Registration for the 2026-2027 School Year

Registration Process

1. Complete the **Ark Children's Center Enrollment Form** (pages 3-5)
   All classes are available for enrollment T/TH, MWF or M-F unless indicated otherwise.

Class	Age
Infant 1 (Young Infants)	6 weeks of age by 1st day of attendance
Infant 2 (Older Infants)	6 months of age by 1st day of attendance
Pre-K 2	Age 2 by Sept. 1, 2026
Pre-K 3	Age 3 by Sept. 1, 2026
Pre-K 4 *(available MWF & M-F)*	Age 4 by Sept. 1, 2026

2. Complete and sign a **Tuition Agreement for each child** (page 6)

3. Complete and submit new ACH/Credit Card authorization form. All fees will be processed electronically and are non-refundable.

4. Pay the **non-refundable registration and supply fee of $250.** Payment can be made via check or processed electronically using information from ACH/Credit Card authorization form.

5. Submit forms by email (ark@gateway.cc), fax (281-286-1590) or mail (760 Clear Lake City Blvd., Webster, TX 77598).

Registration for current Ark and/or Gateway families begins February 2, 2026.
Registration is open to the public March 2, 2026.

Due In August

1. Doctor's Statement (Form 1515) – August 17th

2. Immunization record – August 17th

3. First month's tuition payment – August 1st

All classes must have a minimum of 6 students registered to open

Ark Children's Center
A Ministry of Gateway Community Church

2026 – 2027 Monthly Tuition Rates

	TTH	MWF	M-F
Infant 1 Enrollment *9:05-2:00 PM*	$405/month	$470/month	$585/month
+ Rise & Shine (R&S) *7:30-9:05 AM*	+$85/month =$490/month	+$115/month =$585/month	+$195/month =$780/month
+ Stay & Play (S&P) *2:00-4:00 PM*	+$115/month =$520/month	+$150/month =$620/month	+$260/month =$845/month
+ R&S & S&P *7:30 AM-4:00 PM*	+$200/month =$605/month	+$265/month =$735/month	+$455/month =$1040/month
Infant 2-Pre-K 4 Enrollment *9:05-2:00 PM*	$365/month	$425/month	$545/month
+ Rise & Shine (R&S) *7:30-9:05 AM*	+$85/month =$450/month	+$115/month =$540/month	+$195/month =$740/month
+ Stay & Play (S&P) *2:00-4:00 PM*	+$115/month =$480/month	+$150/month =$575/month	+$260/month =$805/month
+ R&S & S&P *7:30 AM-4:00 PM*	+$200/month =$565/month	+$265/month =$690/month	+$455/month =$1000/month

Add-On Rise & Shine and Stay & Play Rates:

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

Drop-in	$20.00
10-Pack	$150.00

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

Drop-in	$25.00
10-Pack	$200.00

Rise & Shine and Stay & Play are only available as add-ons to the regular school day.

Ark Children's Center

2026-2027 School Year Enrollment Form

The Ark Children's Center welcomes students of any race, color, and national or ethnic origin. All fields of this application must be completed to be considered for enrollment. Please print legibly or type.

ADMISSION REQUIREMENTS: All of the following must be submitted before your child(ren) may be admitted.

Child 1 Name_____ **Home Phone**_____
Last First Middle

Date of Birth_____ **Male**_____ **Female**_____

Child 1 Address _____
City State Zip

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

Enrollment:
□ Infant 1 (6 wk.+) □ Infant 2 (6 mo.+) □ Pre-K 2 □ Pre-K 3 □ Pre-K 4

Days:
□ TTH □ MWF □ M-F

Additional Enrollments (*optional*):
□ Rise & Shine □ Stay & Play

Child 2 Name_____ **Home Phone**_____
Last First Middle

Date of Birth_____ **Male**_____ **Female**_____

Child 2 Address _____
City State Zip

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

Enrollment:
□ Infant 1 (6 wk.+) □ Infant 2 (6 mo.+) □ Pre-K 2 □ Pre-K 3 □ Pre-K 4

Days:
□ TTH □ MWF □ M-F

Additional Enrollments (*optional*):
□ Rise & Shine □ Stay & Play

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

**Cell phone service provider is needed for your phone number to populate in the ProCare App*

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Emergency Contacts

We are required to have at least 1 complete emergency contact on file that is not the child's mother or father. Parents will always be called first in an emergency.

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**_____

Permissions & Acknowledgements

Child 1 Name _____ **Date of Birth** _____

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 for providing 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

Child 2 Name _____ **Date of Birth** _____

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 for providing 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

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Medical & Physician Information

Child 1 Name _____ **Date of Birth** _____

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, and medication prescribed for long-term use. 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. **This section must be completed. Write "NONE" in the space provided if no needs or conditions exist.** Failure to disclose a medical condition or need may result in expulsion.

_____

_____

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

Child 2 Name _____ **Date of Birth** _____

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, and medication prescribed for long-term use. 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. **This section must be completed. Write "NONE" in the space provided if no needs or conditions exist.** Failure to disclose a medical condition or need may result in expulsion.

_____

_____

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

How did you hear about Ark Children's Center?

- ☐ Personal Referral - **Name:** _____
- ☐ Online Search / Google
- ☐ Drive by / Marquee
- ☐ Other - _____
- ☐ Social Media
- ☐ Flyer
- ☐ Community Event - **Event:** _____

TUITION AGREEMENT
2026-2027

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, 2026**. If you have questions, please do not hesitate to contact the ACC.

Thank you,
Andrea Wallace
Director

I, _____, understand that my child, _____, is enrolled in the Ark Children's Center at Gateway Community Church for the 2026-2027 school year. I understand and agree that:

- ◻ A non-refundable registration and supply fee of $250 will be due upon registering.
- ◻ Tuition is due the first (1st) of every month, with the first payment due August 1, 2026, and the final payment due May 1, 2027.
- ◻ 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, illness, quarantine, inclement weather, etc.
- ◻ Monthly tuition is the full year's tuition divided evenly across the school year. Full tuition must be paid each month regardless of the number of school days in the month.
- ◻ A sibling discount of 10% is given to the lower tuition rate when a second child is registered. Third and fourth siblings will receive a tuition discount of 20%.
- ◻ Thirty (30) day written notice is ***required*** to withdraw my child or change their attendance schedule. ***Any tuition paid will not be refunded if thirty (30) day written notice is not given.***

For 2026-2027, my child is enrolled in:
Mark one (1) corresponding box below:

	TTH	MWF	M-F
Infant 1 Enrollment *9:05-2:00 PM*	◻ $405/month	◻ $470/month	◻ $585/month
Enrollment + R&S *7:30-2:00 PM*	◻ $490/month	◻ $585/month	◻ $780/month
Enrollment + S&P *9:05-4:00 PM*	◻ $520/month	◻ $620/month	◻ $845/month
Enrollment + R&S + S&P *7:30 AM-4:00 PM*	◻ $605/month	◻ $735/month	◻ $1040/month

	TTH	MWF	M-F
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Enrollment + R&S *7:30-2:00 PM*	◻ $450/month	◻ $540/month	◻ $740/month
Enrollment + S&P *9:05-4:00 PM*	◻ $480/month	◻ $575/month	◻ $805/month
Enrollment + R&S + S&P *7:30 AM-4:00 PM*	◻ $565/month	◻ $690/month	◻ $1020/month

**R&S and S&P may be added on at the drop in or 10-pack rate at any time (as listed on page 2)*

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

Signature _____ Date _____

A separate tuition agreement must be completed for each child.

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

DOCTOR'S STATEMENT

26-27 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

Texas requires vision and hearing screening for children who meet state age and enrollment criteria. Please submit existing screening results. If results are not available, contact the ACC regarding screening arrangements. Required screenings should be completed within the applicable state timeframe, generally within 120 calendar days of the first day of attendance. Parents are responsible for the cost of screenings they arrange. Screening records will be maintained in accordance with applicable Texas regulations.

Texas Minimum Standards
Vision and Hearing Screening

Automated Payment Processing

Procare SOLUTIONS

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. I (we) understand that there is a fee associated with all credit card transactions from Tuition Express. 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)

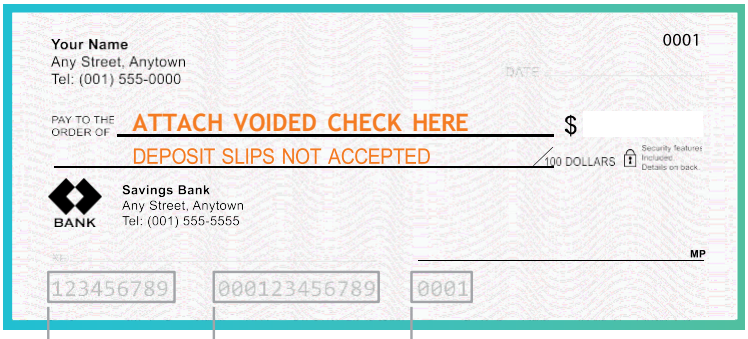
Your Name | Phone #

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) | ☐ Checking ☐ Savings

Authorized Signature | Date



ROUTING NUMBER | ACCOUNT NUMBER | CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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