

Glad Tidings Christian Academy

2830 East 60th Street
Kansas City, MO 64130
www.gtcacademy.org

ENROLLMENT FORM

Student's Name _____ Date of Birth ____/____/____
Last First Middle

Address _____
Street City State Zip

Other Siblings in the program: _____

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

Mark Primary Payee: At least two people must be listed here for payment responsibility along with SSN

____ Mother's Name _____ S.S.N. _____
Address _____ email _____
Home _____ Work _____ Cell _____ Cell Co. _____
(ex: Boost,Sprint)
Place of Employment _____

____ Father's Name _____ S.S.N. _____
Address _____ email _____
Home _____ Work _____ Cell _____ Cell Co. _____
(ex: Boost,Sprint)
Place of Employment _____

____ Other Name _____ S.S.N. _____
Address _____ email _____
Home _____ Work _____ Cell _____ Cell Co. _____
(ex: Boost,Sprint)
Place of Employment _____

Other emergency phone numbers and people authorized to pick-up or attend to the well-being of your child.

Name _____ Relationship _____ Phone Numbers _____

Name _____ Relationship _____ Phone Numbers _____

Name _____ Relationship _____ Phone Numbers _____

() Check here if there are any restrictions as to who sees and picks up your child from school/daycare. If checked please provide legal documentation to support these restrictions. Please provide details on the back of this form.

Name _____ Details and Description _____

Make sure to read, complete and sign all of the pages of this Enrollment packet.

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Agreement Contract

Primary Payee Information

| | | | | |
|----------------------|------|------------------------|-----|-------------------|
| Last Name | | First Name | | Spouse First Name |
| Street Address | City | State | Zip | Daytime Phone |
| Place of Employment | | | | Address |
| Length of Employment | | Social Security Number | | Work Phone |

Additional Payee (s)

| | | | | |
|----------------------|------|------------------------|-----|-------------------|
| Last Name | | First Name | | Spouse First Name |
| Street Address | City | State | Zip | Daytime Phone |
| Place of Employment | | | | Address |
| Length of Employment | | Social Security Number | | Work Phone |

Tuition Agreement

- All payments are due in advance. 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.
 - A late fee of \$25.00 will be assessed to your account for monthly payors, and a \$10.00 late fee for weekly and bi-weekly payors. \$25.00 for a returned check fee
 - **Your child(ren) cannot attend the center until your account is current.**
 - Three or more late payments, insufficient funds or any combination thereof will increase payment costs by additional fees.
 - Forms of payments: cash, check, credit, debit & money orders are all acceptable
- 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 court cost to pursue any collection action.**

Make sure to read, complete and sign all of the pages of this Enrollment packet.

Child's Name _____ application Dated _____

I authorize the giving of Tylenol to my child _____

If my child requires emergency care the preferred physician and hospital to be used are as follows

Doctor/Clinic _____ () _____

Hospital _____ () _____

Any allergies, special medications; including chronic health problems

Comments:

Our child's immunizations are current and attached is a copy of his/her records _____

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 discipline Policy

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. Corporal punishment in the form of a swat is the last form of discipline. This discipline will occur in the office of the Administrator or the Assistant Administrator with another staff member present.

Tuition Agreement

ENROLLMENT FEES ARE NON-REFUNDABLE! All payments are due in advance of care. Weekly and Bi-Weekly payments are due on Friday prior to the week of care or the Monday morning of the week of care. If a holiday falls on Monday, the payment will be due on Tuesday. Monthly payments are due on the first Monday of the month and past due if not paid and recorded on the Friday of that week. For your child/children to return on the following Monday morning, that month's payment must be paid in full and recorded in our office by the first Friday of the month. If a holiday falls on a Monday, the payment is due on Tuesday.

FUNDRAISING

We are a non-profit organization, we do many 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, we are asking each student in K4-3rd grade to participate in our Fall and Spring fundraising program by selling a minimum of \$150.00 in profit. You will receive more information about each fundraiser as they draw near.**

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ENROLLMENT AGREEMENT

Name of Child _____

Parent/Guardian Name _____

Section 1: TUITION AND FEES

_____ ENROLLMENT FEE: I understand that an annual, non-refundable, Enrollment Fee of \$_____ shall be paid in advance to enroll my child.

_____ PAYMENT OF TUITION: All payments are due in advance of care. Weekly and Bi-Weekly payments are due on Friday prior to the week of care or the Monday morning of the week of care. If a holiday falls on Monday, the payment will be due on Tuesday. Monthly payments are due on the first Monday of the month and past due if not paid and recorded on the Friday of that week. For your child/children to return on the following Monday morning, that month's payment must be paid in full and recorded in our office by the first Friday of the month. If a holiday falls on a Monday, the payment is due on Tuesday.

_____ LATE OR UNPAID TUITION" 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: \$25.00

PAYMENTS: Payments can be made by cash, credit, debit, check or money order. Payments can be made online through tuitionexpress.com, over the phone with a Master Card or Visa credit or debit card.

I have read this Tuition Agreement and understand failure to pay all monies due to Glad Tidings Christian Academy may result in legal proceeding 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 information.**

Parent/Guardian Signature: _____ Date: _____

We the parents/guardians of _____ 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. In the case I am not able to be contacted, I further 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. We also 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

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Section 2: EMERGENCY CONTACT AND RELEASE PERSONS

Please list the person you would like contacted in case of emergency. Additionally, please list the person you would like to be authorized for pick-up. For the safety of your child, we will request all authorized release persons whom the staff is not familiar with to provide Government issued photo identification at the time of pick up.

Name of Child _____ DOB _____

1. Name _____ Relationship _____ Phone _____
2. Name _____ Relationship _____ Phone _____
3. Name _____ Relationship _____ Phone _____

RESTICTIONS

() Check this box if there are any restrictions as to who sees or picks up this child during school or before and after hours. If checked, please provide name of individual and legal documentation to support these restrictions.

1. Name _____ Relationship _____
Description _____

2. Name _____ Relationship _____
Description _____

Parent/Guardian _____ Date _____

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SECTION 3: PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:

_____ I 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.

_____ I 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 Glad Tidings Christian Academy. 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.

SECTION 4: HOLIDAYS, ABSENCES AND CLOSING

_____ I understand that Glad Tidings Christian Academy is closed in observance of the following holidays: New Year's Day, Martin Luther King Jr. Day, 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)

_____ I 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**

_____ I 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 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.**

FIELD TRIP PERMISSION

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

Parent/Guardian Signature _____ Date _____

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SECTION 5:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

As the parent/guardian of _____, a minor child, I/we authorize GTCA & CDC ok 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). 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.

In an extreme emergency we will accompany your child to the nearest emergency room!

MEDICAL INFORMATION:

Child's Full Name: _____

D.O.B. _____

Physician's Name: _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Preferred Hospital/Clinic _____

Health Insurance Provider and Policy # _____

Secondary Health Insurance Provider and Policy# _____

Allergies, Food Adversions _____

Please list any medical problems or past surgeries

Current Long Term Prescription Medications _____

I hereby give GTCA&CDC permission to administer the over the counter medication/health aids listed below in accordance with the directions for use listed on the container _____

I UNDERSTAND THAT BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS.

Parent/Guardian Signature: _____

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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 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 and any legal cost associated with creating this debt in the event that the balance is unpaid.

Name_____ Date_____

Name_____ Date_____

Representative_____ Date_____