



Summer Registration

Summer Registration Opens 3/28/2022

How do I register?

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

Your child will be enrolled in the age group they are expecting to join the following school year. (Ex: entering PreK 2 child will be in the PreK 2 class in the summer):

Class	Birthdate	Schedule available
Frogs	6 months of age by first date of attendance	TTH, MWF & M-F
Fish	12 months of age by first date of attendance	TTH, MWF & M-F
Bunnies	18 months of age by first date of attendance	TTH, MWF & M-F
Ducks	2 years of age by Sept. 1, 2022	TTH, MWF & M-F
Tigers	3 years of age by Sept. 1, 2022	TTH, MWF & M-F
Zebras	4 years of age by Sept. 1, 2022	TTH, MWF & M-F
Giraffes	Elementary ages	TTH, MWF & M-F

2. Complete and sign the **Tuition Agreement (page 5)**.
3. Submit the signed **Physician's Statement (page 6)** and the most recent immunization records.
4. Complete the **ACH/Credit Card authorization form (page 7, new families only)**. All fees will be processed electronically and are ***non-refundable***.
 - \$60 Registration Fee (per student)
5. 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.



Summer Tuition Rates

Tuition rates are for the entire summer session: 6/1/2022-8/5/2022

The school day is 9:05 am-2:00 pm. Rise & Shine and Stay & Play are only available in addition to the regular school day.

TTH Tuition:

Preschool	\$510.00
Elementary	\$530.00

MWF Tuition:

Preschool	\$680.00
Elementary	\$700.00

M-F Tuition:

Preschool	\$850.00
Elementary	\$870.00

Rise & Shine and Stay & Play Rates:

Rise & Shine Tuition 7:30-9:05 AM:

Daily drop-in	\$12.00
5-pack	\$48.75
TTH	\$130.00
MWF	\$170.00
M-F	\$300.00

Stay & Play Tuition 2:00-4:00 PM:

Daily drop-in	\$16.00
5-pack	65.00
TTH	\$170.00
MWF	\$230.00
M-F	\$415.00

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** **slip 'n' slides**

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 Summer 2022

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. 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 Summer 2022 session. I understand and agree that:

- Tuition due in two (2) payments, with the first payment due June 1, 2022, and the final payment due July 1, 2022. One (1) payment for the entire summer tuition amount may be made on June 1, 2022.
- Payment is considered late if made after the tenth (10th) of the month and will result in a \$25.00 late payment penalty fee.
- 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 Summer 2022, my child is enrolled in:

___ Preschool TTH - \$510.00 ___ Preschool MWF - \$680.00 ___ Preschool M-F - \$850.00
___ Elementary TTH - \$530.00 ___ Elementary MWF - \$700.00 ___ Elementary M-F - \$870.00

(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 _____

Ark Children's Center
760 Clear Lake City Blvd.
Webster, TX 77598
713-551-4870
Fax 281-286-1590

DOCTOR'S STATEMENT

2022 Summer Program

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.

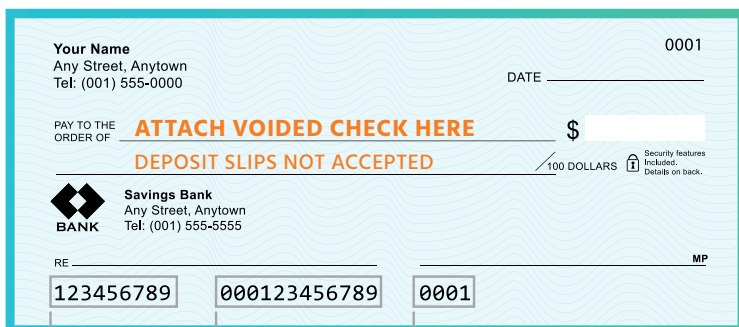
COMPLETE ONE SECTION ONLY

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

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