

The Gingerbread House Daycare
2417 Fourth Street
Rosenberg, Texas 77471
(281) 232-9583 or (281) 923-4162

(2010)

ENROLLMENT DATE _____ FROST HUTCHISON HUBENAK
(Please Check One)

CHILD'S NAME _____ B/D _____ Male ___ Female ___

ETHNICITY: ___ Anglo ___ Asian ___ Indian ___ Hispanic ___ African American ___ Other

ADDRESS _____ HOME # _____ - _____ - _____

GRADE _____ TEACHER _____ ARRIVAL: 2:40 PM DEPART _____
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MOTHER/GUARDIAN FATHER/GUARDIAN

FIRST NAME _____ FIRST NAME _____

LAST NAME _____ LAST NAME _____

ADDRESS _____ ADDRESS _____

CITY/ZIP _____ CITY/ZIP _____

HOME # _____ HOME # _____

CELL # _____ CELL # _____

E-Mail _____ E-Mail _____

EMPLOYED BY _____ EMPLOYED BY _____

WORK # _____ WORK # _____

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EMERGENCY CONTACT _____ PHONE# _____
_____ PHONE # _____

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IN ADDITION TO THE ABOVE PARENTS/GUARDIAN,
THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP MY CHILD:

NAME _____ RELATION _____ PHONE # _____
NAME _____ RELATION _____ PHONE # _____
NAME _____ RELATION _____ PHONE # _____

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THE FOLLOWING PEOPLE DO NOT HAVE PERMISSION TO PICK UP MY CHILD.
NAME _____ RELATION _____

MEDICAL RELEASE

GINGERBREAD HOUSE DAY CARE HAS MY PERMISSION TO TAKE MY CHILD _____
_____ TO THEIR DESIGNATED DR. OR DR. _____
PHONE # _____ ADDRESS _____ AND OAK BEND
HOSPITAL, 1705 Jackson Street, Richmond, TX, PHONE# 281-341-3000 OR
_____ IN CASE OF ANY EMERGENCY, AND
RECEIVE ANY EMERGENCY TREATMENT AS DEEMED NECESSARY.

PARENT SIGNATURE _____ DATE _____

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_____'S **IMMUNIZATION, VISION AND HEARING**
RECORDS ARE ON FILE AT _____ **ELEMENTARY** AND WAS LAST SEEN BY A PHYSICIAN
ON _____.

PARENT SIGNATURE

DATE

PLEASE NOTE ANY ALLERGIES TO MEDICATION, FOOD, INSECT BITES, ETC.

IF THERE ARE NONE, PLEASE WRITE IN **NONE**.

PLEASE NOTE ANY MEDICAL PROBLEMS THAT WE NEED TO BE AWARE OF (ASTHMA, SEIZURES, ETC.)

IF THERE ARE NONE, PLEASE WRITE IN **NONE**.

IS YOUR CHILD CURRENTLY TAKING ANY MEDICATION? _____

IF YES, PLEASE LIST THE NAME, DOSAGE, AND DR.'S NAME : _____

WE WILL NOT GIVE ANY PRESCRIPTION MEDICATION WITHOUT A WRITTEN DIRECTIVE FROM THE STUDENT'S PHYSICIAN.

HOMEWORK

MY CHID IS IN GRADE _____ **TEACHER'S NAME** _____

_____ **NO, MY CHILD DOES NOT NEED TO DO HIS HOMEWORK AT SCHOOL.**

_____ **YES, MY CHILD NEEDS TO START HIS HOMEWORK AT SCHOOL.**

WE WILL HELP YOUR CHILD WITH THEIR ASSIGNMENTS. IF HE/SHE DOES NOT COMPLETE THE ASSIGNMENTS WITHIN OUR ALLOTTED TIME (45 MIN. TO 1 HR.) THE REMAINING HOMEWORK WILL BE SENT HOME.

OUTDOOR PLAY EQUIPMENT

THIS IS TO NOTIFY YOU THAT THE OUTDOOR PLAY EQUIPMENT PROVIDED BY THE PUBLIC SCHOOL FACILITY **DOES NOT MEET LICENSING STANDARDS AS SPECIFIED IN SUB-CHAPTER 746.4609** 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.

SIGNATURE _____ DATE _____

IF YOU **DO NOT** GIVE PERMISSION, THE STUDENT WILL STAY INDOORS DURING THE OUTDOOR PORTION OF THE DAILY SCHEDULE. SIGNATURE _____ DATE _____

PLEASE INITIAL: _____ **I HAVE RECEIVED A PARENT HANDBOOK**

SIGNATURE _____ **DATE** _____

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2010
PARENT HANDBOOK ACKNOWLEDGMENT

PLEASE INITIAL BY EACH STATEMENT.

I UNDERSTAND:

- _____ 1. THE HOURS OF OPERATION ARE 2:40 TO 6:30 P.M. ON THE DAYS OF REGULAR SCHOOL OPERATIONS. EARLY RELEASE OR PLANNED NIGHT PROGRAMS, CLOSE 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 PLAN SCHEDULE I RECEIVED. LATE PAYMENT IS EXPLAINED IN THE PARENT HANDBOOK AND STRICTLY ENFORCED. CANCELLATION REQUIRES A TWO WEEK WRITTEN NOTICE PRIOR TO NEXT PAYMENT DUE DATE OTHERWISE YOU ARE CHARGED FOR TWO ADDITIONAL WEEKS AND LOSE YOUR SECURITY DEPOSIT.
- _____ 3. HOLIDAY CARE WILL BE AVAILABLE AT GINGERBREAD HOUSE IN ROSENBERG. 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 YEARS OLD AND HAVE PROPER IDENTIFICATION.
- _____ 6. PARENT'S MAY REVIEW COPY OF MINIMUM STANDARDS & 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, AND HAVE BEEN RE-VIEWED 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 WORK NUMBERS, EMERGENCY CONTACTS, OR ANY CHANGES DEEMED NECESSARY FOR THE SAFETY OF MY CHILD. THESE CHANGES WILL BE SUBMITTED IN WRITING, INCLUDING COURT ORDERS.
- _____ 10. I HAVE RECEIVED THE DIRECTOR'S PHONE #, 281-232- 9583 CELL # 281-923-4162, AND THE CAMPUS NUMBER THAT IS IN SERVICE AFTER 3:00 P.M., Frost (832) 223-1599, Hutchison (832) 223-1799 or Hubenak (832) 223-2999.
- _____ 11. Request for a Year-End statement must be made in writing along with the processing fee paid in advance.

I HAVE READ THE PARENT HANDBOOK AND AGREE TO COMPLY WITH ALL POLICIES THEREIN.

MOTHER/GUARDIAN

DATE

FATHER/GUARDIAN

DATE

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**RATE SHEET
2010 SCHOOL YEAR**

**ANNUAL REGISTRATION & SECURITY DEPOSIT ----- \$140.00 /CHILD
PLUS 1ST TWO WEEKS TUITION \$100.00 /CHILD**

TUITION (Paid in 4 week increments) ----- \$50.00 /WEEK/CHILD

**LCISD EMPLOYEE RATE (Paid in 4 week increments)----- \$45.00 /WEEK/CHILD
EMPLOYED BY _____**

EARLY RELEASE - (MUST REGISTER 2 WEEKS IN ADVANCE)----- \$12.50 /DAY/CHILD

**WEEKLY RATE @ GINGERBREAD HOUSE DAY CARE CENTER--- CALL 281-232-9583
FOR THANKSGIVING, CHRISTMAS, SPRING BREAK AND SUMMER CAMP –
LIMITED SPACE (MUST REGISTER 2 WEEKS PRIOR TO HOLIDAYS)**

**** ALL FEES ARE NON-REFUNDABLE**

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**THE STATE MANDATES THE RATE SHEET AND THE CHILD ENROLLMENT FORMS BE CURRENT
AND KEPT IN YOUR CHILD'S FILE:**

CHILD'S NAME _____ BIRTH DATE _____

TIME OF ARRIVAL 2:40 P.M. DEPARTURE _____ ENROLLMENT DATE _____

**THE AFTERSCHOOL PROGRAM CLOSING TIME WILL BE at 5:30 or 6:00 P.M. WITH THE EXCEPTION OF EARLY RELEASE/SCHOOL PROGRAMS
WHICH CLOSING TIME WILL BE at 5:30 or 6:00 P.M. A \$30 LATE PICK-UP FEE WILL BE ASSESSED BEGINNING ONE
(1) MINUTE AFTER CLOSING AND EVERY 10 MINUTES THEREAFTER. PAYMENT IS DUE THE DAY YOU ARE LATE.
AFTER THE 2ND LATE CHARGE, YOUR CHILD CARE WILL BE SUSPENDED FOR 1 WEEK. THIS IS A CHARGED WEEK.**

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PAYMENT PLAN:

I will make my Child Care Payments according to the payment plan schedule I received. I understand there will be a \$30.00 late payment fee (PER DAY) if Tuition is not received by Tuesday at 6:30 p.m.

PARENT SIGNATURE _____ DATE _____

Frost Elem. After-School Program
3306 Skinner Lane
Richmond, Texas 77469
(832) 223-1599 After 3pm

Hutchison Elem. After-School Program
3602 Ransom Rd.
Richmond, Texas 77469
(832) 223-1799 After 3pm

Hubenak Elem After-School Program
11344 Rancho Bella Pkwy
Richmond, Texas 77469
(832) 223-2999 After 3 pm

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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 supervising your children during their time with us. We will be available from 2:40 to 6:30 as explained in the parent handbook. We are licensed by the Texas Department of Protective and Regulatory Service.

We have a schedule that will give the students the opportunity to utilize our science, math, reading, art, and game centers. In addition, they will be served a snack, and then assisted in doing their homework.

The attached enrollment forms will need to be filled out for each child, and returned to:

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2417 4th Street
Rosenberg, Texas 77471

You must **RE-REGISTER** your child for each school year. Registration fee of \$___ per child with the two week security deposit of \$___ per child, and the 1st two weeks of tuition for total of \$_____, and enrollment forms are due no later than _____. If enrollment forms and payment is not received, you will be put on the waiting list for the coming year.

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.
281-232-9583 or 281-923-4162.

Respectfully,

Kathryn Kaminski
Director
281-232-9583

Frost Elem. After-School Program 3306 Skinner Lane Richmond, Texas 77469 (832) 223-1599 After 3pm
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Hutchison Elem. After-School Program 3602 Ransom Rd. Richmond, Texas 77469 (832) 223-1799 After 3pm
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Hubenak Elem After-School Program 11344 Rancho Bella Pkwy Richmond, Texas 77469 (832) 223-2999 After 3 pm
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