



Summer Camp 2015

Welcome to CAMP GKA!

Camp GKA 2015 is being held at the Gingerbread Kids Academy located in Richmond, TX. The all-day Summer Camp programs are designed for children who have completed Kindergarten through 5th grade and are currently attending elementary school. The programs are offered Monday-Friday from 6:30 a.m. to 6:30 p.m. with three different sessions available over the summer.

We have designed a program that will give campers the opportunity to experience sports, music, arts, crafts, dance, reading, movies, wood shop, and more.

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

Gingerbread Kids Academy
814 FM 2977 Road
Richmond, Texas 77469

OR

**your current After-School
Program Site Manager**

The registration fee of \$75.00 per child plus first and last weeks tuition of \$310 per child along with the enrollment forms are due no later than **April 24, 2015**. **Discounted registration is available for those students currently enrolled in one of our Gingerbread House After-School Programs**. If enrollment forms and payment are not received by April 24th, you will be put on the waiting list. There will be a limited number of spots available for each session. ALL FEES ARE NON-REFUNDABLE.

If you have any questions, please contact Meghan at the Gingerbread Kids Academy at 281-239-2110. You may also direct questions to Tim Kaminski, Director of Gingerbread Kids Academy at 281-923-4162.

Respectfully,

Tim Kaminski, Director of Operations
Director Summer Programs

Gingerbread Kids Academy
 814 FM 2977 Road
 Richmond, TX 77469
 281.239.2110
 www.gbkidsacademy.com

Amount: _____ # _____

Computer Input Date: _____

Initial _____

Summer Camp 2015 Rates

Registration Fee - **Non After-School Student** (non-refundable).....\$75/child
 Registration Fee – **After School Students** (if enrolling in After-School for 2015-2016).....\$30/child
 Security Deposit: First & Last weeks tuition (non-refundable).....\$310/child
 Tuition Rate (Does not include lunches).....\$155/week/child

***If you sign up for all three sessions, tuition payments will occur in two week increments. If you sign up for a single session, you must pay for the entire session up front.**

(Some field trips may require additional fees.)

Sessions 1 & 2 are four weeks long, and Session 3 is three weeks long:

| | |
|--|-----------------------------------|
| CAMP GKA Session 1: June 8 – July 3 (Closed July 3) | <i>Please circle</i> yes no |
| CAMP GKA Session 2: July 6 – July 31 | yes no |
| CAMP GKA Session 3: Aug 3 – Aug 21 (Closed Aug 14) | yes no |

You will need to bring sack lunches each day with 2 snacks and 2 drinks. We will not be able to reheat food.

Cancellation of Summer Camp requires a written notice two weeks prior to the next payment due date. Otherwise, you will be charged for two additional weeks and forfeit the security deposit. Security deposits can only be applied towards tuition payments.

**** ALL REGISTRATION AND TUITION FEES ARE NON-REFUNDABLE.**

The rate sheet and the child enrollment forms must be current and kept in your child's file.

Child's Name: _____ Birthdate: _____

Time of arrival: _____ Departure: _____ Start date: _____

The summer camp opens at 6:30 a.m. and closes at 6:30 p.m. A \$35 late pick-up fee will be assessed beginning at 6:31 p.m. and every 10 minutes thereafter. Payment is due the day you are late.

PAYMENT PLAN:

I will make the Summer Camp Payments according to the payment plan schedule I received. I understand there will be a \$40.00 late payment fee (PER DAY) until the tuition is paid in full, and my child cannot attend the program until the payment is received.

PARENT SIGNATURE: _____ DATE: _____

Gingerbread Kids Academy
 814 FM 2977 Road
 Richmond, TX 77469
 (281) 239-2110

REGISTRATION FORM

Today's Date: _____

Please Print

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

Birthdate: _____ Age: _____ Class Enrolling: _____

Enroll Date: _____ Weekly Tuition: \$ _____ Arrival: _____ Departure: _____
(Time) (Time)

Ethnicity: Anglo Asian Indian Hispanic African American Other _____

Mother / Guardian (check one)

Father / Guardian (check one)

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Home Phone: _____

E-mail: _____

Employer: _____

Work Phone : _____ Ext: _____

Drivers License #: _____

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Home Phone: _____

E-mail: _____

Employer: _____

Work Phone : _____ Ext: _____

Drivers License #: _____

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.

Parent/Guardian Signature: _____ **Date:** _____

List any allergies to medications, foods, insect bites, etc.

List any medical conditions and current medications, i.e. asthma, seizures, ADHD, etc.

Child's Name: _____ Birthdate: _____

Emergency Contact Information (other than a parent)

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

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

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

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

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

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

Gingerbread Kids Academy
 814 FM 2977 Road
 Richmond, TX 77469
 Phone: (281) 239-2110
 Fax: (832) 363-1264

MEDICAL FORM

The following needs to be completed by a PHYSICIAN:

| | First | Second | Third | Booster | Booster after 4 th Birthday |
|---|-------|--------|-------|---------|---|
| DPT | | | | | |
| MMR | | | | | |
| HEPB | | | | | |
| HIB | | | | | |
| POLIO | | | | | |
| VARICELLA | | | | | |
| PHEUM (PCV) | | | | | |
| ROTAVIRUS | | | | | |
| INFLUENZA | | | | | |
| HEPATITIS A | | | | | |
| MENIGOCOCCA | | | | | |
| TB Test Result: (check one) <input type="checkbox"/> Positive <input type="checkbox"/> Negative | | | | | |

Please list any medical conditions (physical or emotional) that we may need to be aware of: _____

Please list any allergies or special recommendations: _____

Physician's Statement

_____ has been examined by me and is able to participate in a Daycare Program.

Physician's Signature: _____ Date: _____ Physician Phone #: _____

Print Physician's Name: _____ Address: _____

Waiver for Children Currently Enrolled in Public School

My child attends public school and his/her immunization records are on file at _____. My child was last examined by a licensed physician on _____ and is able to participate in a Daycare Program.

Parent Signature: _____ Date: _____

*Over the counter medications will not be given to children under 2 years of age unless specifically instructed by the physician. Refer to parent handbook for details.