

GracePointe Christian Academy
520-338-2205

2026-2027 School Year - Registration Fees, Tuitions, and Policies

The 2026-2027 School Year will begin August 10^h for Elementary and August 11th for Preschool

Preschool class hours are Tuesday – Friday (no school on Monday) from 8:00 am to 12:00 pm
Elementary Class Hours are Monday – Friday 8:00 AM–2:00 PM; early release Wed. at 1:00 PM

KINDERGARTEN REGISTRATION AND TUITION FEES

Nonrefundable Registration Fee: \$500.00 per student

Annual Elementary Tuition: \$6500.00

Monthly Elementary Tuition: \$650 (based on a ten-month payment plan, August-May)

This monthly amount is not based on a daily rate; it is simply the tuition for the 2026-2027 school year. This includes scheduled days off, holidays, child absences, and any unforeseen emergency school closures.

ELEMENTARY (1-5) REGISTRATION AND TUITION FEES

Nonrefundable Registration Fee: \$500.00 per student

Annual Elementary Tuition: \$7000.00

Monthly Elementary Tuition: \$700 (based on a ten-month payment plan, August-May)

This monthly amount is not based on a daily rate; it is simply the tuition for the 2026-2027 school year. This includes scheduled days off, holidays, child absences, and any unforeseen emergency school closures.

PRESCHOOL 3 AND 4-YEAR-OLD STUDENTS REGISTRATION AND TUITION FEES

Nonrefundable Registration Fee: \$300.00

Returning students, Reservation Fee Deposit of \$50.00 due February 28th

The remainder of \$250.00 must be paid in full on June 1st.

Annual Preschool Tuition: \$5200.00

Monthly Preschool Tuition: \$520.00 (based on a ten-month payment plan, August-May). This monthly amount is not based on a daily rate; it is simply the tuition for the 2026-2027 school year. This includes scheduled days off, holidays, child absences, and any unforeseen emergency school closures.

EARLY REGISTRATION POLICIES

The early registration period is in February. This time is strictly for currently enrolled students and school-aged siblings of current students entering as new students for the 2026-2027 school year.

*PLEASE BE ADVISED that current student accounts must be paid current **BEFORE** your student will be placed on the roster for the 2026-2027 school year. You will also NOT be given a registration packet until all fees are collected.*

TUITION PAYMENT POLICY

Tuition payments are due **ON THE FIRST DAY OF EVERY MONTH** (this includes August tuition).

An additional \$25 late fee per student account will be assessed if payment is not received by the 10th of the month.

After the 20th of the month, you will incur an additional \$25 charge.

Scholarship payment is due monthly, and late fees will apply. This will be a parent out-of-pocket fee made payable to GracePointe

PRESCHOOL ONLY-ANNUAL TUITION PAID IN FULL DISCOUNT

A 2% discount will be given when the annual tuition is paid in full by August 10, 2026. The discount will apply to full annual tuition **BEFORE** the family discount is applied. If a student is withdrawn whose tuition has been paid in full, a refund will be calculated in accordance with the withdrawal policy outlined in the Parent Handbook.

FINANCIAL AID

Student Tuition Organization Assurances are available for Elementary students only.

Scholarship information is available in the school office.

GracePointe Christian Academy
Registration Check List
2026-2027 School Year

Name of Student: _____ Entering Grade: _____

Please review the checked areas that need attention before returning. An incomplete registration packet will not be processed.

___ Enrollment contract (parent's initials and signatures are required). Please initial **all** sections on the contract.

___ Light blue (cardstock) Emergency Information and Immunization Record Card
Please complete every section of this form. If a section does not apply please indicate with "N/A"

Note: "Telephone Authorization Code

We REQUIRE that you provide a password or code in the event that you need to make an immediate change or addition to your child's file by phone. **Changes/additions cannot be made by phone without this code.**

___ White Additional Information Card (cardstock 1/2 sheet)

___ Original Current UP-TO-DATE Immunization Record (copies will be made in the school office)
Dr. office may EMAIL report to us at tonya@gracepointetucson.org

___ Original Birth Certificate (**New students only**)

___ Affidavit of Intent for Private School (Kindergarten & newly enrolled elementary students only)

___ Parent Questionnaire

___ Sunscreen Permission Form

___ Movie Permission Form

___ Transition Form (**Preschool only**)

___ Student's family account(s) paid up to date

___ Registration fee collected (optional payment plans for Elementary only)

___ Do you have an address, phone, or email change? Yes ___ No ___

___ Do you have an approved scholarship in place? Yes ___ No ___

___ Does your child need a prescribed medication kept at school (including Inhaler)? Yes No

For office use only:

Registration Information verified by: _____ Date packet received: _____

Preschool/Kindergarten Immunization report completed by: _____

Packet completed on: _____

2026-2027 School Year Additional Information Form

Student Name: _____ Grade: _____

The Arizona Department of Health Services blue Emergency Information and Immunization Record Card requires an indication of individuals who are authorized to collect your child if you can not be located. Please indicate on this form the additional names of other individuals who are authorized to pick up your child.

The child may be picked up by:

| <u>Name</u> | <u>Phone Number</u> |
|-------------|---------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Child may not be picked up by:

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

The above-named person must be 18 years or older

Parent Signature _____

Date _____

Additional names after registration:

Child may be picked up by:

| <u>Date added</u> | <u>Name</u> | <u>Phone Number</u> | <u>Staff Initials</u> |
|-------------------|-------------|---------------------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**Please make sure the people listed above have our phone numbers stored in their phones.
We have experienced people not answering our calls because they do not recognize our
number.**

**(520) 338-2204 Director
(520) 338-2205 Tonya
(520) 883-3281 Church office**



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing**

0020329CDCVK41476537

Emergency, Information and Immunization Record Card

| | | |
|---|-----------------------|---|
| Child's Name: | Date Enrolled: | Updated: |
| Home Address (#, Street, City, State, Zip Code): | | Date Disenrolled: |
| Home Phone: | Date of Birth: | Sex: <input type="checkbox"/> male <input type="checkbox"/> female |

| | |
|---------------------------------|---|
| Parent or Guardian Name: | Home Address (#, Street, City, State, Zip Code): |
| Cell Phone (optional): | Contact Telephone Number: |

| | |
|---------------------------------|---|
| Parent or Guardian Name: | Home Address (#, Street, City, State, Zip Code): |
| Cell Phone (optional): | Contact Telephone Number: |

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

| | |
|--------------|----------------------------------|
| Name: | Contact Telephone Number: |
| Name: | Contact Telephone Number: |
| Name: | Contact Telephone Number: |
| Name: | Contact Telephone Number: |

If Medical care is necessary, call:

| | | |
|------------------------------|--------------|----------------------------------|
| Health Care Provider* | Name: | Contact Telephone Number: |
|------------------------------|--------------|----------------------------------|

***A Health Care Provider is a physician, physician assistant or registered nurse practitioner.**

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

| | |
|---|--|
| In case of injury or sudden illness, I request that this individual be called first: | |
|---|--|

The following individual(s) may NOT remove my child from the facility:

| |
|-----------------|
| Name(s): |
|-----------------|

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code : _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Copy of current official documented immunization record attached |
| <input type="checkbox"/> | Religious Beliefs exemption form signed by parent/guardian attached |
| <input type="checkbox"/> | Medical Exemption form signed by physician and parent/guardian attached |
| <input type="checkbox"/> | Signed Laboratory Proof of Immunity form attached |

| | | | |
|--|-------------|-------------|-------------|
| Notification of immunizations needed sent to Parent(s) or Guardian(s): | mo /day/ yr | mo /day/ yr | mo /day /yr |
| Updated immunizations received and attached: | mo /day/ yr | mo /day/ yr | mo /day /yr |

Medical Information

| |
|---|
| <p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p> |
| <p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p> |
| <p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p> |
| <p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p> |
| <p>Additional comments:</p> |
| <p>Other special instructions:</p> |

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

| | | |
|-------------------------------|--------------|-------|
| Parent/Guardian PRINTED Name: | SIGNED Name: | DATE: |
|-------------------------------|--------------|-------|

GracePointe Christian Academy
2026-2027 School Year Enrollment Contract

KINDERGARTEN

(Please Print)

Student's Full Name _____ Birthdate ____/____/____

Student's Home Address _____ Zip _____ Home Phone _____

Father's Full Name _____ Business Phone _____

Father's Address _____ Zip _____ Cell Phone _____

Father's Email Address _____

Mother's Full Name _____ Business Phone _____

Mother's Address _____ Zip _____ Cell Phone _____

Mother's Email Address _____

Name of financially responsible person **if other than parent:** _____

Financially responsible person's address: _____

Financially responsible person's phone number: _____

1. **Student Enrollment:** By signing this contract, I/we request that the school reserve a place for the above-named student for the entire school year beginning August 10, 2026, and ending May 25, 2027, or for the remainder of the school year if the student enrolls during the current school year.

2. **Tuition Monthly Payment-** Annual tuition is \$6500.00. The annual tuition is then divided into \$650.00 per month. **This monthly amount is not based on a daily rate.** It is simply the 2026-2027 school tuition. This includes scheduled days off, holidays, child absences, and unforeseen emergency school closures. This yearly rate, as well as the policy, has been set forth by our School Board. I/we agree to pay the \$650.00 monthly tuition payment due and payable on the 1st of every month for the entire school year (August through May). A \$25.00 late fee will be assessed to my/our account at the close of business on the 10th day of the month if my/our account balance is not paid in full. An additional \$25.00 late fee will be assessed to my/our account on the 20th day of the month if my/our account balance is not paid in full. _____ *Initials* _____ *Initials*

3. **Rules & Regulations –** I/we agree to accept and comply with the school's rules and regulations as adopted by the School Board and administration, as explained in the parent handbook. These include rules of conduct and academic requirements that must be met by the student and parents. Parents are expected to cooperate with and support GracePointe Christian Academy and its teachers in the education and discipline of their child(ren) in the classroom and during other related school activities. _____ *Initials* _____ *Initials*

4. **Exclusion of Student for Unpaid or Delinquent Account –** The school may un-enroll a student from class on the first day of the new month if any tuition and late fees remain unpaid. **Registration packets will not be processed in the event a student AND/OR a sibling's account remains unpaid for the current or previous school year.** Academic records will be withheld until payment is made in full. _____ *Initials* _____ *Initials*

5. **Withdrawal and Re-Enrollment -** My/our account (including all late fees) must be paid in full, and a re-registration fee of \$50.00 will be required before a Student can return to the school. _____ *Initials* _____ *Initials*

6. **Withdrawal Policy –** I/we understand this contract is for the 2026-2027 school year. I/we understand the following withdrawal policy:
If a student needs to be withdrawn from GracePointe Christian Academy before or during the school year, a formal withdrawal form must be completed in the school office. Failing to attend class does not constitute withdrawal, nor does it end financial responsibility. If a student is withdrawn before the end of August 2026, I/we understand that I/we remain responsible for the full month of August tuition of \$650.00. All student curriculum is the property of GracePointe Christian Academy and **must be returned.** _____ *Initials* _____ *Initials*

If your child is withdrawn during:

1st quarter ending 10/8/26
2nd quarter ending 12/17/26
3rd quarter ending 3/18/27
4th quarter ending 5/27/27

Amount due is:

25% of annual tuition less tuition already paid
50% of annual tuition less tuition already paid
75% of annual tuition less tuition already paid
100% of annual tuition less tuition already paid

7. **Discount Policies**

Multi-Child Discount –

2 enrolled preschool students = \$15 discount per month, per family. ____ *Initials* ____ *Initials*

Annual Tuition Paid In Full Discount - A 2% discount will be given when annual tuition is paid in full by August 10, 2026. The 2% discount will apply to the full annual tuition BEFORE the family discount is applied. If a student withdraws, a refund will be calculated based on the withdrawal policy outlined above. ____ *Initials* ____ *Initials*

8. **Permission for students to participate in emergency transportation:** I/we agree that the above-named student may leave the school premises under the supervision of the Director, teacher, law enforcement, or designated party in an emergency. ____ *Initials* ____ *Initials*

9. **Permission For Medical Care-** I/we agree that the School Director or her representative has my/our permission to take necessary steps to obtain emergency medical care when warranted. These steps may include, but are not limited to, the following:

- a. Call 911
- b. Attempt to contact a parent or guardian
- c. Attempt to contact the child's physician
- d. Attempt to contact a parent through any of the persons listed on the emergency information form completed by the parent
- e. If the administrator cannot contact me/us or my/our child's physician, she will do one of the following:
 - a) call another physician, b) call an ambulance, or c) take the child to the emergency room or the hospital indicated on my/our health form. ____ *Initials* ____ *Initials*

10. **Permission For Photography** – If a photographer or staff member takes a picture with my child in it, either individually or in a group, I permit my child's picture to be used in future brochures, social media, videotapes, DVDs, yearbook, or other publications of GracePointe Christian Academy. ____ *Initials* ____ *Initials*

11. **Permission For Testing** – I/we agree to allow the above-named student to participate in any criterion-referenced testing. I/we understand that a copy of all testing results will be given to me/us as part of the evaluation process.

12. **Cancellation and Waiver-** With the recommendation of the School Director and with the approval of the School Board, the school reserves the right to cancel this contract in the event that immediately:

- a) The above-named student poses a threat to the safety of any student or faculty member
- b) The above-named student or family expresses or displays noncompliance to Rules & Regulations as outlined in Section 3 above.

____ *Initials* ____ *Initials* ____

13. **Signature-** We require the Initials/Signatures of both Parents and the Financially Responsible Party if applicable, unless one parent has sole legal custody

14. **Parent Handbook** – I/we agree to follow all policies and procedures as outlined in the 2026-2027 GracePointe Christian Academy Parent Handbook. ____ *Initials* ____ *Initials* ____

15. **Effective date of contract-** This contract will become effective with my/our signature(s) and payment of the reservation and registration fee.

Signature of Parent or Guardian and/or Person Financially Responsible

Date: ____/____/____

Signature of Parent or Guardian and /or Person Financially Responsible

Date: ____/____/____

Signature of Person Financially Responsible

Date: ____/____/____

Signature of Director

Date: ____/____/____

KINDERGARTEN Student Parent Questionnaire
2026-2027 School Year

Name of Child _____ Age _____

What name does your child go by? _____

We would like to know your child completely to meet his/her needs individually. Please answer the following questions honestly.
All answers will remain confidential.

Please name the persons living at home and their relationship to the student.

| NAME | RELATIONSHIP | AGE (if appropriate) |
|------|--------------|----------------------|
| | | |
| | | |
| | | |
| | | |

Is there a primary caregiver other than the parents? If so, who, and how frequently? -

Has your child ever attended another preschool? _____

School name: _____

Dates: From ____/____/____ to ____/____/____

Why did you leave? _____

At what age did your child become "potty trained"? _____

What are the parents' occupations?

* Annual Salary

Father:

\$ _____

Mother:

\$ _____

*Salary information is optional. This information is collected for requesting grant funds from various agencies and organizations.

Child's Ethnicity:

Asian ____ Black ____ Hispanic ____ Native American ____

Caucasian ____ Other _____

What is the primary language spoken at home? _____

Have you talked with your child about attending our school? How does he/she feel about it? _____

Does your child object to being left in the care of others? _____

Please list 3 words that describe your child:

What are your child's greatest strengths? _____

Please list any concerns you have about your child's development _____

Does your child play well alone? _____ In groups? _____

Please describe any situations we might need to be aware of to help make your child's adjustment and experience here the best it can be. _____

What form of behavior control do you use with your child? _____

Does your child have any problems with vision, hearing or speech? _____ if yes, please explain _____

Is your child's speech clear? _____

Do others understand your child when he/she speaks? _____

Please list any serious accidents or surgeries your child has had _____

Does your child often have medical problems such as:

- | | | |
|----------------------|---------------------------|-------------------------------|
| _____ colds | _____ constipation | _____ nose bleeds |
| _____ ear infections | _____ hay fever/allergies | _____ heart trouble |
| _____ upset stomach | _____ diarrhea | _____ nightmares |
| _____ fever | _____ asthma | _____ others (please explain) |

Does your child take any medications regularly? _____ Please list any medications, dosages, and times _____

Are there any other unusual things we should know about? (i.e., fear of dogs, fear of loud noises, unaccustomed to playing with other children, etc.) _____

In the last six to twelve months, have there been any life-changing circumstances in your child's life? _____

Please describe your family's church background _____

What do you hope your child will learn in preschool this year? _____

Please let us know if there are any changes during the school year. For example; a new baby, death in the family, divorce, etc. These events can greatly influence your child's behavior, and we appreciate being kept informed.

Parent Signature _____ Date _____

HOMEWORK POLICY

Dear Parent,

Homework is an important part of your child's educational experience here at GracePointe Christian Academy. Supporting good work habits requires a joint effort. We will help your child and encourage good work habits at school. Your child will benefit greatly from your support and encouragement at home.

We will be sending homework with your child (depending on the grade, it may be daily or weekly). Please ensure your child completes the assigned work, parents check their homework folder, remove completed work, and return it to class the following day. We also have several Prayers that will need to be memorized, spelling words, and special projects we will work on throughout the year. We will send home notes to inform you of the activities we are working on in class.

Please read the policies and discuss them with your child. Then sign the lower part of this form and return it in your child's homework folder. Please keep in mind the importance of parent participation. It truly takes a village! Thank you for the opportunity to help your child grow in Christ's Love.

Thank you from your GracePointe Teachers,

-
- I have read the homework policy.
 - I have discussed and explained the policy with my child.

X

Student

X

Parent

*"How much better to get wisdom than gold,
to get understanding is to be chosen above silver"*

Proverbs 16:16



Please Note:

The Telephone

Authorization Code

that you list on the

**Emergency, Information, and
Immunization paper will be your gate
code to give administration when you
ask to enter through the main gate.**

**Please make sure the emergency
contacts you list have this code.**



Main Gate Instructions:

1. Upon arrival, press the silver round button on the podium.
2. Say “my name is _____, I am here to pick up (Child’s name) in the (Class Name). My gate code is (telephone authorization code).”
3. This information must be given. Please make sure anyone picking up your child has the correct information.



If your household is experiencing difficulties for any reason, we would like to provide extra support for your child here at GracePointe. If your child has had a rough night, weekend, or morning, or if a situation has arisen where your child may not be themselves, please write

"Handle with Care."

in an email.

We understand you may not wish to go into detail regarding the situation, and that's ok. Nothing else needs to be said, and we will not ask unless you wish to share. This will let me know if your child may need extra attention, time, patience, or help during the day.

Simply email Mrs. La Roque at lisa@gracepointetucson.org

GALATIANS 6:2

"Carry each other's burdens, and so you will fulfill the law of Christ."



Dear Parents,

We would like to allow our students to watch movies from time to time. We only do this on special occasions. Many current, relevant children's movies are now rated PG instead of G. We would like your permission to show these PG-rated movies to your child. If you have any questions, please feel free to ask.

By signing this form, you are authorizing GracePointe Christian Academy to show your child a PG-rated movie.

Childs Name: _____

Parent Signature: _____

Date: _____



SAVE THE DATE!

Please join us for our open house on
Monday, August 3rd, from 5-7 p.m.

We will meet in your child's classroom
for classroom introduction.

You are not required to stay the entire 2 hours, and may
leave when you are done.

Your children will receive their
class supply lists and Binders.

AUGUST 10TH FIRST DAY OF SCHOOL FOR ELEMENTARY

AUGUST 11TH FIRST DAY OF PRESCHOOL



SUNSCREEN APPLICATION PERMISSION FORM
Applies to the 2026-2027 School Year

Name of Child: _____

As the parent or guardian of the above child, I give permission for faculty and staff at GracePointe Christian Academy to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he/she will be engaging in outdoor activities during the months of August to May and between the daily times of 10:30 to 12:00 noon. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

_____ The GracePointe Staff may use the sunscreen of their choice, in keeping with applicable federal and state standards.

_____ Only use the following type(s)/SPF sunscreen (provided by the parent):

Name of sunscreen _____

_____ For medical or other reasons, please don't apply sunscreen to the following areas of my child's body:

Parent's full name (print) _____

Parent's signature: _____ Date: _____

ATTENTION
KINDERGARTEN FAMILIES!

Please reach out to Mrs. Tonya
regarding scholarships.

We can provide more detailed
information about Kindergarten
scholarship opportunities.

(520)338-2205

GracePointe Christian Academy partners with several School Tuition Organizations (STOs) that provide scholarships to our families. Each STO has different qualifying criteria. Utilize the following information to guide you through the scholarship process. For maximum consideration, please submit your applications by the applicable deadlines. Please keep this guide as a reference for future years with your STO login credentials. For more information or to ask questions about your specific scholarship needs, please contact Mrs. Tonya at (520) 338-2205. Please note that there are many scholarship options; these are just a few for which we have received positive responses. You are free to Google and apply for others at your own discretion.

| School Tuition Organization | Website | Fee | Opening date | DEADLINE | Status |
|---|--|------|--------------|-------------------------|-----------------------|
| AAA (Income Based) AAA Scholarship Foundation | www.aaascholarship.org | free | 3/3/2026 | first come/first served | Incomplete |
| Username: _____ | | | | | Completed and Pending |
| Password: _____ | | | | | Approved or Denied |
| BE Institute for Better Education | www.ibescholarships.org | free | 2/1/2026 | 6/01/2026 | Incomplete |
| Username: _____ | | | | | Completed and Pending |
| Password: _____ | | | | | Approved or Denied |
| ESA Empowerment Scholarship Acct. | www.azed.gov/esa | free | 3/3/2026 | contact Mrs. Tonya | incomplete |
| Username: _____ | | | | | Completed and Pending |
| Password: _____ | | | | | Approved or Denied |



AZ Leadership Foundation

apply@arizonaleader.org free

4/15/2026

6/17/2026

incomplete

Username: _____

Completed and Pending _____

Password: _____

Approved or Denied _____



AZ Christian School Tuition ORG. <https://parent.acsto.org>. free

2/3/2026

3/31/2026

incomplete

Username: _____

Completed and Pending _____

Password: _____

Approved or Denied _____