

The Gingerbread House Daycare
814 FM 2977 Road
Richmond, TX 77469
281-239-2110 or 281-923-4162

2015-2016 School Year

Frost, Hutchison, & Hubenak Elementary

Welcome to the After-School Program,

The After-School Program will be renting the gymnasium and cafeteria from the School District for the sole purpose of providing an after-school program for your children during their time with us. We will be available from 2:40 p.m. to 6:30 p.m. as explained in the parent handbook. We are licensed by the Texas Department of Protective and Regulatory Services.

We have a schedule that will give students the opportunity to utilize our science, math, reading, and game centers. During their time in the after-school program, they will be served a snack and assisted in doing their homework. If your child has allergies, you will need to send their snacks.

In order to be guaranteed a spot for next year, the attached enrollment forms need to be filled out for each child and returned to the site-based manager along with your initial payment at your elementary school between the hours of 4 p.m. and 6 p.m. during the week of May 11-15, 2015. After May 15, 2015, you will need to bring the enrollment forms to our new location in Richmond. Please call Meghan at 281-239-2110 to set up an appointment time to drop off your paperwork and payment:

Gingerbread Kids Academy
814 FM 2977 Road
Richmond, TX 77469

We do not accept enrollment forms via e-mail, regular mail, or fax!

You must re-register your child for each school year. The fees are as follows:

Annual Registration fee.....\$60
Annual Insurance & Supply Fee.....\$20
Two week Security Deposit.....\$140
(omit Security Deposit if re-enrolling)
First & Last Weeks tuition.....\$140

Total for RE-ENROLLMENT: \$220

Total for NEW ENROLLMENT: \$360

Re-enrollment forms and initial payment are due no later than Friday, May 15, 2015. If enrollment forms and payment are not received, you will be put on the waiting list for the coming year. New enrollment forms must be received by July 31, 2015 to be able to start on August 24, 2015.

You will receive a Parent Handbook when you turn your enrollment forms in. Please read the Parent Handbook and keep it for future reference. If you have any questions, please direct them to Tim Kaminski, Director of Operations at 281-239-2110 or 281-923-4162.

Respectfully,

Tim Kaminski

Tim Kaminski
Director of Operations & After-School Programs
281-923-4162
tim@gbkidsacademy.com

Frost Elementary After-School Program
3306 Skinner Lane
Richmond, TX 77469
832-223-1599 (after 3 p.m.)

Hutchison Elementary After-School Program
3602 Ransom Road
Richmond, TX 77469
832-223-1799 (after 3 p.m.)

Hubenak Elementary After-School Program
11344 Rancho Bella Parkway
Richmond, TX 77469
832-223-2999 (after 3 p.m.)

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After-School Program

Enrollment Rates for 2015-2016 School Year

Annual Registration Fee.....\$ 60/child
Annual Insurance & Supply Fee.....\$ 20/child
Security Deposit (2 week tuition).....\$ 140/child
First & Last Week's Tuition.....\$ 140/child
Tuition (Paid in 4 week increments).....\$ 70/week/child
Early Release (Must register 2 weeks in advance).....\$ 18/day/child
Weekly rate for Christmas, Spring Break, and Summer Camp
(Must register 2 weeks in advance & Does not include lunches).....\$ 155/week/child
Single Public School Holidays Daily Rate at GKA (Does not include lunch).....\$40/day/child

The following fees are due upon enrollment:

Registration Fee, Insurance & Supply Fee, Security Deposit, plus 1st & Last week's tuition.

ALL FEES ARE NON-REFUNDABLE.

Full tuition is due during all holidays, vacations, and summer breaks in order to hold your spot at the center.

.....
The State mandates that the following information be retained in your child's file:

Child's name _____ **Birthdate** _____

Program enrolled _____ **After-School Program** **Start Date** _____
(School Name) (First day in program)

Time of Arrival: 2:40 p.m. **Estimated time of departure** _____

The After-School Program closes at 6:30 p.m. with the exception of early release days/school programs when closing time will be at 5:30 or 6:00 p.m. Late pick-up is assessed beginning at 6:31 p.m. A late charge of \$40.00 for every 10 minutes thereafter will be assessed and must be paid the day you are late in order for your child to return to the program. After the 2nd late charge, your child care will be suspended for one week. This is a charged week.

I understand that payment is due in four-week increments, and I will pay it according to the payment schedule I received. Tuition is due on a Monday and considered late after 6:30 p.m. that Tuesday. If tuition is late, I understand that there will be a \$40.00 late fee assessed to my account, and my child will not be allowed to return until the account is paid in full.

Parent Signature

Date

Cell # _____ **Work #** _____ **Home #** _____

**(TUITION IS DUE PER THE PAYMENT SCHEDULE WHETHER OR NOT YOUR CHILD IS
AT THE PROGRAM THAT WEEK. NO EXCEPTIONS.)**

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2015-2016 After-School Program Enrollment Form

Please Print

First name: _____	Last Name: _____	Gender: ☐ M ☐ F (Circle One)
Check the school your child attends: ☐ Frost ☐ Hutchison ☐ Hubenak		
Birthdate: _____ Grade: _____ Teacher: _____		
Start Date: _____	Weekly Tuition: \$ _____	Arrival: <u>2:40 p.m.</u> (Time) Departure: _____ (Time)
Ethnicity: ☐ Anglo ☐ Asian ☐ Indian ☐ Hispanic ☐ African American ☐ Other _____		

☐ Mother / ☐ Guardian (check one)

☐ Father / ☐ Guardian (check one)

First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Home Phone: _____
E-mail: _____	E-mail: _____
Employer: _____	Employer: _____
Work Phone : _____ Ext: _____	Work Phone : _____ Ext: _____
Drivers License #: _____	Drivers License #: _____

Parent Handbook Acknowledgement

Please Initial: _____ I have received a parent handbook which includes a 2015-2016 payment calendar.	
Parent Signature: _____	Date: _____

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Medical Release

In case of an emergency, Gingerbread Kids Academy has permission to take my child _____ to
(Child's full name)
Dr. _____ Address: _____ City/State/Zip _____ Phone: _____
or _____ Address: _____ City/State/Zip _____ Phone: _____
(Hospital preference)
and receive any emergency treatment as deemed necessary. **My child's immunization, vision, and hearing records are on file at**
_____ **Elementary School and was last seen by a physician on** _____.
Parent/Guardian Signature: _____ **Date:** _____

List any allergies to medications, foods, insect bites, etc. (If none, please write "none." Food allergies require additional documentation.):

List any medical conditions and current medications, i.e. asthma, seizures, ADHD, etc. (If none, please write "none." Diagnosed medical conditions require additional documentation.) _____

Is your child currently taking any medication? _____ What is it for? _____
If yes, please list the name, dosage, and doctor's name: _____

We are not a medical facility. We only administer medication in an emergency situation for medications which we have a previous written directive from a physician. (i.e. Epi Pens, Inhalers, etc.)

Homework

We will help your child with their homework assignments. If he/she does not complete the assignments within our allotted time (45 min-1 hr.), the remaining homework will be sent home. If they do not have homework, they will be required to read a book or complete other worksheets.

Child Name: _____ Yes, my child needs to start his/her homework at school
_____ No, my child does not need to start his/her homework at school

Outdoor Play Equipment

This is to notify you that the outdoor play equipment provided by the public school **facility does not meet the licensing standards as specified in sub-chapter (N) 744.3101**. Knowing that the students use this equipment during the regular school day, I give permission for them to play on this equipment during the After-School Program hours and release the Gingerbread House and its employees from any liabilities and hold harmless for injuries that may occur on this equipment or playground.

Signature: _____ Date: _____

If you DO NOT give permission, the student will stay indoors during the outdoor portion of the daily schedule.

Signature: _____ Date: _____

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Child's Name: _____ Birthdate: _____

Emergency Contact Information (other than a parent)

First Name: _____	Last Name: _____	Relation: _____
1 st Phone: _____	Ext/Type: _____	2 nd Phone: _____ Ext/Type: _____
Address: _____	City: _____	State: _____ Zip: _____

The following people have permission to pick up my child/children:

First Name: _____	Last Name: _____	Relation: _____
1 st Phone: _____	Ext/Type: _____	2 nd Phone: _____ Ext/Type: _____
Address: _____	City: _____	State: _____ Zip: _____

First Name: _____	Last Name: _____	Relation: _____
1 st Phone: _____	Ext/Type: _____	2 nd Phone: _____ Ext/Type: _____
Address: _____	City: _____	State: _____ Zip: _____

First Name: _____	Last Name: _____	Relation: _____
1 st Phone: _____	Ext/Type: _____	2 nd Phone: _____ Ext/Type: _____
Address: _____	City: _____	State: _____ Zip: _____

First Name: _____	Last Name: _____	Relation: _____
1 st Phone: _____	Ext/Type: _____	2 nd Phone: _____ Ext/Type: _____
Address: _____	City: _____	State: _____ Zip: _____

Please list anyone who specifically DOES NOT have permission to pick up your child. (i.e. father, mother, aunts, uncles, grandparents, etc.) A court order is necessary if one of these people is a biological parent.

- | | |
|----------------|-----------------|
| 1. Name: _____ | Relation: _____ |
| 2. Name: _____ | Relation: _____ |
| 3. Name: _____ | Relation: _____ |

Parent Signature: _____ Date: _____

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**2015-2016
Parent Handbook Acknowledgement**

Please initial by each statement.

I understand:

- _____ 1. The hours of operation are 2:40 to 6:30 p.m. on days with regular school operations. Early release days or planned night programs may warrant closing at 5:30 or 6:00 p.m. **Late pick-up fees are assessed beginning at 6:31 p.m. and are strictly enforced.**
- _____ 2. Tuition is due according to the payment schedule I received. Late payment is explained in the Parent Handbook and is strictly enforced. **Cancellation requires a two week written notice prior to the next payment due date, otherwise you are charged for two additional weeks and lose your security deposit. Security deposits can only be applied toward tuition payments.**
- _____ 3. Holiday care will be available at Gingerbread Kids Academy in Richmond. This must be requested and paid for in advance.
- _____ 4. The illness, absence, and discipline policies.
- _____ 5. All individuals picking up students must be 18 year of age and have proper identification.
- _____ 6. Parents may review a copy of the Minimum Standards and the center's inspection reports during hours of operation.
- _____ 7. The statement concerning the playground equipment and playground area not meeting state licensing standards.
- _____ 8. I understand that movies may be shown on special occasions. The movies may be G or PG rated and have been reviewed by the Director before being shown. I may request the names of the movies shown.
- _____ 9. I will keep the center informed of any changes in cell numbers, work numbers, emergency contacts, or any changes deemed necessary for the safety of my child. I will submit these changes in writing, including court orders.
- _____ 10. I have received the director's phone number: 281.239.2110 (office) and 281.923.4162 (cell). I have received the campus phone number that is in service after 3 p.m. (Frost: 832.223.1599, Hutchison: 832.223.1799, or Hubenak: 832.223.2999).
- _____ 11. A request for a year-end statement must be submitted in advance and in writing along with the processing fee.

I have read the Parent Handbook and agree to comply with all policies therein.

Mother/Guardian

Date

Father/Guardian

Date