

KCA PRESCHOOL ENROLLING NOW 642-2117

**NEW ADDRESS: 650 E. 8TH
ST.
FULTON, MO**

Preschool schedule

3 year old class

8:00-11:30 a.m. Tuesday/Thursday

12:30 – 3:45 p.m. Tuesday/Thursday

8:00-3:45 p.m. Tuesday/Thursday

\$70/month for half-day and \$150/month for full day

Child must be toilet trained

4 year old class

8:00-11:30 a.m. Mon/Wed/Fri

8:00-3:45 p.m. Mon/Wed/Fri

\$90/month for half-day and \$190/month for full day

Wednesday lunch is included for full day.

Afternoon classes are available upon request.

A **\$25 non-refundable application fee** must be submitted with application as well as a completed enrollment and consent form. Preschool application packets can be picked up in the KCA office.

M/W/F classes- Child must have turned 4-5 years of age by July 31 of enrollment year.

T/Th classes- Child must have turned 3-4 years of age by July 31 of enrollment year.

Children who are currently enrolled at KCA preschool should fill out an application to hold their spot for this fall.

Rev. 2/2012

**KINGDOM CHRISTIAN ACADEMY
PRESCHOOL**

**New Address: 650 East 8th Street
PO Box 695
Fulton, MO 65251**

HISTORY OF OUR SCHOOL

The Kingdom Christian Academy Preschool was organized to begin its first year at First Baptist Church in the fall of 2007. We are an affiliation of Kingdom Christian Academy. We are an inter-denominational Christian school. Our policies are not governed by any church or denomination, but rather by a corporate Board of Directors composed of Christians from various denominational backgrounds. KCA was established in 1995.

OUR MISSION

To glorify God by providing a quality, Christ-centered education for our students to enable them to become godly leaders for our community incorporating the core values of integrity, love, obedience, respect, and servant-hood.

OUR VISION

KCA preschool is a Christ-centered learning environment through godly faculty, staff, and parent partnership. This partnership provides a school, which emphasizes our core values, and provides our students with an opportunity for a close personal walk with Christ. It is our desire that these students become servant leaders of Christ and role models in our community, nation, and world.

OUR MOTTO

“Where Academics and Faith Unite”

OUR CURRICULUM

We believe our curriculum should challenge our students to reach their academic potential while teaching Biblical truths as well. The A Beka curriculum, published by the Pensacola Christian College, is the primary base of our school materials. This program integrates academic development (with God at the center of each subject) with Christian character building—to obey, to do right, and to love God and country.

PRESCHOOL SCHEDULE

3-year-old classes

8:00-11:30 AM	Tuesday/Thursday
12:30-3:45 PM	Tuesday/Thursday
8:00-3:45 PM	Tuesday/Thursday

4-year-old classes

8:00-11:30 AM Mon/Wed/Fri

8:00-3:45 PM Mon/Wed/Fri

Afternoon classes are available upon request.

Afternoon pickup--please have children picked up by 3:45 PM.

Please drop your child off on time to minimize classroom disruptions.

Full day students will need to bring a lunch. Lunch on Wednesday is included in full day enrollment. Milk may be purchased.

TUITION

M/W/F classes \$90/month for half-day and \$190/month for full day.

T/TH classes \$70/month for half-day and \$150/month for full day.

Enrollment of two or more children will be as follows....

M/W/F \$70/month for half-day and \$150/month for full day.

T/TH \$55/month for half-day and \$120/month for full day.

ENROLLMENT REQUIREMENTS

M/W/F classes--Child must have turned 4 or 5 years of age between August 1 of the previous year and July 31 of the enrollment year.

T/TH classes--Child must have turned 3 or 4 years of age between August 1 of the previous year and July 31 of the enrollment year.

Children must be toilet trained. Younger children may be evaluated for placement in T/TH class.

ENROLLMENT PROCESS

A \$25 non-refundable application fee must be submitted each year with application as well as a completed enrollment and consent form. The first month tuition is due by August 1.

PAYMENT INFORMATION

- Payments may be made to Smart Tuition. Payment options are to be set up through Smart Tuition's enrollment form. Payments to the school office will no longer be accepted, except if you are paying the tuition in full for the entire year.
- Monthly payments are considered due and payable on the first of each month and will be considered overdue after the 15th day of the month. At that time, a late fee of \$35 will be assessed through Smart Tuition. The Smart Tuition form should be filled out and returned to the school office.
- The cost of preschool applies whether your child is present or absent. Monthly tuition holds your child's place until they return. If tuition is not paid by the end of the month, your child's place may be filled.

SNACKS

All parents are asked to bring snacks on designated days set up by the teacher. The snack should include something nutritious and milk or 100% fruit juice. Examples-- peanut butter and graham crackers with apples, yogurt, cheese and crackers. Soda is not allowed.

SCHOOL CLOSINGS

In the event of inclement or hazardous weather conditions, please check the local television stations (Channel 8 KOMU, Channel 13 KRCG, Channel 17 KMIZ) for information regarding school closings or early dismissals. We close school when the Fulton Public Schools are closed. In the event of early dismissal due to weather, please have an alternate plan for picking up your children if and when this circumstance should arise.

PARENT INVOLVEMENT

Parents are welcome to come and observe their child's preschool class. Parents are always welcome to come and join preschool parties, birthdays and special events. Parents, if you have a special talent, skill or employment that you would like to share please let your child's teacher know.

DISCIPLINE POLICY

KCA Preschool disciplinary guidelines are necessary for orderly operation of the school,

The objectives of KCA Preschool's program of discipline are to:

1. Help students develop self-control.
2. Learn respect for proper authority.
3. To assume increasing responsibility.
4. Develop the ability to exercise freedom wisely.
5. Develop positive attitudes.

The achievement of these objectives requires the cooperative effort of the student, teacher, and parent.

Enrollment in KCA preschool does not mean automatic enrollment in KCA K-8th grade. A new application is required. If you wish to have your child enrolled in KCA K-8th grade program, there is a separate process. See teacher for details.

Special medical information about your child: _____

Names and birth dates of other children in your family: _____

Special interests of your child: _____

Is there any other information about your child and/or family that your child's teacher might find helpful? _____

Please list any special talents, hobbies, interests, etc. that your family could share with preschool: _____

What do you hope your child will gain from this preschool experience? _____

Would you be willing to serve on the Preschool Committee? YES NO

Would you be willing to help with the Classroom Parties? YES NO

Immunizations:

*The KCA Preschool requires that your child be current with all immunizations. For new students, a Medical Examination Report is attached and must be filled out by a physician and/or a registered nurse and **returned by the first day of school.***

PLEASE INDICATE FIRST (1) AND SECOND (2) CHOICES FOR CLASS PREFERENCE. Please indicate if your #1 choice is the only choice possible for you. If so, enroll early to assure placement in our first choice class. Morning classes fill very quickly.

TUESDAY/THURSDAY CLASSES:

- _____ 8:00 a.m.-11:30 a.m. \$70.00 per month tuition
- _____ 12:30 p.m.-3:45 p.m. \$70.00 per month tuition
- _____ 8:00 a.m.-3:45 p.m. \$150 per month tuition

MONDAY/WEDNESDAY/FRIDAY CLASSES:

- _____ 8:00 a.m.-11:30 a.m. \$90.00 per month tuition
- _____ 8:00 a.m.-3:45 p.m. \$190 per month tuition

Afternoon classes available upon request

PLEASE MAIL:

- 1. Completed Registration Form**
- 2. \$25.00 Application Fee**
- 3. The attached consent, release and enrollment agreement form to:**

KINGDOM CHRISTIAN ACADEMY PRESCHOOL

650 East 8th Street

P.O. Box 695

Fulton, MO 65251

(Attn. Enrollment Coordinator)

Kingdom Christian Academy

Preschool

Immunization Requirements

For the 2012-2013 School Year

Dear KCA Preschool Parents,

The State of Missouri requires the following immunizations for children 19 months to kindergarten entry in a child care facility.

3+ Hepatitis B

4+ DTaP/DT

3+ Polio

3+ Hib

4 PCV

1 MMR

1 Varicella (Chickenpox)

If your child has already received the immunization(s) indicated above, please provide a copy of their official immunization record. Your child must have proof of the required immunization(s); otherwise, by law, your child may not attend this facility.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF CHILD CARE
MEDICAL EXAMINATION REPORT (INFANT/TODDLER & PRESCHOOL-AGE CHILD)

I. IDENTIFYING INFORMATION

PATIENT'S NAME	BIRTHDATE
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II. CURRENT STATE OF HEALTH

I HAVE EXAMINED THE ABOVE-NAMED CHILD AND VERIFY THAT THIS CHILD'S MEDICAL HISTORY AND CURRENT STATE OF HEALTH
 ARE ARE NOT SATISFACTORY FOR PARTICIPATION IN A CHILD CARE PROGRAM.

DOES THIS CHILD REQUIRE ANY SPECIALIZED CARE? YES NO

IF YES, EXPLAIN IN SECTION IV.

III. IMMUNIZATION HISTORY

OUR RECORDS INDICATE THAT THIS CHILD HAS THE FOLLOWING IMMUNIZATIONS:

IMMUNIZATIONS	DATES GIVEN					
	Dose No. 1	Dose No. 2	Dose No. 3	Dose No. 4	Dose No. 5	Dose No. 6
_____ DPT/DT/DTAP						
_____ Polio						
_____ Hepatitis B						
_____ Hib						
_____ MMR						
_____ Varicella						

IV. COMMENTS/RECOMMENDATIONS

(SPECIAL DIETS, ALLERGIES, EAR INFECTIONS, CONVULSIONS, DIABETES, EMOTIONAL PROBLEMS)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN	DATE	PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)
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NAME OF CLINIC, GROUP PRACTICE, OTHER	IF NURSE IS SUPERVISED BY PHYSICIAN, INDICATE PHYSICIAN'S NAME
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ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER ()
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KCA PRESCHOOL

CONSENT FORM

I state that I am the authorized and proper person to execute this consent, permission and release on behalf of my child, and I hereby consent that my child may be taken from the premises of KCA Preschool by the teacher of my child or the agents of said teacher, for the purpose of class field trips and other educational activities.

This consent shall be effective for the entire school year 2012-2013 unless I deliver to the teacher of my child written revocation thereof.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby release the KCA Preschool, its directors, agents and employees (who are acting in accordance with the guidelines established by the Board of Directors and State of Missouri) from any and all liability for any injury or damage suffered by my child while engaged in, or being transported to or from such trips and activities.

Signature of Parent(s)/Guardian(s): _____ Date: _____

EMERGENCY MEDICAL RELEASE AGREEMENT

I/We, the parent(s)/guardian(s) of _____, do hereby give permission for any KCA Preschool teacher or aide to sign any emergency care consent form for the above named child in my absence for the 2012-2013 school year.

Signature of Parent(s)/Guardian(s): _____ Date: _____

ENROLLMENT AGREEMENT

I have read what is expected of me as a parent or guardian if I wish to keep my child enrolled in the KCA Preschool. I agree to pay the tuition for the class in which my child is enrolled.

Signature of Parent(s)/Guardian(s): _____ Date: _____

PHOTO RELEASE AGREEMENT

KCA Preschool takes great pride in the commitment from our membership, strong A Beka Curriculum, and many years of service to our community. We frequently submit to the local newspaper photos for publication to give the community an opportunity to see what things are happening at KCA Preschool. We also use "preschoolers in action" photos to advertise for enrollment purposes. Please sign below if you allow us to show your child's photo.

I hereby grant KCA Preschool irrevocable permission to print and display photographs of my child taken while at KCA Preschool. These images may be published in any legal manner, including newspapers, flyers, poster, brochures and classroom projects.

Signature of Parent(s)/Guardian(s): _____ Date: _____



SMART TUITION
Financial Solutions for Schools and Parents™

KINGDOM CHRISTIAN ACADEMY - 11332
650 EAST 8TH STREET
FULTON, MO 65251



1 1 3 3 2 1 2 0 1 9 9

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER										LAST NAME OF PARENT/GUARDIAN/BILL PAYER										2012-2013			
*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY (OPTIONAL)										*LAST NAME OF ADDITIONAL AUTHORIZED PARTY (OPTIONAL)													
STREET ADDRESS OR P.O. BOX														APT #									
CITY										STATE				ZIP CODE									
HOME TELEPHONE NUMBER						MOBILE TELEPHONE NUMBER																	
EMAIL ADDRESS (SMART EMAILS REMINDERS FOR UPCOMING PAYMENTS)																							

SELECT A PAYMENT METHOD

<input type="checkbox"/> I agree to make payments by mail, web or telephone. I agree to the following payment due date: 1 5	Your school allows the following due dates (choose one):
<input type="checkbox"/> I authorize SMART to automatically debit my payments from the below provided account. I agree to the following automatic payment date: 1 5	Your school allows the following debit dates (choose one):
PLEASE DEBIT MY: <input type="checkbox"/> CHECKING (PLEASE ATTACH A VOIDED CHECK) OR <input type="checkbox"/> SAVINGS	
9 DIGIT ROUTING NUMBER: BANK ACCOUNT NUMBER: 	
PLEASE CHARGE MY: <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD	
CREDIT CARD NUMBER: EXPIRATION DATE: / 	
2.5% convenience fees apply to all credit card payments. Smart Tuition does not accept Visa	

SELECT A PAYMENT PLAN

Plan A 10 Payments Aug-May Plan B 12 Payments Aug-Jul	ENTER PLAN LETTER HERE <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
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ENTER STUDENT INFORMATION

Choose from the following grades: PK3,PK4,PK,K,1-8

GRADE	FIRST NAME OF STUDENT	LAST NAME OF STUDENT

OPTIONAL SCHOOL FAMILY ID: OPTIONAL TYPE CODE:

FOR SCHOOL OFFICE USE ONLY

THIS FAMILY IS ENROLLING LATE:
 SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN
 COLLECT BALANCE IN FIRST MONTH

OPTIONAL STUDENT IDS

	STUDENT 1 TUITION:	\$	
	STUDENT 2 TUITION:	\$	
	STUDENT 3 TUITION:	\$	
	STUDENT 4 TUITION:	\$	
FAMILY TUITION SUBTOTAL		\$	

PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, such action will result in a late fee of \$35.00. A \$25.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER _____ DATE ____/____/____

FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

ANNUAL TOTAL DUE \$

PARENT INSTRUCTIONS

Please use capital letters and print clearly.

1. **ENTER FAMILY INFORMATION:** Provide us with all of the requested contact information. If desired, use the "Additional Authorized Party" field to allow another person to access your tuition account information and make payments on the account. Be sure to include your email address, as we may contact you regarding important account information.

2. **SELECT A PAYMENT METHOD:** If you choose to pay by mail, you will receive a bill that will be due on the date selected. Please mail your payment at least seven business days prior to the due date. If you select Auto-Debit, Smart Tuition will debit your account on the due date you select. Please include a voided check to ensure the accuracy of your account information. On the bottom of every check, there is a 9 digit routing number that represents your bank (example below). It is typically located on the left side of the bottom of the check. Smart Tuition can not process automatic payments if the routing number is missing.

JOHN SMITH 123 Smart Lane Anytown, NY 12345	DATE	\$	DOLLARS
PAY TO THE ORDER OF			
BANK NAME Anytown, NY 12345	ACCOUNT NUMBER	9 DIGIT ROUTING NUMBER	DO NOT INCLUDE YOUR CHECK NUMBER
FOR	⑆0123456789⑆	⑆0123456789⑆	⑆0123⑆

Please choose one of the due dates from the available dates provided. If you choose a due date not approved by your school, your account will default to the latest due date available.

3. **SELECT A PAYMENT PLAN:** Please choose one of the plans offered by your school by putting the letter of the plan in the box. Payment plans are mandated by your school and cannot be changed by Smart Tuition without school permission.

4. **ENTER STUDENT INFORMATION:** Please write the name and grade of the children who will attend this school.

5. **PLEASE READ AND SIGN:** Please review the terms and conditions. The Primary Bill Payer must sign the form.

TERMS AND CONDITIONS

Smart Tuition receives your payments, processes them and deposits the funds into your school's bank account. Our secure website and 24/7 parent help center are available to families that have questions about their tuition payment plans.

Late Enrollment: If Smart Tuition does not receive your enrollment form on time, your first payment date will be moved forward. Your school may require you to catch up any missed payments on your first due date, or will establish a plan with a smaller number of larger payments.

Refunds: Smart Tuition does not issue cash refunds. Overpayments will be carried on your account and credited to future tuition payments. All reimbursements or refunds must be arranged with your school.

Late Fees: Any payment that is not received by Smart Tuition by your due date is considered late and may receive a late fee. In the event that your account becomes delinquent, Smart Tuition may provide your school a follow-up service which will contact you via mail, telephone, or e-mail. Your account may be charged \$35.00 as a result of this service. This fee is in addition to any late fees charged by your school.

Dishonored Payments: A fee of \$25.00 will be applied to your account for any failed auto-debit and failed check payments. Your bank may impose additional fees.

Auto-debit Terms (Applies to Auto-debit enrollees only)
By signing this enrollment form you agree to authorize Smart Tuition to debit your account on the scheduled dates as described on the reverse side. If your auto-debit due date falls on a weekend or holiday, your account will be debited on the following business day. You agree that if any such debit is dishonored, for any reason, Smart Tuition shall have no liability for any fees charged to you by your financial institution. Smart Tuition will automatically reattempt any failed debits approximately 10 days after their failure. This authority will remain in effect until Smart Tuition receives your written instruction to cancel Auto-debit service. To cancel or stop a scheduled auto-debit payment, you must contact Smart Tuition no later than 3 business days prior to the scheduled payment at (888) 868-8828.

Amendments

By signing this enrollment form you acknowledge and agree that such terms and conditions may be amended from time to time by Smart Tuition and such amendments will be reflected on Smart Tuition's website.

Smart Tuition Privacy Policy

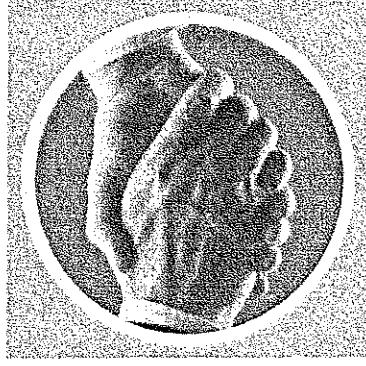
Your privacy is important to us. We do not disclose any personal information about our customers or former customers to anyone except permitted by law. Smart Tuition has adopted numerous procedures to protect the confidentiality of school and family information. We adhere to the Payment Security Industries Standard for storing card holder data.



SMART TUITION
Financial Solutions for Schools and Parents™

&

**Your School
Have Formed
A Partnership**



**That Benefits
Your School,
Your Child,
And You.**

**Please return completed
form to your school
immediately.**

If you have any questions regarding this form, contact Smart Tuition at:

1-888-868-8828

www.parents.smarttuition.com