



Registration for the 2023-2024 School Year

How do I register?

1. Complete the **Ark Children's Center Enrollment Form**.

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, 2023
Pre-K3 (available TTH, MWF & M-F)	Age 3 by Sept. 1, 2023
Pre-K4 (available MWF & M-F)	Age 4 by Sept. 1, 2023
Kinder Bridge* (available M-F only)	Age 5 by Sept. 1, 2023

2. Complete and submit new ACH/Credit Card authorization form. All fees will be processed electronically. Pay the **non-refundable registration and supply fee**.
 - \$200 Registration and Supply Fee (per student)
3. Complete and sign the **Tuition Agreement**.
4. Scan and email all forms to ark@gateway-community.org, or fax to (281) 286-1590. You may also mail forms to 760 Clear Lake City Blvd., Webster, TX 77598.

What is due in August?

1. Doctor's Statement (Form 1515).
2. Immunization record
3. First month's tuition payment due.

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.

**Kinder Bridge class must have a minimum of 6 students register in order to open.*



2023 – 2024 Monthly Tuition Rates

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	9:05 am-2:00 pm	\$290.00
Preschool + R&S	7:30 am-2:00 pm	\$347.75
Preschool + S&P	9:05 am-4:00 pm	\$362.00
Preschool + R&S + S&P	7:30 am-4:00 pm	\$419.75

MWF Tuition:

Preschool	9:05 am-2:00 pm	\$350.00
Preschool + R&S	7:30 am-2:00 pm	\$431.68
Preschool + S&P	9:05 am-4:00 pm	\$458.00
Preschool + R&S + S&P	7:30 am-4:00 pm	\$539.68

M-F Tuition:

Preschool	9:05 am-2:00 pm	\$450.00
Preschool + R&S	7:30 am-2:00 pm	\$590.25
Preschool + S&P	9:05 am-4:00 pm	\$630.00
Preschool + R&S + S&P	7:30 am-4:00 pm	\$770.25

Kinder Bridge M-F Tuition:

Kinder Bridge	9:05 am-2:00pm	\$470.00
Kinder Bridge + R&S	7:30 am-2:00pm	\$610.25
Kinder Bridge + S&P	9:05am- 4:00pm	\$650.00
Kinder Bridge + R&S+ S&P	7:30am-4:00pm	\$790.25

Additional Rise & Shine and Stay & Play Rates:

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

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

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

Drop-in	\$16.00
10- Pack	\$130.00

Days: ☐ TTH ☐ MWF ☐ M-F

Ark Children's Center

2023-2024

Enrollment Form

Name	Phone Number	Relationship
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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 2023-2024

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, 2023.** If you have questions, please do not hesitate to contact the ACC.

Thank you,
Meghan Bionat, Director

I, _____, understand that my child, _____, is enrolled in the Ark Children's Center at Gateway Community Church for the 2023-2024 school year. I understand and agree that:

- Tuition due the first (1st) of every month, with the first payment due August 1, 2023, and the final payment due May 1, 2024.
- 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.
- 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 2023-2024, my child is enrolled in:

____ TTH - \$290/ mo. ____ MWF - \$350/ mo. ____ M-F - \$450/ mo. ____ Kindergarten Bridge M-F - \$470/ 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 _____

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			


Your Name
Any Street, Anytown
Tel: (001) 555-0000

DATE _____

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PAY TO THE ORDER OF **ATTACH VOIDED CHECK HERE** \$

DEPOSIT SLIPS NOT ACCEPTED 100 DOLLARS  Security features Included. Details on back.

 **Savings Bank**
Any Street, Anytown
Tel: (001) 555-5555

RE _____

MP

123456789

000123456789

0001

ROUTING
NUMBER

ACCOUNT
NUMBER

CHECK
NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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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

2023-2024 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.