



KING'S WAY

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2022-2023 TUITION & FEES

- **Registration Fees:** A non-refundable registration fee of \$200 per child entering PreK or \$250 per child entering K-5th grade will be due upon acceptance to Kings Way. Receipt of this fee will secure your child(ren)'s place in the school. **Registration is required by August 1** (or 15 days after notification of acceptance). Applications received after August 1 for grades K-5 will be \$275 per child. **Registration fees will not exceed \$500 per family.**
- **Tuition Schedule:** Kings Way will offer a full time program for PreK-5th grade students. Our school day will operate Monday - Friday from 8:30 am - 2:30 pm. Tuition rates are based on a 10 month payment plan from September - June.
- **2022-2023 Tuition Rates:**
 - Pre-K 3s & 4s: \$3,800/year or \$380 per month for 10 months
 - K - 5th grade: \$3,950/year or \$395 per month for 10 months
 - a 3% discount is offered for tuition paid in full by 9/1
- **Tuition Management:** Tuition payments may be made via cash, personal checks or auto-bill pay and are due by the 1st of each month.

Billing Contact info: Megan Leibforth, Assistant Director
mleibforth@kwawarriors.org or 607.438.2908



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Before & After Care Rates (subject to change yearly)

Before Care is offered on regularly scheduled school days from 7:30 am - 8:15 am.

After Care is offered on regularly scheduled school days from 2:45 pm- 5:30 pm.

Before Care Only Daily Rate: \$10/day per student

After Care Only Daily Rate: \$20/day per student

Before & After Care Weekly Rate: \$75/week per student

Sibling Discount Weekly Rate: \$65/week per student

Bi-weekly invoices are sent out the Tuesday before payment is due. Families more than five (5) business days delinquent will not be permitted to use Before or After Care until the balance is paid in full. Please make checks payable to: Kings Way. Place clearly labeled payment in the red box located at the Welcome Desk.

Before & After Care will only be offered on Kings Way scheduled school days. In the event of inclement weather delays, Before Care will not be offered. In the event of school cancellations, neither Before nor After Care will be offered.

Billing Contact info: Megan Leibforth, Assistant Director

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Please sign below indicating agreement to the above terms. You will be provided with a copy.

date: ____/____/20__



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ENROLLMENT APPLICATION

CHILD'S INFORMATION

Child's full name: _____

Date of birth: ____/____/____

Name child goes by: _____ Gender: M F

Grade for which child is applying: _____

School Year for which child is applying: 20____

Parental status: Married Divorced Unmarried Guardian Widow(er)

With whom does the child live? Mother Father Both Other _____

MOTHER'S INFORMATION

Mother's name _____ Mother's address _____

City, Zip _____ Home phone _____

Employer _____ Occupation _____

Business phone _____ Cell: _____

E-mail: _____ Church _____

Church status: Active Inactive

FATHER'S INFORMATION (if different)

Father's name _____ Father's address _____

City, Zip _____ Home phone _____

Employer _____ Occupation _____

Business phone _____ Mobile: _____

E-mail: _____ Church _____

Church status: Active Inactive

May we include name, address, and phone number in the school directory? Yes No

Who is authorized to pick up your child?



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CHILD'S BACKGROUND

Child's church: _____

Has your child accepted Jesus Christ as his/her personal Savior? Y N

Previous school: _____

If transferring, please give reason:

Has your child ever been suspended or expelled from a school? Yes No

If yes, explain:

Has your child ever been screened or evaluated for: ADD, ADHD, learning disabilities, or other areas which can impact learning? Yes No

If yes, explain:

Has your child ever received Special Education Services or been given a 504 Plan or an IEP? Yes No

If yes, please explain briefly: _____

Please share any major events that have occurred during your child's life that Kings Way should be aware of (relocation, death in the family, divorce, major illness/surgeries, etc):



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PUBLIC SCHOOL DISTRICT: _____

Public school child would attend: _____

HEALTH ISSUES -- Please identify any special health concerns/allergies about which we should be aware:

CHILD'S HEALTH INSURANCE CARRIER

Child's healthcare provider's name: _____
phone (____) ____ - _____

EMERGENCY CONTACTS (other than parents):

Primary (name and phone):

Secondary (name and phone):

Where did you hear about us or who may we thank for referring you to our school? _____

ADMISSIONS POLICY: Kings Way 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 color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship and other school-administered programs.



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PARENTAL PLEDGE OF SUPPORT

We, the parents (primary care givers), pledge our full support and cooperation to the staff and faculty of Kings Way with regard to the work and conduct required of our child. We further pledge our support of Christian education in our home through our example. We agree to make tuition payments on time and to promptly meet other financial obligations as they arise. By signing this application you agree that the school has full discretion in the discipline and grade placement of your child(ren), that you agree to abide by the policies and procedures of Kings Way, and that the school reserves the right to dismiss any child who by behavior and attitude, hinders the educational process of the school or who does not maintain the academic standards of the school.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Please use the back of this form for any additional information.

APPLICATION PROCEDURE:

1. Please complete and return the application to Kings Way either by mailing to:

Kings Way P.O. Box 376 Painted Post, NY 14870

or in person at our facility located within the Twin Tiers Christian Church at:

36 Beartown Rd. Painted Post, NY 14870

2. Kings Way Administration will interview the parent(s) and the student. Please contact us to set up this appointment after submitting the application.

3. Parents will be notified regarding acceptance within 48 hours of the interview.



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ENROLLMENT APPLICATION CHECKLIST

- Completed application
- Set up an interview appointment with administration
- Copy of current immunization records and physical examination
- Copy of birth certificate(s)
- Read and sign Parent/Student Handbook contract
- Pay registration fee either by cash or check **after** notification of acceptance

All materials and appointments must be completed before a decision will be made.

CONTACT INFORMATION

Lauren Olsen, Director
Megan Leibforth, Assistant Director
607.438.2908

kwawarriors@gmail.com

www.kwawarriors.org



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