

The Gingerbread Kids After School Programs
814 FM 2977 Road
Richmond, TX 77469
281-239-2110

2026-2027 School Year

Welcome to the After-School Program!

The Gingerbread After-School Program rents the gymnasium and cafeteria from the School District for the sole purpose of providing an after-school program for your children during their time with us. Our program hours are 3:00 p.m - 6:30 p.m, and we are licensed by the Texas Department of Protective and Regulatory Services. **DURING A PANDEMIC OR EMERGENCY DECLARATION OUR OPERATING HOURS MAY BE MODIFIED.** We have a schedule that will give students the opportunity to utilize our science, math, reading, and game centers. During their time in the after-school program, they will be served a snack and assisted in doing their homework. Each student needs to bring their own labeled water bottle. If your child has allergies, you will need to send their snacks.

In order to be guaranteed a spot for next year, the attached enrollment forms need to be filled out for each child. **Please scan and e-mail the completed forms to twkaminski@sbcglobal.net.** **Incomplete forms will not be processed.** You will need to bring the signed original forms to the after-school program on the first day of school.

We do not accept forms by regular mail, or fax!

You must re-register your child for each school year. The fees are as follows:

- Annual Registration fee.....\$80.00
- One week Security Deposit... ..\$90.00
(omit Security Deposit if re-enrolling)
- First Weeks tuition. \$90.00
- Total for RE-ENROLLMENT: \$170.00**
- Total for NEW ENROLLMENT: \$260.00**

In order to start on **August 11, 2026, Re-enrollment or New Registration paperwork and initial payment** are due no later than **Wednesday, August 5th.** If paperwork is received after **August 5th**, the student will not be able to start until **August 17th.**

The Parent Handbook is available on our website: www.gbhd daycare.com or gbkidsacademy.com. 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 at 281-239-2110.

Respectfully,

Tim Kaminski

Tim Kaminski , Director of Operations
Gingerbread Kids After-School Programs
281-239-2110
twkaminski@sbcglobal.net

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After-School Program

Enrollment Rates for 2026-2027 School Year

Annual Registration Fee.....	\$80.00/child
Security Deposit (one week tuition).....	\$90.00/child
First Weeks Tuition.....	\$90.00.00/child
Tuition (Paid in 4 week increments).....	\$90.00/week/child
Early Release (Must register 2 weeks in advance).....	\$30.00/day/child
Weekly rate for Thanksgiving, Christmas and Spring Break (Must register 2 weeks in advance).....	\$220.00/week/child
Single Public School Holidays Daily Rate at GKA.....	\$55.00/day/child

The following fees are due upon enrollment:

New Registration: Registration Fee, Security Deposit, plus First week's tuition.

ALL FEES ARE NON-REFUNDABLE.

.....
The State mandates that the following information be retained in your child's file:

Child's name _____ Birthdate _____ Grade _____

School Name: _____ After-School Program Start Date _____
(School Name) (First day in program)

Time of Arrival: 3:00 p.m. Estimated time of departure _____ The After-School Program closes at 6:30 p.m. except for early release days/school programs when closing time will be at 5:30 or 6:00 p.m. Late pick-up is assessed beginning at 6:31 p.m. A late charge of \$40.00 for every 10 minutes thereafter will be assessed and must be paid the day you are late for your child to be able return to the program. After the 2nd late charge, your child care will be suspended for one week. This is a charged week. During a pandemic or emergency declaration the operating hours may be modified.

I understand that payment is due in four-week increments, and I will pay it according to the payment schedule I received. Tuition is due on a Monday and considered late after 6:00 p.m. that Tuesday. If tuition is late, I understand that there will be a \$40.00 late fee assessed to my account, and my child will not be allowed to return until the account is paid in full.

Methods of payment are as follows: cash, credit card, automatic bank transfer. NO CHECKS WILL BE ACCEPTED.

Parent Signature

Date

Cell # _____ Work # _____ Home # _____

(Tuition is Due Per the Payment Schedule Whether or Not Your Child is at the Program That Week. No Exceptions!)

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Please Print

**2026-2027 After-School Program
Enrollment Form**

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

Check the name of the school: ___ Arredondo ___ Bentley ___ Frost ___ Gray ___ Hubenak ___ Hutchison ___ Terrell

Birthdate: _____ Grade: _____ Teacher: _____

Start Date: _____ Weekly Tuition: \$ _____ Arrival: 3:00 p.m. Departure: _____
(Time) (Time)

Ethnicity: Caucasian 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: _____
E-mail: _____
Employer: _____
Work Phone : _____ Ext: _____
Driver's License #: _____

First Name: _____
Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Carrier: _____
Home Phone: _____
E-mail: _____
Employer: _____
Work Phone : _____ Ext: _____
Driver's License #: _____

Parent Handbook Acknowledgement

Please Initial: _____ I have reviewed the parent handbook which includes a 2026-2027 payment calendar.
(available on the website www.gbhd daycare.com & www.gbkidsacademy.com).

Parent Signature: _____ Date: _____

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Medical Release

In case of an emergency, Gingerbread House Daycare has permission to take my child _____ to

(Child's full name)

Dr. _____ Address: _____ City/State/Zip _____ Phone: _____

and _____ Address: _____ City/State/Zip _____ Phone: _____

(Hospital preference)

to receive any emergency treatment as deemed necessary. **My child's immunization, vision, and hearing records are on file at**

_____ Elementary School and was last seen by a physician on _____.

Parent/Guardian Signature: _____ Date: _____

Does your child have diagnosed food allergies? __ yes __ no. If yes, please list _____

Food Allergy Emergency Plan Submitted Date: _____. (Food allergies require additional documentation.): _____

Please note any other allergies to insect bites, plants, medications, etc. _____

Does your child have any special care needs? __ yes __ no __ IEP. If yes please list: _____

List any medical conditions and current medications, i.e. asthma, seizures, ADHD, etc. (If none, please write "none." Diagnosed medical conditions require additional documentation.) _____

Is your child currently taking any medication? _____ What is it for? _____

We are not a medical facility. We only administer medication in an emergency for medications which we have a previous written directive from a physician. (i.e. Epi Pens, Inhalers, etc.)

Homework

We will help your child with their homework assignments. If he/she does not complete the assignments within our allotted time (45 min-1 hr.), the remaining homework will be sent home. If they do not have homework, they will be required to read a book or complete other worksheets.

Child Name: _____ Yes, my child needs to start his/her homework at school.
 No, my child does not need to start his/her homework at school.

Outdoor Play Equipment

This is to notify you that the outdoor play equipment provided by the public-school **facility does not meet the licensing standards as specified in sub-chapter (N) 744.3101**. 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 and release the Gingerbread Kids Academy and its employees from any liabilities and hold harmless for injuries that may occur on this equipment or playground.

Signature: _____ Date: _____

If you DO NOT give permission, the student will stay indoors during the outdoor portion of the daily schedule.

Signature: _____ Date: _____

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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: _____

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

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

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

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: _____

**2026-2027
Parent Handbook Acknowledgement**

Please initial by each statement.

I understand:

- _____ 1. The hours of operation are 3:00 to 6:30 p.m. on days with regular school operations. Early release days or planned night programs may warrant closing at 5:30 or 6:00 p.m. **Late pick-up fees are assessed beginning at 6:31 p.m. and are strictly enforced.** **During a pandemic or emergency declaration operating hours may be modified.**
- _____ 2. Tuition is due according to the payment schedule I received. Late payment is explained in the Parent Handbook and is strictly enforced. **Cancellation requires a two-week written notice prior to the next payment due date, otherwise you are charged for two additional weeks and lose your security deposit. Security deposits can only be applied toward tuition payments.** **Tuition credits for emergency closed days can only be applied to future tuition or re-registration payments.**
- _____ 3. Method of payments are as follows: cash, credit card, automatic bank draft. NO CHECKS.
- _____ 4. Holiday care will be available at Gingerbread Kids Academy in Richmond or Gingerbread House Learning Center in Rosenberg. This must be requested and paid for in advance.
- _____ 5. I have reviewed the illness, absence, and discipline policies.
- _____ 6. All individuals picking up students must be 18 year of age and have proper identification.
- _____ 7. Parents may review a copy of the Minimum Standards and the center's inspection reports during hours of operation.
- _____ 8. I have reviewed the statement concerning the playground equipment and playground area not meeting state licensing standards.
- _____ 9. I understand that movies may be shown on special occasions. The movies may be G or PG rated and have been reviewed by the Director before being shown. I may request the names of the movies shown.
- _____ 10. I will keep the center informed of any changes in cell numbers, work numbers, emergency contacts, or any changes deemed necessary for the safety of my child. I will submit these changes in writing, including court orders.
- _____ 11. I have received the director's phone number: Tim Kaminski: 281.239.2110 (office) and 281.923.4162 (cell)
- _____ 12. A request for a year-end tax statement must be submitted in advance and in writing along with the processing fee.

I have read the Parent Handbook and agree to comply with all policies therein.

Mother/Guardian

Date

Father/Guardian

Date



Where Children Learn and Grow



Where Children Learn and Grow

EZ-EFT Payment Authorization Form

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

CHOOSE ONE:

_____ Checking Account Transfer (attach voided check)
Financial Institution Name: _____
Routing Number: _____
Account Number: _____

_____ Savings Account Transfer
Financial Institution Name: _____
Routing Number: _____
Account Number: _____

_____ Credit Card Charge (additional 3% charge applies)
_____ Visa _____ AMEX
_____ MasterCard _____ Discover

CHILD NAME: _____

LOCATION: _____

THIS PAYMENT IS (CIRCLE ONE):

ONE-TIME

RECURRING

OFFICE USE ONLY:

PAYMENT SUBMITTED BY: _____

DATE: _____

Credit Card Number: _____

Expiration Date: ____/____(month/year) CV code: _____

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

Account/Cardholder's Information:

Name _____ Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Parent Signature: _____ Date: _____