



**Where Children Learn and Grow**

## **Summer Camp** **2024**

### **Welcome to the Gingerbread House Summer Camp!**

The **2024 Summer Camp** will be held at the Gingerbread House Learning Center located at 2417 4th St., Rosenberg, TX from **May 28th to Aug 9th**. The all-day Summer Camp operates from 6:30 am to 6:00 pm, Monday - Friday, and is designed for children ages **6 yrs to 11 yrs old**. We will be closed July 4th & 5th and on August 2nd.

We have created a program that will give campers the opportunity to experience sports, music, arts, crafts, reading, movies, STEM projects, and much more. The students will also have the opportunity to attend two field trips each week.

The initial payment of **\$260.00** includes the **\$75.00 registration**, the **\$185.00 first weeks tuition** and is due at the time you submit the registration forms. The tuition is billed in two week increments and you will receive a payment schedule for the Summer program. If you register for the summer program and will also be attending one of our after-school programs in the Fall, you will not have a second **registration fee** due for the Fall After-School registration.

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

Field Trips are included in the weekly tuition fee. Lunch and snacks are also provided except on field trip days. Students are required to bring a sack lunch, snack and water bottle for field trip days. To register for the program, please fill out the attached registration forms, then scan and e-mail to **kelly.novicke@gmail.com** for processing.

Your student is not considered enrolled in the Summer Camp program until we have received the completed registration forms, the initial payment and you have received a confirmation e-mail from us.

If you have any questions, please contact **Ms. Susie**, Director of the Gingerbread House Learning Center, at **281-232-9583**. You may also direct questions to **Ms. Kelly**, Director of Operations at **281-232-9583** or e-mail us a **kelly.novicke@gmail.com**.

Respectfully,

Kelly Novicke, Director of Operations  
Gingerbread House Learning Center

**Gingerbread House Learning Center**  
**2417 4th St.**  
**Rosenberg, TX 77471**  
**281.232.9583**  
**www.gbhdaycare.com**

Amount: \_\_\_\_\_ # \_\_\_\_\_

Computer Input Date: \_\_\_\_\_

Initial \_\_\_\_\_

## Summer Camp 2024 Rates

Registration Fee .....\$75/child

Security Deposit: First weeks tuition (non-refundable).....\$185/wk/child

Tuition rate (billed in two week increments).....\$185/wk/child

The **Registration Fee**, and  
**Security Deposit** (first weeks tuition) are due with the registration paperwork.  
**Registration total: \$260.00**

**Summer Camp dates: May 28<sup>th</sup> - August 9<sup>th</sup>**  
**(Closed: July 4<sup>th</sup> & 5<sup>th</sup> and August 2<sup>nd</sup>)**

Field trips, lunches snacks are included in the tuition fee. However, students are required to bring sack lunches, snacks and a water bottle on field trip days.

**Cancellation** of the Summer Camp program requires a written notice two weeks prior to the next payment due date. If proper cancellation notice is not received, you will be charged for two additional weeks. Security deposits can only be applied towards tuition payments.

**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: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Time of Drop Off: \_\_\_\_\_ Pick Up: \_\_\_\_\_ Start date: \_\_\_\_\_

**The summer camp opens at 6:30 a.m. and closes at 6:00 p.m. A \$40 late pick-up fee will be assessed beginning at 6:01 p.m. and every 10 minutes thereafter. Payment is due the day you are late.**

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### **PAYMENT PLAN:**

I will make the Summer Camp Payments according to the payment plan schedule I received. Payments will be due biweekly throughout the summer. I understand there will be a **\$40.00 late payment fee if tuition is paid after the payment due date**, and my child cannot attend the program until the payment is recieved

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

Gingerbread House Learning Center  
2417 4th St.  
Rosenberg, TX 77471  
(281) 232-9583

REGISTRATION FORM

Today's Date: \_\_\_\_\_

**Please Print**

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: ☐ M ☐ F  
(Circle One)  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Class Enrolling: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Weekly Tuition: \$ \_\_\_\_\_ Drop Off: \_\_\_\_\_ Pick Up: \_\_\_\_\_  
(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 \_\_\_\_\_ Carrier \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone : \_\_\_\_\_ Ext: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Carrier \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone : \_\_\_\_\_ Ext: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_

**Medical Release**

In case of an emergency Gingerbread House Learning Center 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.

Gingerbread House Learning Center

2417 4th St.

Rosenberg, TX 77471

(281) 232-9583

EMERGENCY CONTACT INFO

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: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relation: \_\_\_\_\_

1<sup>st</sup> Phone: \_\_\_\_\_ Ext/Type: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_ Ext/Type: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relation: \_\_\_\_\_

1<sup>st</sup> Phone: \_\_\_\_\_ Ext/Type: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_ Ext/Type: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relation: \_\_\_\_\_

1<sup>st</sup> Phone: \_\_\_\_\_ Ext/Type: \_\_\_\_\_ 2<sup>nd</sup> 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 House Learning Center  
2417 4th St.  
Rosenberg, TX 77471

MEDICAL FORM

Phone: (281) 232-9583  
Fax: (281) 232-9583

The following needs to be completed by a PHYSICIAN:

	First	Second	Third	Booster	Booster after 4 <sup>th</sup> 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: \_\_\_\_\_ Elementary School. The school address is \_\_\_\_\_ and phone number is \_\_\_\_\_.

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.

**Transportation, Field Trips & Emergency Medical Care**  
**Consent Form**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Home phone # \_\_\_\_\_

Mom's Cell # \_\_\_\_\_ Mom's Work # \_\_\_\_\_

Dad's Cell # \_\_\_\_\_ Dad's Work # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Dr's phone # \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_

.....

I give permission for my child \_\_\_\_\_ to participate in all field trips  
(Child's Name)

arranged by Gingerbread House Learning Center and be transported and supervised by the operations employees. I understand that field trip information will be posted 48 hours before the trip. The notice will be on the front door and the sign out area, (unless otherwise specified). My child will bring a sack lunch, snack and water bottle for the field trips.

\_\_\_\_\_

**Parent Signature**

\_\_\_\_\_

**Date**

.....

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

**Does your child have diagnosed food allergies? \_\_ yes \_\_ no.**

**Food Allergy Emergency Plan Submitted Date: \_\_\_\_\_**

**Please note any allergic reactions to bites, plants, medications, etc. \_\_\_\_\_**

.....

I give permission to the Acting Director and/or teachers of the Gingerbread House Learning Center 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.

**Parent Signature**

**Date**

Gingerbread House Daycare  
2417 Fourth Street  
Rosenberg, TX 77471  
(281) 232-9583  
www.gbhdhdaycare.com

Gingerbread Kids Academy  
814 Fm 2977  
Richmond, TX 77469  
(281) 239-2110  
www.gbkidsacademy.com



Where Children Learn and Grow

## SUMMER WATER DAYS PARENT ACKNOWLEDGEMENT

I give permission for my child \_\_\_\_\_ to  
participate in the following water activities (check all that apply)

☐ water table play ☐ sprinkler play ☐ splashing wading pools ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance? ☐ yes ☐ no

Does your child have any physical, health, behavioral or other condition,  
that would put them at risk while swimming? ☐ yes ☐ no

Do you want your child to wear a life jacket while in or near a swimming  
pool? ☐ yes ☐ no

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



**Where Children Learn and Grow**

**EZ-EFT Authorization Form**

OFFICE USE ONLY:

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

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

I hereby authorize periodic payments on my behalf from the checking, savings, or credit account listed below to be transferred to Gingerbread House Learning Center.

**CHOOSE ONE:**

\_\_\_\_\_ Checking Account Transfer (attach voided check)

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

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

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

\_\_\_\_\_ Savings Account Transfer

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**THIS PAYMENT IS (CIRCLE ONE):**

**ONE-TIME**

**RECURRING**

\_\_\_\_\_ Credit Card Charge (*additional 3% charge applies*)

\_\_\_\_\_ Visa

\_\_\_\_\_ AMEX

\_\_\_\_\_ MasterCard

\_\_\_\_\_ Discover

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

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

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

**Account/Cardholder's Information:**

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

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

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

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