



Registration for Summer 2026

Registration Process

1. Complete the **Ark Children's Center Enrollment Form** (pages 3-5)
Your child will be enrolled in the age group they will join in the fall. Tuesday/Thursday, Monday/Wednesday/Friday and Monday-Friday options are available for all ages in the summer.

| Class | Age |
|------------|--|
| Infant 1 | 6 weeks of age by 1 st day of attendance |
| Infant 2 | 6 months of age by 1 st day of attendance |
| Pre-K2 | Age 2 by Sept. 1, 2026 |
| Pre-K3 | Age 3 by Sept. 1, 2026 |
| Pre-K4 | Age 4 by Sept. 1, 2026 |
| Elementary | Entering Kindergarten-5 th Grade |

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.
4. Pay the **non-refundable registration and supply fee of \$150**. 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).
6. Turn in a Shot Record and Doctor Statement

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

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



Summer Tuition Rates

June 1 – July 31, 2026

Tuition is due in **two (2) equal payments** (June 1, 2026 and July 1, 2026), or one (1) payment for the entire summer tuition amount may be made on June 1, 2026. The rates below are based on the 3-payment fee schedules.

Infant 1 Tuition (6 weeks – 6 months)

| | TTH | MWF | M-F |
|--------------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| Enrollment 9:05-2:00 PM | \$480/payment (\$960/summer) | \$590/payment (\$1180/summer) | \$705/payment (\$1410/summer) |
| + Rise & Shine (R&S) 7:30-9:05 PM | +\$110/payment =\$590/payment | +\$130/payment =\$720/payment | +\$245/payment =\$950/payment |
| + Stay & Play (S&P) 2:00-4:00 PM | +\$135/payment =\$615/payment | +\$180/payment =\$770/payment | +\$310/payment =\$1015/payment |
| + R&S & S&P 7:30 AM-4:00 PM | +\$240/payment =\$720/payment | +\$310/payment =\$900/payment | +\$550/payment =\$1255/payment |

Infant 2 & Preschool Tuition (6 months-Entering Pre-K 4)

| | TTH | MWF | M-F |
|--------------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| Enrollment 9:05-2:00 PM | \$440/payment (\$880/summer) | \$550/payment (\$1100/summer) | \$665/payment (\$1330/summer) |
| + Rise & Shine (R&S) 7:30-9:05 PM | +\$110/payment =\$550/payment | +\$130/payment =\$680/payment | +\$245/payment =\$910/payment |
| + Stay & Play (S&P) 2:00-4:00 PM | +\$135/payment =\$575/payment | +\$180/payment =\$730/payment | +\$310/payment =\$975/payment |
| + R&S & S&P 7:30 AM-4:00 PM | +\$240/payment =\$680/payment | +\$310/payment =\$860/payment | +\$550/payment =\$1215/payment |

Elementary Tuition (Kindergarten-Entering 5th Grade)

| | TTH | MWF | M-F |
|--------------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| Enrollment 9:05-2:00 PM | \$455/payment (\$910/summer) | \$565/payment (\$1130/summer) | \$680/payment (\$1360/summer) |
| + Rise & Shine (R&S) 7:30-9:05 PM | +\$110/payment =\$565/payment | +\$130/payment =\$695/payment | +\$245/payment =\$925/payment |
| + Stay & Play (S&P) 2:00-4:00 PM | +\$135/payment =\$590/payment | +\$180/payment =\$745/payment | +\$310/payment =\$990/payment |
| + R&S & S&P 7:30 AM-4:00 PM | +\$240/payment =\$695/payment | +\$310/payment =\$875/payment | +\$550/payment =\$1230/payment |

No Stay & Play June 22 – June 26 (stay and play will resume June 29th)
The Ark will be closed July 4th. This day is **not** being paid for by your tuition.

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

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

| | |
|---------|---------|
| Drop-in | \$20.00 |
| 5-Pack | \$75.00 |

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

| | |
|---------|----------|
| Drop-in | \$25.00 |
| 5-Pack | \$100.00 |

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



Ark Children's Center

2026 Summer 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 - 6 mo)
- Infant 2 (6 mo+)
- Pre-K 2
- Pre-K 3
- Pre-K 4
- Elementary

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 (6 wk - 6 mo)
- Infant 2 (6 mo+)
- Pre-K 2
- Pre-K 3
- Pre-K 4
- Elementary

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

*Service provider is needed for your phone number to populate in the Procure App



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 _____

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 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

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 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

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 _____



TUITION AGREEMENT Summer 2026

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,
Andrea Wallace
Director

Erika Hidalgo
Assistant Director

I, _____, understand that my child, _____, is enrolled in the Ark Children's Center at Gateway Community Church for the 2026 Summer Program which begins on June 1, 2026 and ends July 31, 2026. I understand and agree that:

- A non-refundable registration and supply fee of \$150 will be due upon registering.
- Tuition is due in two (2) equal payments, with the first payment due June 1, 2026, and the final payment due July 1, 2026, or one (1) payment for the entire summer tuition may be made on June 1, 2026.
- 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.**
- I am not paying for the closure on July 4th.

For Summer 2026, my child is enrolled in:

Mark one (1) corresponding box below:

| | Infant 1 MWF | Infant 1 MWF | Infant 1 M-F |
|---|--|---|---|
| Enrollment 9:05-2:00 PM | <input type="checkbox"/> \$480/payment (\$960/summer) | <input type="checkbox"/> \$590/payment (\$1180/summer) | <input type="checkbox"/> \$705/payment (\$1410/summer) |
| Enrollment + R&S 7:30-9:05 PM | <input type="checkbox"/> \$590/payment | <input type="checkbox"/> \$720/payment | <input type="checkbox"/> \$950/payment |
| Enrollment + S&P 2:00-4:00 PM | <input type="checkbox"/> \$615/payment | <input type="checkbox"/> \$770/payment | <input type="checkbox"/> \$1015/payment |
| Enrollment + R&S+S&P 7:30 AM-4:00 PM | <input type="checkbox"/> \$720/payment | <input type="checkbox"/> \$900/payment | <input type="checkbox"/> \$1255/payment |

| | Infant 2 & Preschool TTH | Infant 2 & Preschool MWF | Infant 2 & Preschool M-F |
|---|--|---|---|
| Enrollment 9:05-2:00 PM | <input type="checkbox"/> \$440/payment (\$880/summer) | <input type="checkbox"/> \$550/payment (\$1100/summer) | <input type="checkbox"/> \$665/payment (\$1330/summer) |
| Enrollment + R&S 7:30-9:05 PM | <input type="checkbox"/> \$550/payment | <input type="checkbox"/> \$680/payment | <input type="checkbox"/> \$910/payment |
| Enrollment + S&P 2:00-4:00 PM | <input type="checkbox"/> \$575/payment | <input type="checkbox"/> \$730/payment | <input type="checkbox"/> \$975/payment |
| Enrollment + R&S+S&P 7:30 AM-4:00 PM | <input type="checkbox"/> \$680/payment | <input type="checkbox"/> \$860/payment | <input type="checkbox"/> \$1215/payment |

| | Elementary TTH | Elementary MWF | Elementary M-F |
|---|--|---|---|
| Enrollment 9:05-2:00 PM | <input type="checkbox"/> \$455/payment (\$910/summer) | <input type="checkbox"/> \$565/payment (\$1130/summer) | <input type="checkbox"/> \$680/payment (\$1360/summer) |
| Enrollment + R&S 7:30-9:05 PM | <input type="checkbox"/> \$565/payment | <input type="checkbox"/> \$695/payment | <input type="checkbox"/> \$925payment |
| Enrollment + S&P 2:00-4:00 PM | <input type="checkbox"/> \$590/payment | <input type="checkbox"/> \$745/payment | <input type="checkbox"/> \$990/payment |
| Enrollment + R&S+S&P 7:30 AM-4:00 PM | <input type="checkbox"/> \$695/payment | <input type="checkbox"/> \$875/payment | <input type="checkbox"/> \$1230/payment |

**R&S and S&P may be added on at the drop in or 5-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.



the ark
children's center
AT GATEWAY COMMUNITY CHURCH

Ark Children's Center

760 Clear Lake City Blvd.

Webster, TX 77598

713-551-4870

Fax 281-286-1590

DOCTOR'S STATEMENT

Summer 2026

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. 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) | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | |
| Authorized Signature | Date | | | |



ROUTING NUMBER: 123456789
ACCOUNT NUMBER: 000123456789
CHECK NUMBER: 0001

FOR OFFICIAL USE ONLY

| |
|--------------------|
| Date Received |
| Employee Signature |