



Registration for the 2022-2023 School Year

How do I register?

1. Complete the **Ark Children's Center Enrollment Form (pages 3-4)**.

In order to register for a particular class, your child's birthdate must fall before September 1st:

Infant (available TTH, MWF & M-F)	6 months of age by 1 st day of attendance
Pre-K2 (available TTH, MWF & M-F)	Age 2 by Sept. 1, 2022
Pre-K3 (available TTH, MWF & M-F)	Age 3 by Sept. 1, 2022
Pre-K4 (available MWF & M-F)	Age 4 by Sept. 1, 2022
Kindergarten Bridge (available M-F only)	Age 5 by Sept. 1, 2022

2. Complete and sign the **Tuition Agreement (page 5)**.
3. Complete the **ACH/Credit Card authorization form (page 7, new families only)**. All fees will be processed electronically and are non-refundable.
 - a. \$150 Registration Fee (per student)
 - b. \$ 50 Supply fee (per student and can be paid in August with 1st month's tuition)
4. Fill out electronically and submit all forms via email to traj@gateway-community.org. You may also submit forms via fax to (281) 286-1590 or print and mail forms to 760 Clear Lake City Blvd., Webster, TX 77598.

What is due in August?

1. **Doctor's Statement (Form 1515) (page 6)**.
2. Immunization record
3. First month's tuition payment due. Include \$50 supply fee if not paid with registration fee.

We anticipate every currently enrolled child will receive their choice of classes. Should your chosen class be filled to capacity, you will be notified a.s.a.p. and placed on a waiting list.



2022 – 2023 Monthly Tuition Rates

The school day is 9:00 am-1:00 pm. Rise & Shine and Stay & Play are only available in addition to the regular school day.

TTH Tuition:

Preschool	9:00 am-1:00 pm	\$215.00
Preschool + R&S	7:30 am-1:00 pm	\$272.75
Preschool + S&P	9:00 am-4:00 pm	\$330.50
Preschool + R&S + S&P	7:30 am-4:00 pm	\$388.25

MWF Tuition:

Preschool	9:00 am-1:00 pm	\$275.00
Preschool + R&S	7:30 am-1:00 pm	\$356.68
Preschool + S&P	9:00 am-4:00 pm	\$430.10
Preschool + R&S + S&P	7:30 am-4:00 pm	\$511.78

M-F Tuition:

Preschool	9:00 am-1:00 pm	\$375.00
Preschool + R&S	7:30 am-1:00 pm	\$515.25
Preschool + S&P	9:00 am-4:00 pm	\$647.25
Preschool + R&S + S&P	7:30 am-4:00 pm	\$787.50

Kindergarten Bridge Tuition:

School Day	9:05 am-2:00 pm	\$395.00
School Day + R&S	7:30 am-2:00 pm	\$535.25
School Day + S&P	9:05 am-4:00 pm	\$667.25
School Day + R&S + S&P	7:30 am-4:00 pm	\$807.50

Additional Rise & Shine and Stay & Play Rates:

Rise & Shine 7:30-9:00 AM:

Drop-in	\$12.00
10- Pack	\$97.50

Stay & Play 1:00-4:00 PM:

Drop-in	\$24.00
10- Pack	\$195.00



the ark
 children's center
AT GATEWAY COMMUNITY CHURCH

Enrollment Form: 2022-2023 School Year

Enrolling in: 6 Mo.+ Infant Pre-K 2 Pre-K 3 Pre-K 4 Kinder Bridge
 Enrolling in (optional) Rise & Shine Stay & Play Both R&S and S&P

Days: TTH MWF M-F

All fields of this application must be completed in order to be considered for enrollment. The Ark Children's Center welcomes students of any race, color, and national or ethnic origin. *All documents must be received for your child to be admitted.*

Copy of my child's most current Immunization Record. Form 1515 (Doctor's Statement) or a written statement from a health service or clinic.

Child's Name _____ Home Phone _____
Last First Middle

Date of Birth _____ Male _____ Female _____

Child's Address _____
City State Zip

Mother's Name _____ Occupation _____

Employer _____ E-Mail _____

Work Phone _____ Cell Phone _____ Service Provider: _____

Address (if different from child's) _____
City State Zip

Father's Name _____ Occupation _____

Employer _____ E-Mail _____

Work Phone _____ Cell Phone _____ Service Provider: _____

Address (if different from child's) _____
City State Zip

Emergency Contacts:

Name _____ Relationship _____

Address _____ Phone Number _____

Name _____ Relationship _____

Address _____ Phone Number _____

Persons Authorized for Alternate Pick-Up:

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

FIELD TRIPS: Parent(s) are notified prior to any event or field trip. A permission slip must be signed for the child to attend the event or field trip.

I hereby: **give** **do not give** my consent for my child to take part in any scheduled event or field trip.

WATER ACTIVITIES: I hereby give my consent for my child to participate in the following water activities: (please check all that apply)
 sprinkler play **water table play** **splashing/wading pools** **swimming pools**

NUTRITION AGREEMENT: I acknowledge that I am responsible to provide a nutritious lunch for my child each school day, and that the ACC is not responsible for meeting my child's daily nutritional needs.

_____ **Signature** of Parent or Legal Guardian

_____ **Date**

MEDICAL/PHYSICIAN INFORMATION

List any special needs or medical conditions that your child may have. These include but are not limited to: allergies, existing or pre-existing condition or illness, hospitalizations during the past 12 months, medication prescribed for long-term use. Failure to disclose a medical condition or need may result in expulsion.

***This section must be completed. Write "NONE" in the space provided if no needs or conditions exist. For any food allergy listed, you must provide a Food Allergy Emergency Plan listing foods, possible symptoms and steps to take. This form must be signed by a parent and a health care provider.**

Name of Licensed Physician _____ **Phone Number** _____

Address _____ **City, State, Zip** _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

If I cannot be reached during an emergency situation, I authorize my child to be transported to:

Preferred Hospital (or nearest) _____ **Phone Number** _____

Address _____ **City, State, Zip** _____

I give consent for this facility to secure any and all necessary emergency medical care for my child.

_____ **Signature** of Parent or Legal Guardian

_____ **Date**



TUITION AGREEMENT 2022-2023

Parents,

Our preschool utilizes a tuition agreement to clarify the financial commitment to our program. Timely payment is essential. This completed form should be returned to the Ark with your registration forms. **The first month's tuition payment is due August 1, 2022.** If you have questions, please do not hesitate to contact the ACC.

Thank you,
Thea Raj, Director

I, _____, understand that my child, _____, is enrolled in the Ark Children's Center at Gateway Community Church for the 2022-2023 school year. I understand and agree that:

- Tuition due the first (1st) of every month, with the first payment due August 1, 2022, and the final payment due May 1, 2023.
- Payment is considered late if made after the tenth (10th) of the month and will result in a \$25.00 late payment penalty fee.
- Monthly tuition is not based on my child's attendance and must be paid in full regardless of his/her absence, vacation, holidays, inclement weather, etc.
- A thirty (30) day written notice is *required* to withdraw my child or change their attendance schedule. **Any tuition paid will not be refunded if a thirty (30) day written notice is not given.**

For 2022-2023, my child is enrolled in:

___ TTH - \$215/ mo. ___ MWF - \$275/ mo. ___ M-F - \$375/ mo. ___ Kindergarten Bridge M-F - \$395/ mo.

(Reminder: Sibling discount of 10% given to the lower tuition rate once a second child is registered. Third and fourth siblings will receive a discount of 20%.)

I have read and agree to the above stated terms of enrollment.

Signature _____

Date _____



the ark
children's center
AT GATEWAY COMMUNITY CHURCH

760 Clear Lake City Blvd.
Webster, TX 77598
713-551-4870
Fax 281-286-1590

DOCTOR'S STATEMENT

2022-23 School Year

The Ark Children's Center is a licensed childcare facility in the State of Texas and is required to have a signed statement from a licensed healthcare professional for each child.

I have examined this child within the past 12 months and find that he/she is physically able to take part in the Ark Children's Center school program.

Child's Name Printed

Licensed Healthcare Professional Signature

Date

ATTENTION 4-5 YEAR OLDS

Vision and Hearing Screening

The ACC is required by the State of Texas to provide hearing and vision screening for 4 (four) and 5 (five) year old children. Parents are responsible for the cost of the screening. If your child was screened by their pediatrician, please submit the results of with this statement.

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

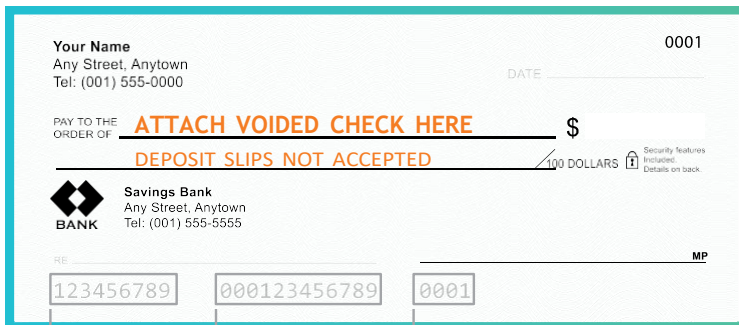
COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER

ACCOUNT NUMBER

CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received
Employee Signature

800.338.3884 • procaresoftware.com

© Copyright 2020 Procure Software®, LLC