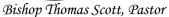


An Outreach Education Ministry of 34th Street Church of God Inc.

Toddlers - Kindergarten



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

Admission Checklist

Ch	ild'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
	Child Emergency & Release Information Card
9.	Copy of Parent(s)/Legal Guardian(s) Driver's License
10.	Copy of Child's Birth Certificate
	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 –
S	Signature Required)
15.	Distracted Adult (Form Available in Office – Signature
F	Required)

Other Informational Items

- Tuition Charges
- Tuition Policy
- Available Tuition Scholarships



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 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).



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

Toddlers - Kindergarten



Bishop Thomas Scott, Pastor

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

Application Form

Parent/Guardian Information		Registration Date	e:
Mother/Guardian			
First Name:	M.I	Last Name:	
Address:			
Occupation:	Hor	me Phone: ()	
Employed By:	Offi	ice Phone: ()	
Work Address:	Cel	ll Phone: ()	
[] Custodial Parent (If married, mark bot	h parents)		
Email:	Driv	ver's License #:	
Father/Guardian			
First Name:	M.I	Last Name:	
Address:			
Occupation:	Hor	me Phone: ()	
Employed By:	Offi	ice Phone: ()	
Work Address:	Cel	ll Phone: ()	
[] Custodial Parent (If married, mark bot	h parents)		
Email:	Driv	ver'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 B	irth:		
List any existing medical conditions, med	lication and/or	special attention your child may require?	
Allergies:			
Pediatrician's Name:		Phone: ()	
Address:			

Photographs: May we take and	maintain a r	ohoto of vo	our child for se	ecurity purp	oses?	l Yes	[] No

Child Information - Continued

First Name: _	M.I.	Last Name:
		Grade/Class:
Gender: [] Male [] Female Date of		
		or special attention your child may require?
Allergies:		
Pediatrician's Name:		Phone: ()
Address:		
Photographs: May we take and mainta	ain a photo of yo	our child for security purposes? [] Yes [] No
3rd Child		
<u> </u>	M.I.	Last Name:
		Grade/Class:
Gender: [] Male [] Female Date of		
List any aviatina madical conditions	medication and/	or special attention your child may require?
List any existing medical conditions, a	meareanon ana,	or special accommon your crima may require.
List any existing medical conditions,		or special attention your child may require.
Allergies:		
Allergies:		
Allergies:		Phone: ()
Allergies: Pediatrician's Name: Address:		Phone: ()
Allergies: Pediatrician's Name: Address:		Phone: ()
Allergies:	ain a photo of yo	Phone: ()
Allergies: Pediatrician's Name: Address: Photographs: May we take and mainta 4th Child First Name:	ain a photo of yo	Phone: () our child for security purposes? [] Yes [] No
Allergies: Pediatrician's Name: Address: Photographs: May we take and mainta 4th Child First Name: Name child prefers to be called:	ain a photo of yo	Phone: () our child for security purposes? [] Yes [] No Last Name: Grade/Class:
Allergies: Pediatrician's Name: Address: Photographs: May we take and mainta 4th Child First Name: Name child prefers to be called:	ain a photo of yo	Phone: () our child for security purposes? [] Yes [] No Last Name: Grade/Class:
Allergies: Pediatrician's Name: Address: Photographs: May we take and mainta 4th Child First Name: Name child prefers to be called: Child's Address: Gender: [] Male [] Female Date of	ain a photo of yoM.I of Birth:	Phone: () our child for security purposes? [] Yes [] No Last Name: Grade/Class:
Allergies:Pediatrician's Name:	ain a photo of your M.IM.I	Phone: () our child for security purposes? [] Yes [] No
Allergies:	ain a photo of your M.IM.I	Phone: () our child for security purposes? [] Yes [] No Last Name: Grade/Class: or special attention your child may require?
Allergies:Pediatrician's Name:	ain a photo of your M.IM.I	Phone: () our child for security purposes? [] Yes [] No Last Name: Grade/Class: or special attention your child may require?

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	nt:
If my child,Academy of Tampa, Inc., I understand that	, should become ill or injured at King's Kids Christian
King's Kids Christian Academy of Tampa, Inc. will (1) co if I cannot be reached.	ontact me immediately and (2) contact the person(s) I have designated
Should the facility be unable to reach me and/or the other physician and/or arrange for immediate medical treatment	person(s) designated, they are authorized to contact my child's .

3000 N. 34th Street ≈ Tampa, Florida 33605 ≈ (813) 666-1568 <u>www.KKCATampa.org</u> ≈ License Number CTA-432082

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) A.M. Snack Noon Meal P.M. Snack Dinner Snack Evening Formula Breakfast **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** give my child 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: _____

Hillsborough County Ordinance requires that parents must receive a copy of the "KNOW YOUR CHILD'S DAY CARE FACILITY BROCHURE/FCCH", Information on the INFLUENZA (FLU) VIRUS, and the parent's are notified in writing of the "DISCIPLINARY PRACTICES" USED BY THE CHILD CARE FACILITY. The parent's or legal guardian's signature certifies receipt of the child care facility brochure/fcch brochure, influenza information, and discipline policies. Agreement of the alternate nutrition plan and that all the information on this form is complete and accurate.

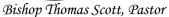
Parent's Signature:	Date:
Section 65C-22.006(2), F.A.C., requires a c (Form 680 or 681) within 10 days of enrollr	urrent physical examination (Form 3040) and immunization record ment.
Section 402.3125(5), FS., requires that pare Child Care Facility" (CF/PI 175-24).	nts receive a copy of the Child Care Facility Brochure, "Know Your
Section 65C-22.006(3) c2., F.A.C. requires by the child care facility.	that parents are notified in writing of the disciplinary practices used
Your signature below indicates that you have enrollment form is complete and accurate.	ve received the above items and that all information on this
Signature of Parent/Guardian	Date

King's Kids Christian Academy of Tampa, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.



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





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

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: Have Phares				
irthdate: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 wo	ork:			
Father's/Guardian Name:				
Address:	Em	ail Address:		
Home Phone:	Cell Phone	:		
Place of Employment:				
Occupation:				
Hours of Employment:		Travel:		
How can we reach you while at wo				
Names Please list other persons living wit	Ages h your family:	Grades		
Name	i your runniy.	Relationship		
Traine		Relationship		
Major family changes (past, preser	nt, future) we should know about	out:		
Language(s) spoken at home:		·		
Do you have any pets at home?	If so, what are they and wha	at are their names?		
Do you live in a: House? [Does your child have space and/or		,		

	ther children?	
If so, what are their ages?	a.	
General temperament of child (i.e., happy quiet i	s: moody, aggressive, passive, etc.)	
	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 mornin	g?	<u>—</u>
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? In	t so, please explain below:	
Name of Food	Reaction	
How has your child been cared for until now? Ple	ease check all that apply:	
Parent Babysitter or Day Care F	Pre-School/Day Care Center Other Relative (G	brandmother, Aunt,
etc.)		
Name of Pre-School/Day Care Center:		
If your child has had previous group experience, p	please describe and state how long your child was in	the group.
What aspect of group experience did your child en Most:		
Least:		
In what way can we help your child this year?		_ _
How does your child respond when left (at the cer	nter) by his/her parents?	_
Does your child have any particular fears? (i.e., and	nimals, the dark, being left):	_
Please list topics that your child is NOT comforta or discussions:	ble discussing or that you prefer our staff not incorp	oorate into activitie
Is your child toilet trained?YesN How will your tell us she/he needs to go to the ba	oNeeds Reminding throom?	
Does she/he need help w/toileting?	throom?If yes, explain:	
What are your child's areas of strength and areas	of difficulty?	

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)?
(give examples).
Parks:
Restaurants:
Theme Parks:
Museums:
Traseums
Other:
What out of state places has your child visited/experienced (give examples)?
Family/Relatives:
Parks:
Historical:
Historical: Theme Parks:
Theme Parks: Museums:
Museums:Other:
Other.
Has your child had travel experiences outside of the United States?
If so, please list:
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?

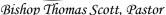
Thank you for taking time to fill out this information form. It will help us to get to know your child and to serve your family better. Please know that you are always welcome in the classroom. If at any time you would like to voice comments, questions or concerns, feel free to speak with our director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

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



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

Toddlers - Kindergarten





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

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.

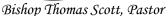
agree in fostering a partnership in the Christian education of my child

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 15 th . 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 28 th or will be charged to March tuition.
the belief and the philosophy of the sch	tining the school budget and therefore reflecting reasonable tuition and fees. It is nool and the Parent teacher Association that Volunteer Service Hours will be judged arents billed for unfulfilled volunteer hours.
	that all parents volunteering more than 10 hours per month in a school must have a an Academy completes a background check on all parent/guardian.
Parent Signature	Date



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

Toddlers - Kindergarten





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

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 a	<u> </u>
I/We will encourage my/our student to comply dress code, tardiness, and absences)	with all school regulations and standards (I.e.:
	iscretion to employ such discipline as is deemed
wise and expedient for my child.	iscretion to employ such discipline as is decined
I/We agree to accept the responsibility for any	damage done by my/our child at the school
	an Academy of Tampa center rules and regulations.
	sponsibility to get my child to school and programs
in a timely fashion.	. F
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 ri	ght to dismiss any student who does not respect its
spiritual standards or cooperate in the school's aca	1 0
I/We will provide a minimum of twenty hours	•
participate in two major fundraisers or provide a \$5	• • •
tuition payment in March that will in turn be place	
I/We will support the school with 100% effort	
I/We will support the spiritual training given to	o my/our child.
We currently worship at the following church:	
Name of Church	Name of Pastor
Traine of Charen	Nume of Fastor
Student's Name	Parent's Name
	-

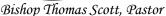


I understand that:

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

Statement of Agreement

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	

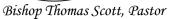


Parent's Name

King's Kids Christian Academy Of Tampa Inc.

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





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

Parent/Teacher Association Membership Form

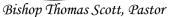
Work Hours

Home Phone:		Mobile	Phone:
Mailing Address:			
Email Address:			
Please list all of your childre Tampa:	en currently attendin	<mark>g King's</mark>	Kids Christian Academy of
Name:		Class:	
All parents are expected to vareas you plan to participate			Please indicate in which
Classroom volunteers	Teacher Apprecia	tion	Sports Day
Valentine's Day Dance	Fundraiser	Bulletin	Boards
Parent Signature			Date



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





Areva Green, Director of Operations Sharon E. Miller, Ph.D., Director of Administration

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 O	F EMPLOYER/SCHOOL	
Name of Employer/So	chool:	Telephone:	
Address:	City:	Zip Code	
	UPDATE EN	MERGENCY CONTACTS	
Name:		Phone Number:	
Name:		Phone Number:	
	CHAN	IGE OF CUSTODY	
	CHILD	/PARENT'S NAME	
Date of Change:	Ne	w Name:	
FROM: Parent, Guard	lian, Foster Parent:		
TO: Parent, Guardian	n, Foster Parent:		
	CHAI	NGE PICKUP LIST	
	Add the following	g 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	

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 9th 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/



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

Bishop Thomas Scott, Pastor

Areva Green, Director of Operations Sharon E. Miller, Ph.D., Director of Administration

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.

<u>Note</u>. 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.

3000 91. 34th Street ≈ Tampa, Florida 33605 ≈ (813) 666-1565 ≈ Fax(813) 247-4337 www.2<u>XCATampa.org</u> ≈ License Number CTA-432082



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

Toddlers - Kindergarten

Bishop Thomas Scott, Pastor

Areva Green, Director of Operations Sharon E. Miller, Ph.D., Director of Administration

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 15^{th} 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.

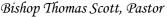
Tuition Delinquency

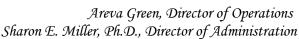
Any family whose **tuition account falls in the arrears** and have not made alternative arrangements with the Director of Operations/Administration in writing, will have their **child withdrawn from the school.** No official school records will be released for any student until all financial obligations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



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

Toddlers - Kindergarten





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.