

KING'S WAY

you belong here

2024-2025 TUITION & FEES

- Registration Fees: A non-refundable registration fee of \$275 per child will be due upon acceptance to Kings Way. A \$75 deposit will be due at acceptance. Receipt of this fee will secure your child/children's place in the school. The remaining registration is required by August 1 (or 15 days after notification of acceptance). Applications received after August 1 for grades K-5 will be \$300 per child. Registration fees will not exceed \$500 per family.
- Tuition Schedule: Kings Way offers a full time program for PreK-3rd 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.
- 2023-2024 Tuition Rates:
 - Pre-K 3s & 4s: \$4,300/year or \$430 per month for 10 months
 - K 5th grade: \$4,400/year or \$440 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: Lauren Olsen, Director of Finance & Operations lolsen@kwawarriors.org or 607.438.2908



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 after notification of acceptance

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

CONTACT INFORMATION

Lauren Olsen; Director of Finance & Operations
Jennifer Burdick; Director of Education & Staff Development
607.438.2908

kwawarriors@gmail.com



2024-2025 Before & After Care Rates

KWA Club Before Care: King's Way Academy students ONLY from 7:30am to 8:15am

KWA Club After Care: King's Way Academy students and Erwin Valley students from 2:45pm to 5:30pm*

*Students not picked up by 2:45pm, are considered in After Care. If students are not picked up by 5:30pm, a \$10 fee will be added to your invoice for every five minutes they are here.

Before Care Daily Rate: \$15/day per student
After Care Daily Rate: \$25/day per student
Before & After Care Contracted Rate: \$20/day per student
(Agreement that you will be using before & After Care consistently throughout the year, whether every day or certain days per week)
Sibling Discount: 50% off

Bi-weekly invoices are sent out by email the Monday before payment is due. Families more than five (5) business days delinquent will be charged a \$10 fee. Families two or more weeks 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**. <u>Place clearly labeled payment in the white box located at the Welcome Desk.</u> See last page for ways to pay. 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: Lauren Olsen lolsen@kwawarriors.org or 607.438.2908

Please sign the second page indicating agreement to the above terms and circle the option that indicates what your family needs.



2024-2025 KWA Club Intent

Child/Children:			
Usage (circle one):	Occasionally	OR	Regularly
Porent Signature			Date:/20



ENROLLMENT APPLICATION

CHILD'S INFORMATION

Child's fo	ull name:					
Date of l	oirth:/_	/				
Name ch	nild goes by:			_ Gender:	М	F
Race: cir ONLY):	cle one (this	question is sp	ecifically for y	early census ir	nformation p	urposes
	Caucasian	Africa	n American	Hispanic	Asiar	١
		Other:				
Grade fo	or which chil	d is applyin	g:	_		
School Y	ear for whic	:h child is ap	oplying: 20_	-		
Parental	status:					
	Married	Divorced	Unmarried	Guardian	Widow(er)	
With who	om does the	child live?				
	Mother	Fother	Both	Other		



MOTHER'S INFORMATION

Mother's Name	
Mother's Address	City,Zip
Home Phone	Cell:
Employer	_ Occupation
Business Phone	_
E-mail :	Church
Church status: Active Inac	tive
FATHER'S	S INFORMATION
Father's Name	
Father's Address	City,Zip
Home Phone	Cell:
Employer	_ Occupation
Business Phone	_
E-mail :	Church
Church status: Active Inac	tive



QUESTIONNAIRE

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

Who is authorized to pick up your child?

CHILD'S BACKGROUND 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 IFP?

HEALTH ISSUES Please id about which we should be a		special hea	lth concerns/allergies	
Public school child would at	tend:		·····	
PUBLIC SCHOOL DISTRICT:				
Please share any major ever that Kings Way should be av major illness/surgeries, etc):	ware of (re		• ,	
in yes, prease exprain orieny.				
If yes, please explain briefly:				
004 Flair Of affiler:	Yes	No		



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.



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.

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.