and picks up your child from GTCA&CDC. If checked please provide legal documentation to support these restrictions. Please provide details.

Name (Last) _____ (First) _____ (Middle) _____

Name (Last) _____ (First) _____ (Middle) _____

Details and Description of Individual. If you require more space you may write on the back of this page.

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Date: _____

Enrollment Tuition Agreement

Enrollment Fees and Tuition

(Please read and Acknowledge agreement to statements by placing your Initials by each)

_____ **Non-Refundable Enrollment:** I/We understand that an annual, non-refundable, Enrollment Fee of \$_____ shall be paid in advance to enroll my child.

_____ **Tuition Payments are Due in Advance of Care:** I/We understand that **Monthly** payments are due by the 3rd working day of the month. **Weekly** payments are due on Friday before or Monday evening. **Bi-weekly** payments are due on Friday or Monday evening. If a **holiday** falls on Monday, the payment will be due on Tuesday. For your child/children to return on the following Monday.

_____ **Late payments:** I/We understand that Children may not attend the center unless the account is current. Three or more late payments, insufficient funds or any combination thereof will result in **late payment fees:** Weekly \$10.00, Bi-Weekly \$15.00, Monthly \$20.00. Returned Check fee: \$40.00

_____ **Fundraising:** I/We understand that GTCA&CDC is a non-profit organization. And has fundraisers to assist with the financial cost of the students educational and recreational needs of our school. Participation is optional for parents who have children 6 weeks – 3 years. However, families with student in K4- K5 Kindergarten are expected to participate in Fall and Spring fundraising programs by selling a minimum of \$150.00 in profit. Information about each fundraiser will be provided as they draw near.

_____ **Acceptable Forms of Payment:** I/We understand that Payments can be made by cash, credit, debit, check or money order. Payments can be made online through tuitionexpress.com. Payments can also be made over the phone with a Master Card or Visa credit or debit card.

_____ **Photographs, Videos and Audio Tapes:** I/We understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property or an authorized fieldtrip. I also acknowledge and understand that I must have written permission before capturing any image of the children or staff of the Academy.

_____ **GTCA&CDC Non-Profit Promotions:** I/We hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student

named above by GTCA&CDC. I also grant GTCA&CDC. The right to edit, use and reuse said products or my child's images for non-profit purposes including use in print, on the internet and all other forms of social media (such as our Facebook page). I also hereby release GTCA&CDC its agent, and employees from all claims, demands, and liabilities whatsoever in connection with the above.

_____ **Holidays, Absences and Closings:** I/We understand that Glad Tidings Christian Academy is closed in observance of the following holidays: New Year's Day, Martin Luther King Jr. Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after, Christmas Day and the day after. I agree that I will not receive a refund, discount, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either Friday or the following Monday. (Please see schedule of closings)

_____ **Absence:** I/We agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds or make up days shall be made for absences (ex: sickness without a doctor's note or intentional absences due to tuition amounts). When my child is ill he/she may not be accepted for care or remain in care. All vacations need to be communicated to the office 2 weeks in advance to receive prorated tuition. If he/she is absent for an entire week due to illness half of the childcare fees for that week may be discounted with a doctor's excuse, doctor's report or hospital discharge papers.

_____ **Emergency School Closings:** I/We understand that it is Glad Tidings Christian Academy's intention to be open and provide service every weekday of the year, excluding holidays or breaks, but that inclement weather, natural/ national disasters or major building issues may disrupt service from time to time. I will contact the school and watch Channel 4, 5, and 9 to find out if the school is closed or is starting late due to inclement weather or a nature/natural disaster. I agree that in the event that the school is closed for a long period of time, I will continue to be responsible for my tuition payments for up to 3 business days.

_____ **Discipline Policy:** I/We acknowledge that we have read the statement regarding GTCA&CDC's discipline policy and we further agree to comply with the academy's standards and operations. Positive affirmations and a busy enjoyable schedule is the first step to insure a child's best behavior. Procedures and rules are in place to insure the best atmosphere and safety to all. The next course of discipline will be time out and loss of participation in activities (including field trips). When misbehavior is severe or continues unless written conduct agreement is made between the parent & the administration. Parents/Guardians will be called to come to the school for a conference which could result in the child being suspended from school for several days.

Signature _____ **Date** _____

Signature _____ **Date** _____

Payee Information:

1. Parent/Guardian Name (Last) _____ (First) _____
(Middle) _____ S.S.N. _____

Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Home # _____ Cell ## _____ Cell Phone Carrier _____ (ex: Boost Sprint)

Work # _____ email _____

Place of Employment _____

2. Payee Information:

Parent/Guardian Name (Last) _____ (First) _____ (Middle) _____
S.S.N. _____

Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Home # _____ Cell ## _____ Cell Phone Carrier _____ (ex: Boost Sprint)

Work # _____ email _____

Place of Employment _____

_____ I/We have read this Enrollment Tuition Agreement and understand failure to pay all monies due to Glad Tidings Christian Academy and Child Development Center may result in legal proceedings being instituted. If this becomes necessary, the undersigned will be responsible for any and all attorney fees and court cost to pursue any collection action.

If the undersigned's account is not current, Glad Tidings Christian Academy is not obligated to fill out forms or assist in giving student academic information.

Signature _____ Date _____

Signature _____ Date _____

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Promissory Note

_____, _____ and Glad Tidings Christian Academy and Child Development Center, do hereby enter into an agreement that I/We will fulfill our obligation to make our payments for services rendered in a timely manner. I/We also commit to honoring our obligation to make our payments in full, in the event that I/We no longer need your services or default on our commitment to pay as agreed,

I/We are responsible for the total outstanding balance including late fee charges of \$25.00

I/We have read this Tuition Agreement and understand failure to pay all monies due to G.T.C.A.C.D. and abide by the terms stated in the Tuition Agreement, may result in legal proceedings being instituted. If this becomes necessary, the Payor(s) will be responsible for all attorney fees and any legal cost and court cost to pursue any collection action associated with this debt in the event that the balance is unpaid.

Payee _____ Date _____

Payee _____ Date _____

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GTCA&CDC Medical Policy

The staff at GTCA&CDC care about the health and safety of every child that attends our school. We do our best to maintain a safe and healthy facility. In order to do this, we have policies in place to protect the student body.

- All students must be up-to-date on Immunizations before the first day of attendance.
- If a student is sick, he/she should not attend class.
- If a student becomes sick during the day, we will call for them to be picked up early on that day.
- When a student has been out sick for several days they may not be accepted for care without a doctor's excuse.
- In an extreme emergency we will accompany your child to the nearest emergency room.

Please provide your students medical history below

Food Allergies

Current Long Term Prescription Medications

Please list any Chronic Health Concerns, and/or past surgeries.

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Medical Emergency Medical Treatment Authorization

_____ As the parent/guardian of _____, a minor child, I/we do hereby certify that our child is to our knowledge in good health and free of disabilities that would danger him/her or other children in Glad Tidings Christian Academy and Child Development Center. We give permission for our child to attend and participate in all functions associated with GTCA&CDC including field trips, summer camps and the transportation associated with all such activities

_____ I/We authorize GTCA&CDC of KCMO to act on our behalf in seeking medical treatment by a licensed healthcare provider (clinic, hospital, or private physician) in the event of an emergency under provisions of the Medical Practice Act. It is understood that the school will contact the parent (s)/guardian as soon as possible in the event of an emergency (accident, injury, or illness).

_____ In the case I/We am not able to be contacted, I grant to the leader in charge the authority to treat or obtain emergency medical treatment as deemed necessary for our child's safety and well-being. This also authorizes any medical professional listed or not listed to examine and administer emergency medical treatment to my child named above.

_____ As parent(s)/guardian, I/We assume financial responsibility for all charges incurred for any treatment during an emergency. This authorization will remain in effect, unless revoked in writing and delivered to Glad Tidings Christian Academy.

_____ When my child is sick, I understand that my child is not to attend and may not be accepted for care without a doctor's excuse.

_____ Our child's immunizations are current and attached is a copy of his/her records. I understand that before the first day of attendance by child, I will provide proof of completed age-appropriate immunizations or proof of exemption from immunization

_____ I hereby give GTCA&CDC permission to administer over the counter medication/health aids such as Children's Tylenol or generic forms of same, or others listed below, in accordance with the directions for use listed on the container _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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Field Trip Authorization

My child, _____ has permission to participate in the Glad Tidings Christian Academy and Child Development Center sanctioned activities. I give permission to Glad Tidings Christian Academy and Child Development Center to transport my child.

Parent/Guardian
Signature _____ Date _____

Parent/Guardian
Signature _____ Date _____

Uniforms

We live in a very competitive society, the Board of Directors thought it fit to institute the wearing of uniforms for the following reasons:

- To make the child aware of him/herself as special, without wearing “name brand clothing.”
- To reduce name calling and teasing because some children may not be able to wear name brand clothing.
- To save on the expense of purchasing clothes, which are very expensive, especially to those parents who cannot afford them.

Uniforms must be worn Monday through Thursday. On Fridays, gym attire must be worn: Navy blue or black jeans or sweats, school tops, and gym tennis shoes.

For girls’ uniforms, navy blue shorts, slacks, jumpsuits, and skorts are more appropriate, especially when sitting on the floor, sliding, swinging, etc. Girls should wear navy blue socks for warm weather, and cable tights and navy-blue sweaters for cool weather.

Boys will be wearing navy blue slacks and/or shorts, depending on the weather, with navy blue socks. Boys may not wear earrings as part of their school attire.

Tops will be blue, yellow, and white for variety. Appropriate clothing will be worn according to the seasons.

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Glad Tidings Christian Academy & Child Development Center Prices Effective June 1, 2021

Toddlers

\$80.00 – Enrollment Fee

A one-time fee to enroll **Toddlers**. This fee covers enrollment Until child advances into Pre-K3. This price covers the enrollment process and other miscellaneous costs including insurance.

Meals: Breakfast, Lunch and Snacks are provided free of charge for all toddlers.

Weekly Tuition

18 Months-23 Months Old _____ **\$152.00 (\$30.40) Per Day**

2 Years - 36 Months _____ **\$142.00 (\$28.40) Per Day**

Preschool – Kindergarten

\$80.00 – Yearly School Enrollment Fee

This fee is paid yearly for students in Pre-K3 through Kindergarten. This price covers Enrollment process and other miscellaneous costs including insurance.

Weekly Tuition

Pre K3 _____ **\$136.00 Weekly (\$27.20) Per Day**

Pre-K4 _____ **\$125.00 Weekly (\$25) Per Day**

Kindergarten _____ **\$125.00 Weekly (\$25) Per Day**

Curriculum Fees (Text Books and Work Sheets)

Pre K3 _____ **\$80.00 Per Year**

K4 _____ **\$110.00 Per Year**

K5 Kindergarten _____ **\$ 150.00 Per Year**

Meals: Breakfast and Snacks are provided free of charge for all students. Lunch is free for Toddler Classes, K3 and K4 students. For **Kindergarteners** the cost for lunch is \$8.75 weekly, \$17.50 bi-monthly, or \$35.00 monthly to be paid in advance.

Summer KidzZone Program Fees

\$50 – Summer Enrollment fee

This cost helps subsidize field trips, event tickets, transportation, insurance costs.

Weekly Tuition Ages 4-11 _____ **\$110.00 Weekly (\$22) per day**

*Summer Prices include Breakfast, Lunch and Snacks. Some snacks or lunches may be provided by parents for certain Field Trips

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Re-Enrollment Application

Student's Name (Last) _____ (First) _____ (Middle) _____
Age _____ **Date of Birth** ____/____/____

Address (Street) _____ (City) _____ (State) ____ (Zip) _____

Has this child attended Daycare or Pre-School before? Yes () NO ()

Name of School _____ **Date** _____

Siblings Attending GTCA&CDC _____

Student lives with (x) Both parents () Mother () Father () Guardian () Other (): _____

At least two people must be listed here for payment responsibility along with SSN

(Mark Primary Payee)

____ **Parent/Guardian Name** (Last) _____ (First) _____
(Middle) _____ S.S.N. _____

Address (Street) _____ (City) _____ (State) ____ (Zip) _____

Home # _____ **Cell ##** _____ **Cell Phone Carrier** _____ (ex: Boost Sprint)

Work # _____ **email** _____

Place of Employment _____

____ **Parent/Guardian Name** (Last) _____ (First) _____
(Middle) _____ S.S.N. _____

Address (Street) _____ (City) _____ (State) ____ (Zip) _____

Home # _____ **Cell ##** _____ **Cell Phone Carrier** _____ (ex: Boost Sprint)

Work # _____ **email** _____

Place of Employment _____

Re-Enrollment Application Continued

Other people authorized to pick-up student.

3. Name (Last) _____ (First) _____ (Middle) _____

Relationship _____ Home # _____ Cell # _____

4. Name (Last) _____ (First) _____ (Middle) _____

Relationship _____ Home # _____ Cell # _____

5. Name (Last) _____ (First) _____ (Middle) _____

Relationship _____ Home # _____ Cell # _____

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Name (Last) _____ (First) _____ (Middle) _____

Name (Last) _____ (First) _____ (Middle) _____

Details and Description of Individual. If you require more space you may write on the back of this page.
