

ENROLLMENT FORM**Today's Date:** _____

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

OFFICE USE ONLY
Amount: _____
#: _____

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

Birthdate: _____ Age: _____ Class Enrolling: _____ Enroll Date: _____

Social Security #: _____ Weekly Tuition: \$ _____ Arrival: _____ Departure: _____
(Time) (Time)

MOTHER/GUARDIAN**FATHER/GUARDIAN**

First Name: _____

Last Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Employer: _____

Work Phone: _____ **Ext:** _____

Drivers License #: _____

First Name: _____

Last Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Employer: _____

Work Phone: _____ **Ext:** _____

Drivers License #: _____

I understand that the rate listed above is per week and will remain as such until I am notified in writing of any changes. I understand that payment is due in two week increments per the payment schedule. Payments are due on a Thursday and late after 6:00 pm on Friday. Refer to Parent Handbook.

Parent/Guardian Signature: _____
Date: _____

MEDICAL RELEASE

The Gingerbread House Day Care has my permission to take my child, _____ to their
(Child's Full Name)

Designated Doctor DR. _____ Address: _____ Phone #: _____ and Oak

Dentist _____ Address: _____ Phone#: _____

Bend Hospital or _____ in case of an Emergency, and receive any Emergency treatment as
(Hospital Preference)
 deemed necessary.

Parent/Guardian Signature: _____ Date: _____

NOTE ANY ALLERGIES TO MEDICATIONS, FOOD, INSECT BITES, ETC... _____

NOTE ANY MEDICAL PROBLEMS, I.e. ASTHMA, SEIZURES, ETC... _____

CONTACT INFORMATION

Today's Date: _____

Child's Name: _____ **Date of Birth:** _____

Emergency Contact Information

First Name: _____ Last Name: _____ Relation: _____

1st Phone #: _____ Ext/Type: _____ Address: _____

City: _____ State: _____ Zip: _____ 2nd Phone #: _____ Ext/Type: _____

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...

1. **Name:** _____ **Relation:** _____

2. **Name:** _____ **Relation:** _____

3. **Name:** _____ **Relation:** _____

Parent/Guardian Signature: _____ Date: _____

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Medical Form

Health Form Date: _____

TB TEST DATE: _____

RESULT: _____

This following needs to be completed by the PHYSICIAN

	First	Second	Third	Booster	Booster after 4 th Birthday
DPT					
MMR					
HEPB					
HIB					
POLIO					
VARICELLA					
PNEUM (PCV)					
ROTAVIRUS					
INFLUENZA					
HEPATITIS A					
MENIGOCOCCA					

Please note any Medical Problems, Physical, or Emotional, that we may need to be aware of:

Please note any Allergies or Special Recommendations

Physician's Statement

_____ has been examined by me and is able to participate in a Day Care Program.
Child's Name

Physician's Signature: _____ Date: _____ Physician's Number: _____

Print Physician's Name: _____ Address: _____

Parent's Statement

My child attends public school and his/her Immunization, Vision, and Hearing records are on file at _____
(School Name) My child was Examined by a licensed physician on _____ and is able
(Date)
to participate in the Day Care Program.

Parent Signature: _____ Date: _____

If your child is absent 2 or more days for medical reasons, you must have a doctor release stating that your child may return to the Day Care. Any child running fever upon arrival shall not be admitted to the center. If your child develops a fever during the day, he/she may not return for 24 hours. All medications must be labeled with Dr.'s name, child's name, date, and instructions. 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.

**GINGERBREAD HOUSE LEARNING CENTER
PERMISSION SLIPS**

Additional Fees May Apply for Some Field Trips

Name _____ Birthdate _____

Address _____ Home Phone _____

Dad's Cell # _____ Mom's Cell # _____

Dr.'s Name _____ Phone # _____

Dr.'s Address _____

Emergency Contact _____

Relation _____ Phone # _____

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I give permission for _____ to participate in all field trips arranged by the Gingerbread House Learning Center. I understand that field trips will be posted 48 hours before the trip. The notice will be on the front door and the sign out area. _____

Parent Signature

Date

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I give permission to the acting director and/or teachers of the Gingerbread House to take all necessary action in the event that my child needs First-Aid and/or emergency medical attention. I give permission to the above named doctor or another licensed physician and/or hospital to administer any medical attention to my child in case of such emergency.

Both Parents Should Sign if Possible

Date

PLEASE NOTE ANY ALLERGIC REACTIONS TO BITES, PLANTS, FOOD, MEDICATIONS.

THE GINGERBREAD HOUSE LEARNING CENTER
2417 4TH STREET
ROSENBERG, TEXAS 77471
281-232-9583

2011
PARENT HANDBOOK ACKNOWLEDGMENT

PLEASE INITIAL BY EACH STATEMENT.

I UNDERSTAND:

- _____ 1. THE HOURS OF OPERATION ARE 7:00 A.M. TO 6:00 P.M. Monday thru Friday. LATE PICK UP FEES ARE ASSESSED BEGINNING AT 6:01 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.
- _____ 3. THE ILLNESS, ABSENCE, AND DISCIPLINE POLICIES.
- _____ 4. ALL INDIVIDUALS PICKING UP STUDENTS MUST BE 18 YEARS OLD AND HAVE PROPER IDENTIFICATION.
- _____ 5. I UNDERSTAND THAT G OR PG MOVIES MAY BE SHOWN ON SPECIAL OCCASIONS. I MAY REQUEST THE NAMES OF THE MOVIES SHOWN.
- _____ 6. PARENT'S MAY REVIEW A COPY OF MINIMUM STANDARDS & THE CENTER'S INSPECTION REPORTS DURING HOURS OF OPERATION.
- _____ 7. I WILL KEEP THE CAMP 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.
- _____ 8. GINGERBREAD HOUSE IS NOT RESPONSIBLE FOR ANY LOST, DAMAGED OR STOLEN ELECTRONIC DEVICE BROUGHT TO THE SUMMER CAMP PROGRAM BY MY CHILD.
- _____ 9. I HAVE RECEIVED THE DIRECTOR'S PHONE #, 281-232- 9583 AND CELL # 281-923-4162.

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

MOTHER/GUARDIAN

DATE

FATHER/GUARDIAN

DATE

THE GINGERBREAD HOUSE LEARNING CENTER
2417 4TH STREET
ROSENBERG, TEXAS 77471
281-232-9583

**RATE SHEET
SUMMER 2011**

REGISTRATION & NON-REFUNDABLE -----\$40.00 PER CHILD
SECURITY DEPOSIT (2 WEEKS TUITION) -----\$240.00 PER CHILD

SOME FIELD TRIPS MAY REQUIRE ADDITIONAL FEES.

TUITION IS PAID IN 2 WEEK INCREMENTS

TUITION-----\$120.00/WEEK/CHILD

SESSIONS ARE 4 WEEKS LONG.

CAMP GBH	Session 1 (June 6th – July 1 st Closed July 4th)	<i>Please circle</i> yes no
	Session 2 (July 5th – July 29th)	yes no
	Session 3 (Aug 1 st – Aug 19th)	yes no

MUST BRING SACK LUNCHES WITH 2 SNACKS & 2 DRINKS. WE WILL NOT BE ABLE TO REHEAT FOOD.

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 REGISTRATION AND TUITION FEES ARE NON-REFUNDABLE**

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

CHILD'S NAME _____ BIRTH DATE _____

TIME OF ARRIVAL _____ DEPARTURE _____ ENROLLMENT DATE _____

THE SUMMER CAMP PROGRAM CLOSSES AT 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.

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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) until the tuition is paid in full and my child cannot attend the program until the payment is received.

PARENT SIGNATURE _____ DATE _____

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2011

Welcome to **Camp GBH Summer Program**,

Camp GBH is being offered this year at our main site in Rosenberg at the Gingerbread House Day Care located at 2417 4th Street. The programs are designed for children that have completed K and are currently attending elementary school.

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:

The Gingerbread House Day Care
2417 4th Street
Rosenberg, Texas 77471

Registration fee of **\$40.00** per child plus two weeks security deposit of ____ per child along with the enrollment forms are due no later than _____. If enrollment forms and payment are not received, you will be put on the waiting list.

Please read the Parent Handbook, and keep it for future reference. If you have any questions, please contact us at 281-232- 9583 or direct them to Tim Kaminski, Director of Operations 281-923-4162 or Katheryn Kaminski , Director of Gingerbread House at 281-382-5239.

Respectfully,

Tim Kaminski, Director of Operations
Director Summer Programs
281-232-9583