

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

(2011-2012)

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 \_\_\_\_\_  
+++++  
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 # \_\_\_\_\_

+++++  
EMERGENCY CONTACT \_\_\_\_\_ PHONE# \_\_\_\_\_  
\_\_\_\_\_ PHONE # \_\_\_\_\_

+++++  
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** \_\_\_\_\_

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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**RATE SHEET  
2011-2012 SCHOOL YEAR**

**ANNUAL REGISTRATION & 2 Week SECURITY DEPOSIT ----- \$155.00 /CHILD  
PLUS 1<sup>ST</sup> TWO WEEKS TUITION \$110.00 /CHILD**

**TUITION (Paid in 4 week increments) ----- \$55.00 /WEEK/CHILD**

**LCISD EMPLOYEE RATE (Paid in 4 week increments)----- \$50.00 /WEEK/CHILD  
EMPLOYED BY \_\_\_\_\_**

**EARLY RELEASE - (MUST REGISTER 2 WEEKS IN ADVANCE)----- \$13.50 /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)**

**CANCELLATION OF SERVICES REQUIRES A TWO WEEK WRITTEN NOTICE PRIOR TO THE  
NEXT PAYMENT DUE DATE. OTHERWISE YOU ARE CHARGED FOR TWO ADDITIONAL WEEKS  
AND FORFEIT THE SECURITY DEPOSIT.**

**\*\* ALL REGISTRARION & TUITION 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 CLOSSES AT 6:30 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 2<sup>ND</sup> 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 if Tuition is not received by Tuesday at  
6:30 p.m.**

**PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

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2011-2012

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:

The Gingerbread House Day Care  
2417 4<sup>th</sup> Street  
Rosenberg, Texas 77471

You must **RE-REGISTER** your child for each school year. Registration fee of **\$ 45.00** per child with the two week security deposit of **\$110.00** per child, and the 1<sup>st</sup> two weeks of tuition for total of **\$265.00**, 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 or Kathryn Kaminski, Director of Gingerbread House at 281-232-9583 or 281-923-4162.

Respectfully,

Kathryn Kaminski  
Director  
281-232-9583

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**Revised 3/15/11**