

2025-2026 TUITION & FEES

- **Registration Fees:** A non-refundable registration fee of **\$200 per child** will be due upon acceptance to Kings Way. A **\$50 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).
- **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.
- 2025-2026 Tuition Rates:
 - Pre-K 3s & 4s: \$5,000/year or \$500 per month for 10 months or \$125 a week for 40 weeks
 - **K 3rd grade:** \$5,000/year or \$500 per month for 10 months or \$125 a week for 40 weeks
 - Paid in full by 9/1: 5% discount
 - **Family discount:** 10% for every child after the first
 - Discounts cannot be combined. You must pick one or the other.
- **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: Chloe Marmor at <u>cmarmor@kwawarriors.org</u> or 607.438.2908



ENROLLMENT APPLICATION CHECKLIST

- Completed application
- $\hfill\square$ Set up an interview appointment with administration
- $\hfill\square$ Copy of current immunization records and physical examination
- \Box Copy of birth certificate(s)
- □ Read and sign Parent/Student Handbook contract
- Department Pay registration fee after notification of acceptance

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

CONTACT INFORMATION

Chloe Marmor; Director of Business Heather Stetser; Director of Education 607.438.2908 <u>kwawarriors@gmail.com</u>



2025-2026 Before & After Care Rates

KWA Club Before Care: King's Way Academy students and Erwin Valley from 7:15am to 8:15am

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

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

Before Care Drop-In Daily Rate: \$15/day per student

After Care Drop-In Daily Rate: \$25/day per student

Before & After Care Drop-in Rate: \$30/day per student

Sibling Discount: 10% off (as long sibling is utilizing KWA Club on the same day)

Drop-in rate not to exceed 2 days a week.

*Before Care Weekly Rate: \$50/week per student

*After Care Weekly Rate: \$100/week per student

*Before & After Care Rate: \$125/week per student

Snack Fee: \$20/month per student (in lieu of providing snacks)

Sibling Discount: 10% off (as long sibling is utilizing KWA Club on the same schedule)

*Please note with the weekly rate you are paying whether you miss a day or not, it is holding your child's spot in our program.

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</u> <u>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: Chloe Marmor cmarmor@kwawarriors.org or 607.438.2908



2025-2026 KWA Club Intent

| Child/Chi | ldren: | | | | |
|-------------|-------------|------------------|-----------|-----------|-----|
| | | | | | |
| | | | | | |
| Usage (ciı | rcle one): | Occasionally | OR | Regularly | |
| Circle one: | | Before care | Aftercare | Both | |
| Days (circ | le which do | ays you would us | e): | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | |
| | | | | | |
| | | | | Date:/ | /20 |

Parent Signature





ENROLLMENT APPLICATION

CHILD'S INFORMATION

| Child's full name: | | | | | |
|--|-------------|------------------|-----------|----------|-----------|
| Date of birth:/ | | | | | |
| Name child goes by: | | | Gender: | M F | |
| Race: circle one (this question is specifically for yearly census information purposes ONLY): | | | | | |
| Cau | ıcasian | African American | | Hispanic | Asian |
| | | Other: | | | |
| Grade for | which chile | d is applying | g: | | |
| School Year for which child is applying: 20 | | | | | |
| Parental s | 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 | Cell: |
| Employer | Occupation |
| Business Phone | |
| E-mail : | _ Church |
| Church status: Active Inact | ive |
| FATHER'S | INFORMATION |
| Father's Name | |
| Father's Address | City,Zip |
| Home Phone | Cell: |
| Employer | Occupation |
| Business Phone | |
| E-mail : | _ Church |
| Church status: Active Inact | ve |





QUESTIONNAIRE

| May we incluc directory? | de name, addres Yes | s, and phone number in the school No | |
|-----------------------------|------------------------|---|---|
| Who is author | rized to pick up | your child? | |
| How did you h | near about us? | | |
| Facebook | Website | KWA Family: | |
| CHILD'S BACK | GROUND | | |
| Has your child | d accepted Jesu | ıs Christ as his/her personal Savior? Y | Ν |
| Previous scho | ol: | | |
| lf transferring | , please give rea | ason: | |
| | | | |
| | | | |

Has your child ever been suspended or expelled from a school? Yes No If yes, explain:

| | — : M | 1 = |
|--|--------------------------|--|
| | KING'S | |
| | you belo | ng here |
| Has your child ever be disabilities, or other a | | evaluated for: ADD, ADHD, learning mpact learning? No |
| lf yes, explain: | | |
| Has your child ever re 504 Plan or an IEP? | ceived Special Ec Yes | ducation Services or been given a No |
| lf yes, please explain b | riefly: | |
| | | |
| | be aware of (rela | ve occurred during your child's life ocation, death in the family, divorce, |
| | | |
| PUBLIC SCHOOL DIST | RICT: | |
| Public school child wo | uld 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 wha | o 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.

| 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.