



Bishop Thomas Scott, Pastor

King's Kids Christian Academy
Of Tampa Inc.

An Outreach Education Ministry of 34th Street Church of God Inc.

Toddlers - Kindergarten



Ms. Areva Green, Director
Sharon E. Miller, Ph.D., Co-Director

Admission Checklist

Child's Name: _____

1. _____ Application
2. _____ Family Orientation Checklist
3. _____ Parent/Guardian Volunteer Hour Form
4. _____ Parent Questionnaire (Home Information Report)
5. _____ Parental Support Covenant
6. _____ Statement of Agreement
7. _____ Parent/Teacher Association Membership Form
8. _____ Child Emergency & Release Information Card
9. _____ Copy of Parent(s)/Legal Guardian(s) Driver's License
10. _____ Copy of Child's Birth Certificate
11. _____ Copy of Current Immunization Records
12. _____ Copy of Current Health Records
13. _____ Flu Information Pamphlet - H1N1 (Signature Required)
14. _____ Know Your Child Care Facility (Form Available in Office – Signature Required)
15. _____ Distracted Adult (Form Available in Office – Signature Required)

Other Informational Items

- Tuition Charges
- Tuition Policy
- Available Tuition Scholarships



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Admission Policy

In keeping with King's Kids Christian Academy of Tampa's mission and educational philosophy to enable students to become productive leaders through Biblical principles and superior academia, it is the school's aim to seek students of parents that share and support the same. King's Kids Christian Academy of Tampa Inc. exists to assist parents in their responsibility to prepare their children to become God-fearing, responsible citizens.

King's Kids Christian Academy of Tampa reserves the right to admit, deny admittance or re-admittance to potential or attending students. The Admissions Committee makes the final decision regarding admission.

The following expectations are required of all students entering King's Kids Christian Academy of Tampa Inc.:

Admission Guidelines

- A. The primary motive for enrollment is to seek a Christian education.
- B. Parent(s) shall express their agreement with our Statement of Faith.
- C. Parent(s) shall express their support of our Mission Statement.
- D. Incoming students in Kindergarten will be administered an assessment.
- E. School administration will determine King's Kids Christian Academy of Tampa's Academic ability or inability to meet educational needs of incoming students.
- F. King's Kids Christian Academy of Tampa does not provide academic accommodations at this time for students who have an Individualized Education Plan (IEP).



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Application Form

Parent/Guardian Information

Registration Date: _____

Mother/Guardian

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

[] Custodial Parent (If married, mark both parents) _____

Email: _____ Driver's License #: _____

Father/Guardian

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

[] Custodial Parent (If married, mark both parents) _____

Email: _____ Driver's License #: _____

Child Information

1st Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: [] Male [] Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Child Information - Continued

2nd Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

3rd Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

4th Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up

Name: _____ Phone _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact/Pick Up

Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

3rd Contact/Pick Up

Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

4th Contact/Pick Up

Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Authorization for Emergency Medical Treatment:

If my child, _____, should become ill or injured at King’s Kids Christian Academy of Tampa, Inc., I understand that

King’s Kids Christian Academy of Tampa, Inc. will (1) contact me immediately and (2) contact the person(s) I have designated if I cannot be reached.

Should the facility be unable to reach me and/or the other person(s) designated, they are authorized to contact my child’s physician and/or arrange for immediate medical treatment.

The physician and/or medical facility authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

Alternate Nutrition Plan Agreement

In understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional needs.

Indicate Special Dietary Requirements

(Mark P for Parent Provides, or C for Center Provides)

Breakfast A.M. Snack Noon Meal P.M. Snack Dinner Snack Evening Formula

Tuition / Payment Information:

Weekly Tuition Amount: _____

Please outline below whom is responsible for payment of tuition and fees.

Screening Consent:

I understand and give permission for testing; which include but are not limited to ASQ (Ages & Stages Questionnaire); and the SAT.

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Field Trip Consent

I _____ give my child _____ permission to participate in all classroom field trips. I understand that my child will be transported in King's Kids Christian Academy of Tampa, Inc. vehicle and will be accompanied by King's Kids Christian Academy of Tampa Inc. teachers and staff (PreK3 – K5)

Signature:

Parent's Signature: _____ Date: _____



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King's Kids Christian Academy Family Orientation Checklist

Name of Child: _____

Name of Parent: _____

The following items should be complete and a copy of this checklist is signed by the parent and is placed in the child's file.

- _____ 1. Tour of Facility
- _____ 2. Introduction of Teaching Staff
- _____ 3. Parent Visit with Classroom Teacher
- _____ 4. Overview of Parent Handbook
- _____ 5. Discussion of Family Expectations
- _____ 6. Discussion of Needs of the Child
- _____ 7. Overview of Available Family Support Services
- _____ 8. Parent/Child Extended Visit in Classroom
- _____ 9. All paperwork has been filled out
- _____ 10. Health and Immunization Records Received

I, _____, have had an opportunity to receive an orientation to my child's program.

Parent's Signature

Date

Home Information Report



Dear Parent or Guardian,

It is so important to develop a partnership in the care and education of your child; to do this your child's teacher must quickly get to know as much as possible about the child, their past experiences and their family. We have developed this Home Information Report as a way to help us gain all this relevant information as quickly and completely as possible. Please take the time to fill out all of the information on this form and return it with your enrollment packet information. We look forward to working with you and your child this year!

Child's Name: _____ Nickname: _____
 Birthdate: _____ Home Phone: _____
 Address: _____
 Mother's/Guardian Name: _____
 Address: _____ Email Address: _____
 Home Phone _____ Cell Phone: _____
 Place of Employment: _____
 Occupation: _____
 Hours of Employment: _____ Travel: _____
 How can we reach you while at work: _____
 Father's/Guardian Name: _____
 Address: _____ Email Address: _____
 Home Phone: _____ Cell Phone: _____
 Place of Employment: _____
 Occupation: _____
 Hours of Employment: _____ Travel: _____
 How can we reach you while at work: _____

If there are other children in the family, please state name(s), age(s) and grade(s):

Names	Ages	Grades

Please list other persons living with your family:

Name	Relationship

Major family changes (past, present, future) we should know about: _____

Language(s) spoken at home: _____

Do you have any pets at home? If so, what are they and what are their names? _____

Do you live in a: House? Apartment?

Does your child have space and/or opportunity to play outdoors? _____

In your neighborhood, does your child play with other children? _____

If so, what are their ages? _____

Please list your child's hobbies or special interests: _____

General temperament of child (i.e., happy, quiet, moody, aggressive, passive, etc.) _____

How do you know when your child is tired? _____

Does your child take naps regularly? _____ If so, how long? _____

What time does your child go to bed at night? _____

What time does your child wake up in the morning? _____

What is his/her mood upon awakening? _____

Eating behavior—how well does your child eat? _____

What are your child's favorite foods? _____

What are the foods your child likes least? _____

Does your child have any food allergies? _____ If so, please explain below:

Name of Food	Reaction

How has your child been cared for until now? Please check all that apply:

Parent Babysitter or Day Care Pre-School/Day Care Center Other Relative (Grandmother, Aunt, etc.)

Name of Pre-School/Day Care Center: _____

If your child has had previous group experience, please describe and state how long your child was in the group.

What aspect of group experience did your child enjoy? _____

Most: _____

Least: _____

In what way can we help your child this year? _____

How does your child respond when left (at the center) by his/her parents? _____

How does your child react to strangers? _____

Does your child have any particular fears? (i.e., animals, the dark, being left): _____

Please list topics that your child is NOT comfortable discussing or that you prefer our staff not incorporate into activities or discussions: _____

Is your child toilet trained? _____ Yes _____ No _____ Needs Reminding

How will you tell us she/he needs to go to the bathroom? _____

Does she/he need help w/toileting? _____ If yes, explain: _____

What are your child's areas of strength and areas of difficulty?

Strengths: _____

Difficulties: _____

What kinds of discipline have you found most and least effective?

Most effective: _____

Least effective: _____

Medical History:

Has your child ever had (Please check all that applies)?

Surgery Overnight Hospital Stay

If yes, why? _____

Serious Accident Speech or Hearing Problems Asthma/Bronchial Problems

Broken Bones Vision Problems Skin Problems Any Other Problems

Does Your Child Take Medication Daily? Yes No

If yes, what? _____

Describe the general health of your child (i.e., frequent ear infections, colds, etc.) _____

How do you know when your child is sick? _____

What holidays or celebrations are observed in your home? _____

What places has your child visited/experienced locally (give examples)?

Parks: _____

Restaurants: _____

Theme Parks: _____

Museums: _____

Other: _____

What out of state places has your child visited/experienced (give examples)?

Family/Relatives: _____

Parks: _____

Historical: _____

Theme Parks: _____

Museums: _____

Other: _____

Has your child had travel experiences outside of the United States? _____

If so, please list: _____

Do you have any concerns about your child's development? _____

If so, please explain: _____

What other information about your child would be valuable to our teachers? _____

What do you expect your child to gain from his/her experience in our program? _____

Do you have any questions or concerns about your child's pre-school experiences? _____

Thank you for taking time to fill out this information form. It will help us to get to know your child and to serve your family better. Please know that you are always welcome in the classroom. If at any time you would like to voice comments, questions or concerns, feel free to speak with our director or your child's teacher.



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Parent/Guardian Volunteer Hours Form

I understand that:

The most important reason for parent/guardian participation is the fact that outstanding schools are characterized by strong parent involvement. At King's Kids Christian Academy of Tampa, we view the educational process as a partnership shared by teachers, school administration, and parents in keeping with the mission of the church, it is understood that parents share responsibility of King's Kids Christian Academy of Tampa by:

- Actively participating in and supporting the Parent Teacher Association
- Fostering a partnership in and supporting the Parent Teacher Association
- Volunteering to support the school through Option I or Option II of the Service Hour Plan (Requirement of Admissions) for the enrichment of the school.

I, _____ agree in fostering a partnership in the Christian education of my child

_____, by actively supporting the following parent/guardian volunteer plan:

_____ Option I: Complete 25 volunteer hours by Christmas Break and 25 volunteer hours by April 15th. **Any outstanding hours will be charged to January and May tuition at a rate of \$20.00 per hour.**

_____ Option II: A donation of \$500.00 to King's Kids in lieu of volunteer hours and or participation in fundraising events which must be paid by February 28th or will be charged to March tuition.

Volunteers are a major factor in maintaining the school budget and therefore reflecting reasonable tuition and fees. It is the belief and the philosophy of the school and the Parent teacher Association that Volunteer Service Hours will be judged completely successful, if there are no parents billed for unfulfilled volunteer hours.

It is required by Child Care Licensing that all parents volunteering more than 10 hours per month in a school must have a background check. King's Kids Christian Academy completes a background check on all parent/guardian.

Parent Signature

Date



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Parental Support Covenant

Please initial each statement as a personal commitment from you the parent to your child and King's Kids Christian Academy of Tampa.

I/We will take an active role in my/our child's education. This will include following through with homework assignments, special projects, signing all documents and ensuring the return to the school.

I/We will encourage my/our student to comply with all school regulations and standards (I.e.: dress code, tardiness, and absences)

I/We give the administration and faculty full discretion to employ such discipline as is deemed wise and expedient for my child.

I/We agree to accept the responsibility for any damage done by my/our child at the school.

I/We agree to abide by all King's Kids Christian Academy of Tampa center rules and regulations.

I/We agree and understand that it is my/our responsibility to get my child to school and programs in a timely fashion.

I/We will immediately notify the Front Office of any changes in address, phone number, employment or emergency contact information.

I/We understand that the school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the school's academic or behavioral program.

I/We will provide a minimum of twenty hours of volunteerism within the school year and participate in two major fundraisers or provide a \$500.00 monetary pledge to be added into the 1st tuition payment in March that will in turn be placed back into the schools budget.

I/We will support the school with 100% effort toward its fundraiser endeavors.

I/We will support the spiritual training given to my/our child.

We currently worship at the following church:

Name of Church

Name of Pastor

Student's Name

Parent's Name

Date



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Statement of Agreement

I understand that:

All requirements for admission (as stated in the enrollment pack and Parent Handbook) need to be met by school families.

There will be no refund for registration fees or tuition.

It is my responsibility to pay all incurred fees/tuition for each financial period when my child is enrolled in King's Kids Christian Academy, Inc.

Tuition is based on a weekly payment schedule for Toddlers through Kindergarten. Parents are required to pay tuition in advance.

Tuition is due and payable on the Thursday before the week starts on Monday the first day of the current week.

Payments not received on Tuesday of the current week will be assessed a late fee of \$10.00 each week.

If my account is not paid by the due date, my child will be suspended from school until the account becomes current.

No transcripts or records will be issued to other schools until my account is paid in full.

VPK students are enrolled in a 540 instructional hour school year program. If they miss more than 3 days a month, we reserve the right to ask that they withdraw from school.

As a registrant at King's Kids Christian Academy of Tampa, Inc., I have read and agree to support the policies, financial obligations, and other procedures of the school as stated in this form, or as well as in the Parent's Handbook.

Child's Name

Parent/Guardian Name

Parent/Guardian Signature

Date



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Parent/Teacher Association Membership Form

Parent's Name: _____

Work Hours: _____

Home Phone: _____

Mobile Phone: _____

Mailing Address: _____

Email Address: _____

Please list all of your children currently attending King's Kids Christian Academy of Tampa:

Name:

Class:

All parents are expected to volunteer in at least two areas. Please indicate in which areas you plan to participate. Circle all that apply:

Classroom volunteers

Teacher Appreciation

Sports Day

Valentine's Day Dance

Fundraiser

Bulletin Boards

Parent Signature

Date



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CHILD EMERGENCY/RELEASE INFORMATION CARD/CHANGE OF STATUS FROM FOR
PARENT(S)/GUARDIAN(S)

Child's Name: _____ Parent/Guardian's Name: _____

CHANGE OF ADDRESS/PHONE	
Address:	City: Zip Code:
Telephone (H) (M)	Other:
CHANGE OF EMPLOYER/SCHOOL	
Name of Employer/School:	Telephone:
Address:	City: Zip Code
UPDATE EMERGENCY CONTACTS	
Name:	Phone Number:
Name:	Phone Number:
CHANGE OF CUSTODY CHILD/PARENT'S NAME	
Date of Change:	New Name:
FROM: Parent, Guardian, Foster Parent:	
TO: Parent, Guardian, Foster Parent:	
CHANGE PICKUP LIST	
Add the following person(s) to the pickup list.	
Name:	Phone Number
Name:	Phone Number
Name:	Phone Number
Remove the following person(s) from the list.	
Name:	Phone Number
Name:	Phone Number
Name:	Phone Number

Parent/Guardian's Signature

Date

3000 N. 34th Street ≈ Tampa, Florida 33605 ≈ (813) 666-1568

www.KKCA Tampa.org ≈ License Number CTA-432082

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>



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SECTION: FINANCIAL INFORMATION

POLICY #: 4.3

POLICY: TUITION CHARGES

TUITION CHARGES (Money Order or Debit Card only)

Tuition is based on an annual, monthly, bi-weekly, or weekly payment fee schedule. Parents who pay on a weekly or bi-weekly basis are required to pay the tuition in advance. Parents who pay on a monthly basis are required to pay the tuition by the 15th of each month.

A full weekly, bi-weekly or monthly tuition fee is charged for each child and monies paid for tuition shall not be refunded. Parents also have the option to pay the annual fee in full no later than August 10th and no portion shall be refunded. All payments are to be paid in the office to assure proper credit to each parent's account.

All tuition fee charges must be paid by money order or debit/credit card. King's Kids does not accept checks or cash.

Tuition & Fees for 2021 – 2022

Age Group	Annual Fee (41 weeks of school)	Paying Monthly (over an 9 month period)	Paying Weekly (40 week period)
Infant	\$7,400	\$822	\$185
1 year-old	\$7,200	\$800	\$180
2 year-old	\$7,000	\$778	\$175
3 year-old	\$6,560	\$729	\$164
4 year-old & VPK Students**	\$6,560	\$729	\$164
Kindergarten	\$6,560	\$729	\$164

****Note.** The VPK fee is based upon the \$50 weekly payment received from the Early Learning Coalition. Families must apply through the Early Learning Coalition in order to receive the tuition stipend of \$50 per week.

Note. Families participating in the Hillsborough County School Readiness Program are required to pay the difference between the Approved Reimbursement Rate and the Private Pay Rate.

Note. There is a required \$75 registration fee for all students; one registration fee per family.



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King's Kids Christian Academy Tuition Policy

The operation of King's Kids Christian Academy is the cornerstone of the Thirty-Fourth Street Church of God's Ministry of providing Christian education for children of the congregation and the community. The Ministry provides funding for the school; however, parental financial obligations are crucial to its smooth operation. We believe that our tuition payments are an investment in your child's education and religious formation. The tuition and fees for King's Kids Christian Academy are approved annually by our School Board, the school's Administration, and the Senior Pastor. The following policies are in effect for tuition and fees:

Tuition Payments

There are four basic payment options to make tuition payments. All tuition payments must be made in the office during normal business hours. Tuition must be paid **BY MONEY ORDER OR DEBIT/CREDIT CARD**. NO CASH IS ACCEPTED. The tuition plans are as follows:

- a. Full Payment (Option 1) – The entire tuition is due at the beginning of the school year.
- b. Monthly Payments (Option 2) – Nine (9) payment are due over the course of the school year and are due on or before the 15th of each month (August – April).
- c. Bi-Weekly Payments (Option 3) – Twenty (20) payments are due bi-weekly, no later than Tuesday of the alternating weeks.
- d. Weekly Payments (Option 4) – Forty (40) payments are due on Monday of each week, no later than Tuesday of the payment week.

Late Payments

All payments are due on the selected calendar of payment due date. If payments are not received by the due date, a late fee will be charged. All families are responsible for meeting their tuition obligation to King's Kids Christian Academy on a timely basis. Should you have **difficulty in meeting your tuition** obligations, it is **your responsibility to notify the Director of Operations/Administration so that special arrangements and adjustments to your agreement can be made, in writing**. This payment plan must be agreed upon by all parties.

Tuition Delinquency

Any family whose **tuition account falls in the arrears** and have not made alternative arrangements with the Director of Operations/Administration in writing, will have their **child withdrawn from the school**. **No official school records will be released** for any student until all financial obligations are met.



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Tuition Scholarships Are Available for the 2021-2022 School Year

Parents—you can get assistance for your tuition payments.

VPK (elchc.org)—is now accepting applications for the 2019-20 school year. All children, who turn 4-years of age by September 1, are eligible to receive this scholarship, regardless of the family's income. VPK pays for a half day program. For families wanting a full day experience for their child(ren), there is a \$112.75 weekly wrap-around fee that King's Kids Christian Academy charges; parents are responsible for paying the \$112.75 wrap-around fee.

Without the VPK scholarship, the weekly tuition fee for VPK (4 years old) will be \$164 per week beginning the 2019-20 school year.

Step Up (stepupforstudents.org)—families qualify for this scholarship based on income. The program is not currently accepting new families for the 2019-20 school year. However, if you are interested in knowing when the program will begin accepting new families, please let us know in the School's Office. We monitor the site daily to make certain our parents are able to take advantage immediately.

School Readiness (elchc.org)—qualification for this program is based on the family's income. You can apply at any time. The sooner the better. A waiting list forms the closer you get to the beginning of the new school year.

If you need help in filling out the forms (done on a computer), please do not hesitate to stop by the School's Office. Thank you for allowing us to serve you and your child.