

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

2024-2025 School Year

## Arredondo, Bentley, Frost, Gray, Hubenak, Hutchison, & Terrell 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 the completed forms to [twkaminski@sbcglobal.net](mailto:twkaminski@sbcglobal.net).** **Incomplete forms will not be processed.** You will need to bring the signed original forms to the after-school program on the first day of school.

### **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... ..\$85.00  
*(omit Security Deposit if re-enrolling)*  
First Weeks tuition. .... \$85.00  
**Total for RE-ENROLLMENT: \$160.00**  
**Total for NEW ENROLLMENT: \$245.00**

In order to start on **August 12, 2024, Re-enrollment or New Registration paperwork and initial payment** are due no later than **Friday, August 2nd.** If paperwork is received after **August 2nd,** the student will not be able to start the program until **August 19th.**

The Parent Handbook is available on our website: [www.gbhd daycare.com](http://www.gbhd daycare.com) or [gbkidsacademy.com](http://gbkidsacademy.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  
Gingerbread After-School Programs  
281-239-2110  
[twkaminski@sbcglobal.net](mailto: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.)	Arredondo Elementary After-School Program 6110 August Green Richmond, TX 77469 832-223-4811 (after 3 p.m.)
Gray Elementary After-School Program 5505 Sunrise Meadow Fr. Richmond, TX 77469 281-232-9583	Terrell Elementary After-School Program 26026 Candela Heights Dr. Richmond, TX 77469 281-239-2110			

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**(281) 239-2110**

**After-School Program**

**Enrollment Rates for 2024-2025 School Year**

Annual Registration Fee.....	\$75.00/child
Security Deposit (one week tuition).....	\$85.00/child
First Weeks Tuition.....	\$85.00.00/child
Tuition (Paid in 4 week increments).....	\$85.00/week/child
Early Release (Must register 2 weeks in advance).....	\$25.00/day/child
Weekly rate for Thanksgiving, Christmas and Spring Break (Must register 2 weeks in advance).....	\$210.00/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 week's tuition.

**ALL FEES ARE NON-REFUNDABLE.**

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

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

School Name: \_\_\_\_\_ After-School Program Start Date \_\_\_\_\_  
(School Name) (First day in program)

Time of Arrival: 3:00 p.m. Estimated time of departure \_\_\_\_\_ The After-School Program closes at 6:00 p.m. except for 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 6:01 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 for your child to be able return to the program. After the 2<sup>nd</sup> late charge, your child care will be suspended for one week. This is a charged week. **During a pandemic or emergency declaration the operating hours may be modified.**

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 6:00 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.

**Methods of payment are as follows: cash, credit card, automatic bank transfer. NO CHECKS WILL BE ACCEPTED.**

\_\_\_\_\_  
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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Please Print

**2024-2025 After-School Program  
Enrollment Form**

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender:  M  F  
(Circle One)

Check the name of the school:  Arredondo  Bentley  Frost  Gray  Hubenak  Hutchison  Terrell

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Start Date: \_\_\_\_\_ Weekly Tuition: \$ \_\_\_\_\_ Arrival: 3:00 p.m. Departure: \_\_\_\_\_  
(Time) (Time)

Ethnicity:  Caucasian  Asian  Indian  Hispanic  African American  Other \_\_\_\_\_

Mother /  Guardian (check one)

Father /  Guardian (check one)

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Carrier: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone : \_\_\_\_\_ Ext: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Carrier: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone : \_\_\_\_\_ Ext: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_

**Parent Handbook Acknowledgement**

Please Initial: \_\_\_\_\_ I have reviewed the parent handbook which includes a 2024-2025 payment calendar.  
(available on the website [www.gbhd daycare.com](http://www.gbhd daycare.com) & [www.gbkidsacademy.com](http://www.gbkidsacademy.com)).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Medical Release

In case of an emergency, Gingerbread House Daycare has permission to take my child \_\_\_\_\_ to

(Child's full name)

Dr. \_\_\_\_\_ Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

**and** \_\_\_\_\_ Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

(Hospital preference)

to 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: \_\_\_\_\_

**Does your child have diagnosed food allergies? \_\_ yes \_\_ no. If yes, please list \_\_\_\_\_**

**Food Allergy Emergency Plan Submitted Date:** \_\_\_\_\_. (Food allergies require additional documentation.): \_\_\_\_\_

**Please note any other allergies to insect bites, plants, medications, etc.** \_\_\_\_\_

**Does your child have any special care needs? \_\_ yes \_\_ no \_\_ IEP. If yes please list:** \_\_\_\_\_

**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? \_\_\_\_\_

We are not a medical facility. We only administer medication in an emergency 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 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: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Emergency Contact Information (other than a parent)**

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

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

First Name: _____	Last Name: _____	Relation: _____	
1 <sup>st</sup> Phone: _____	Ext/Type: _____	2 <sup>nd</sup> Phone: _____	Ext/Type: _____

First Name: _____	Last Name: _____	Relation: _____	
1 <sup>st</sup> Phone: _____	Ext/Type: _____	2 <sup>nd</sup> Phone: _____	Ext/Type: _____

First Name: _____	Last Name: _____	Relation: _____	
1 <sup>st</sup> Phone: _____	Ext/Type: _____	2 <sup>nd</sup> Phone: _____	Ext/Type: _____

First Name: _____	Last Name: _____	Relation: _____	
1 <sup>st</sup> Phone: _____	Ext/Type: _____	2 <sup>nd</sup> 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: _____

**2024-2025  
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 bank draft. NO CHECKS.
- \_\_\_\_\_ 4. Holiday care will be available at Gingerbread Kids Academy in Richmond or Gingerbread House Learning Center in Rosenberg. 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.
- \_\_\_\_\_ 11. I have received the director's phone number: Tim Kaminski: 281.239.2110 (office) and 281.923.4162 (cell) and Kelly Novicke: 281.232.9583 (office) and 281.960.1712 (cell). I have received the campus phone number that is in service after 3 p.m. --- Frost: 832.223.1599; Hutchison: 832.223.1799; Hubenak: 832.223.2999; Bentley: 832.223.4911; Arredondo: 832-223-4811; Gray: 281.232.9583; and Terrell: 281.239.2110.
- \_\_\_\_\_ 12. A request for a year-end tax 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



Where Children Learn and Grow



Where Children Learn and Grow

### EZ-EFT Payment 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 or Gingerbread House Day Care.

**CHOOSE ONE:**

\_\_\_\_\_ Checking Account Transfer (attach voided check)  
Financial Institution Name: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

\_\_\_\_\_ Savings Account Transfer  
Financial Institution Name: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

\_\_\_\_\_ Credit Card Charge (additional 3% charge applies)  
\_\_\_\_\_ Visa                      \_\_\_\_\_ AMEX  
\_\_\_\_\_ MasterCard            \_\_\_\_\_ Discover

CHILD NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

THIS PAYMENT IS (CIRCLE ONE):

ONE-TIME

RECURRING

OFFICE USE ONLY:

PAYMENT SUBMITTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_(month/year) CV code: \_\_\_\_\_

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

**Account/Cardholder's Information:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_