



Summer Camp **2024**

Welcome to the Gingerbread Kids Summer Camp!

The **2024 Summer Camp** will be held at the Gingerbread Kids Academy located at 814 FM 2977, Richmond, 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 **\$315.00** includes the **\$75.00 registration**, the **\$240.00 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 **twkaminski@sbcglobal.net** 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. Feron**, Director of the Gingerbread Kids Academy, at **281-239-2110**. You may also direct questions to **Tim Kaminski**, Director of Operations at **281-239-2110** or e-mail us a **twkaminski@sbcglobal.net**.

Respectfully,

Tim Kaminski, Director of Operations
Gingerbread 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 2024 Rates

Registration Fee\$75/child

Security Deposit: First weeks tuition (non-refundable)\$240/wk/child

Tuition rate (billed in two week increments)\$240/wk/child

The **Registration Fee**, and
Security Deposit (first weeks tuition) are due with the registration paperwork.
Registration total: \$315.00

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

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.

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.

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 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: _____ 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 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.

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

EMERGENCY CONTACT INFO

Child's Name: _____ Birthdate: _____

Emergency Contact Information (*other than a parent*)

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

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

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

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

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

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

MEDICAL FORM

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

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: _____ 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 Kids Academy 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 Kids Academy 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.gbhd daycare.com

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



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 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 Kids Academy.

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:** _____