The Gingerbread House After School Programs 814 FM 2977 Road Richmond, TX 77469 281-239-2110

2022-2023.SchoolYear

Frost, Hutchison, Hubenak, & Bentley Elementary

Welcome to the After-School Program!

The Gingerbread After-School Program rents 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. Our program hours are 3:00 p.m - 6:00 p.m, and we are licensed by the Texas Department of Protective and Regulatory Services. **DURING A PANDEMIC OR EMERGENCY DECLARATION OUR OPERATING HOURS MAY BE MODIFIED.** 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. Each student needs to bring their own labeled water bottle. 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.

Please scan and e-mail a copy of the completed forms to twkaminski@sbcglobal.net. You will need to bring the signed original forms to the after-school program on the first day you pick up at the after-school program:

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We do not accept forms by regular mail, or fax!

You must re-register your child for each school year. The fees are as follows: Annual Registration fee......\$75.00 One week Security Deposit......\$80.00 *(omit Security Deposit if re-enrolling)* First (2) Weeks tuition.....\$160.00

Total for RE-ENROLLMENT: \$235.00 Total for NEW ENROLLMENT: \$315.00

In order to start on August 23rd, Re-enrollment, New Registration paperwork and initial payment are due no later than Friday, August 12th. If paperwork is received after August 12th, the student will not be able to start the program until August 29th.

The Parent Handbook will be e-mailed to you and is available on our website: www.gbhdaycare.com. 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.

Respectfully,

Tim Kaminski

Tim Kaminski Director of Operations & After-School Programs 281-239-2110 twkaminski@sbcglobal.net

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.)

Bentley Elementary After-School Program 9910 FM 359 Richmond, TX 77469 832-223-4911 (after 3 p.m.)

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After-School Program Enrollment Rates for 2022-2023 School Year

Annual Registration Fee	\$75.00/child
Security Deposit (one week tuition)	\$80.00/child
First (2) Weeks Tuition	\$160.00.00/child
Tuition (Paid in 4 week increments)	\$80.00/week/child
Early Release (Must register 2 weeks in advance)	\$20.00/day/child
Weekly rate for Christmas, Spring Break, and Summer Camp	
(Must register 2 weeks in advance)	\$200.00/week/child
Single Public School Holidays Daily Rate at GKA	\$50.00/day/child

The following fees are due upon enrollment: New Registration: Registration Fee, Security Deposit, plus First (2) week's tuition.

ALL FEES ARE NON-REFUNDABLE.

Child's name	ild's nameBirthdate		
Program enrolled	After-School ProgramS	itart Date	
Time of Aminals 2.00	(School Name) p.m Estimated time of departure	(First day in program)	
assessed beginning at 6:01	on of early release days/school programs when closin p.m. A late charge of <u>\$40.00</u> for every 10 minutes the ur child to return to the program. After the 2 nd late cl	ereafter will be assessed and must be paid the day	
week. This is a charged we I understand that payment is due on a Monday and co	ek. During a pandemic or emergency declaration th t is due in four-week increments, and I will pay it acc onsidered late after 6:00 p.m. that Tuesday. If tuitior	e operating hours may be modified. cording to the payment schedule I received. Tuition n is late, I understand that there will be a <u>\$40.00</u>	
week. This is a charged we I understand that payment is due on a Monday and co	ek. During a pandemic or emergency declaration th t is due in four-week increments, and I will pay it acc	e operating hours may be modified. cording to the payment schedule I received. Tuition n is late, I understand that there will be a <u>\$40.00</u>	
week. This is a charged week. I understand that payment is due on a Monday and co late fee assessed to my acc	ek. During a pandemic or emergency declaration th t is due in four-week increments, and I will pay it acc onsidered late after 6:00 p.m. that Tuesday. If tuitior	e operating hours may be modified. cording to the payment schedule I received. Tuition n is late, I understand that there will be a <u>\$40.00</u> til the account is paid in full.	
week. This is a charged week. I understand that payment is due on a Monday and co late fee assessed to my acc	ek. During a pandemic or emergency declaration th t is due in four-week increments, and I will pay it acc onsidered late after 6:00 p.m. that Tuesday. If tuitior count, and my child will not be allowed to return un	e operating hours may be modified. cording to the payment schedule I received. Tuition n is late, I understand that there will be a <u>\$40.00</u> til the account is paid in full.	

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2022-2023 After-School Program Enrollment Form

Please Print

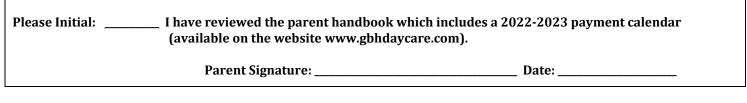
First name:	rst name: Last Name:			Gender:	M F (Circle One)	
Check the name of the scho	ol your chil	d attends:	Frost _	Hutchison	_Hubeank	Bentley
Birthdate:		Grade: _		_ Teacher:		
Start Date:	Weekly	v Tuition: \$		Arrival: <u>3:00_p.r</u> (Time)	<u>n.</u> Departure: _	(Time)
Ethnicity: 🗆 Caucasian	\Box Asian	🗆 Indian	🗆 Hispanic	🗆 African American	\Box 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:Carrier:	Cell Phone: Carrier:
Home Phone:	Home Phone:
E-mail:	E-mail:
Employer:	Employer:
Work Phone : Ext:	Work Phone : Ext:
Drivers License #:	Drivers License #:

Parent Handbook Acknowledgement



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Medical Release

In case of an emo	ergency. Gingerbread House Dayca	re has permission to take my child	
			(Child's full name)
Dr	Address:	City/State/Zip	Phone:
(Hospital pref	erence)		Phone: ion, and hearing records are on file at
	Elementary School and wa	s last seen by a physician on	
	Parent/Guardian Sig	nature:	Date:
List any allergie	es to medications, foods, insect bi	tes, etc. (If none, please write "none." Food	Illergies require additional documentation.):
L L		ions, i.e. asthma, seizures, ADHD, etc	(If none, please write "none." Diagnosed medical
		What is it for? name:	
	edical facility. We only administe en directive from a physician. (i.e.	r medication in an emergency situati Epi Pens, Inhalers, etc.)	on for medications which we have a
L		Homework	
We will help yo	ur child with their homework as	signments. If he/she does not comple	te the assignments within our allotted

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 Kids Academy 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:	Name:Birthdate:			
En	nergency Contact Info	rmation (other thar	a parent)	
First Name:	Last Nam	e:	Relation:	
1 st Phone:	Ext/Type:	2 nd Phone:	Ext/Type:	
Address:	City:		State: Zip:	
The follo	owing people have pern	nission to pick up m	y child/children:	
First Name:	Last Nam	e:	Relation:	
1 st Phone:	Ext/Type:	2 nd Phone:	Ext/Type:	
First Name:	Last Nam	ie:	Relation:	
1 st Phone:	Ext/Type:	2 nd Phone:	Ext/Type:	
First Name:	Last Nam	le:	Relation:	
			Ext/Type:	
L				
First Name:	Last Nam	ıe:	Relation:	
1 st Phone:	Ext/Type:	2 nd Phone:	Ext/Type:	

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:

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2022-2023 Parent Handbook Acknowledgement

Please initial by each statement.

I understand:

- 1. The hours of operation are 3:00 to 6:00 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 6:01 p.m. and are strictly enforced. During a pandemic or emergency declaration operating hours may be modified.
 - 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. Tuition credits for emergency closed days can only be applied to future tuition or re-registration payments.

____3. Method of payments are as follows: cash, credit card, automatic checking account draft. NO CHECKS.

- 4. Holiday care will be available at Gingerbread Kids Academy in Richmond. This must be requested and paid for in advance.
- ____5. I have reviewed the illness, absence, and discipline policies.
- _6. All individuals picking up students must be 18 year of age and have proper identification.
- _____7. Parents may review a copy of the Minimum Standards and the center's inspection reports during hours of operation.
 - _8. I have reviewed the statement concerning the playground equipment and playground area not meeting state licensing standards.
 - ___9. 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.
 - 10. 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.
- 1. 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, Hubeank: 832.223.2999, or Bentley: 832.223.4911).

12. 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.



OFFICE	USE	ONLY:	

PAYMENT SUBMITTED BY:

DATE: _____

Where Children Learn and Grow

EZ-EFT Authorization Form

I hereby authorize periodic payments on my behalf from the checking, savings, or credit account listed below to be transferred to Gingerbread Kids Academy.

CHOOSE ONE:

Checking Account Transfer (attach voided check)	CHILD NAME:
Financial Institution Name:	
Routing Number:	LOCATION:
Account Number:	
	THIS PAYMENT IS (CIRCLE ONE):
Savings Account Transfer	ONE-TIME
Financial Institution Name:	
Routing Number:	
Account Number:	RECURRING
Credit Card Charge (additional 3% charge applies)	
Visa AMEX	
MasterCard Discover	
Credit Card Number:	
Expiration Date:/ (month/year)	

I understand that I am in full control of my payment, and if I at anytime decide to make any changes or discontinue this service, I will notify Gingerbread Kids Academy.

Name	Address	
City	State	Zip
Phone Number	Email	
Parent Signature:		Date:

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