



## Gateway to Learning Enrollment Application

Program Director Johnna Darnell — johnna@discovergateway.com  
 Assist. Director Melanie Grabarkievtz — melanie@discovergateway.com

Date of Enrollment:		Withdrawal Date:	
Child's Name:	Male ___ or Female ___	Birth Date:	
Does your child have an I.E.P. you would like to share with us? ___ Yes ___ No			
Child's Address:		Home Phone:	
<b>Mom's Name:</b>		Cell Phone:	
<b>Email Address:</b> (please print)		Cell Phone Provider:	
		Work Phone:	
<b>Dad's Name:</b>		Cell Phone:	
<b>Email Address:</b> (please print)		Cell Phone Provider:	
		Work Phone:	
Do you have a church home? _____		Parents Marital Status: _____	
How did you hear about us? Flyer, Social media, word of mouth, other _____		Child's Legal Guardian (s): Both Parents Mother / Father Other	
Are you a CISD Employee? Yes No		Custody Documentation on file: YES NO	

Elementary School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

**\*Office Use Only\***

Class Assigned To: _____	Registration Fee: _____	Tuition Rate: _____	Discount _____

**Registration Fee is non-refundable for any reason, by signing below, I acknowledge this.**

- I agree to pay the total weekly fee of \$\_\_\_\_\_ due every Monday.  
Tuition is late after Wednesday of each week & a \$25.00 late fee will be added.  
I agree to pay the \$50.00 bi-annual Supply Fee Due every January and August.
- I understand that it is my responsibility to escort my child into and out of Gateway To Learning and make sure they are with a teacher.
- I acknowledge that I have received and read the parent handbook.
- I agree to provide the most up to date immunization records for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Gateway To Learning Parental Agreement

By signing below, I agree that I have read and understand the policies as described in the Gateway To Learning Parent Handbook.

Parent Initial

- I am aware that Gateway to Learning's operating hours are 6:30am – 6:00pm, Monday-Friday.
- If I arrive after 6:00pm, I understand that I will be charged a late fee of \$2.00 per minute.
- If my child wears diapers, I understand I will provide disposable diapers and baby wipes as needed for my child. I also understand that only disposable diapers are permitted.
- With parental permission, transportation is provided by bus to and from school on planned field trips and before & after-school transportation. A separate form and signature are required for this service. I hereby release Gateway To Learning, Gateway Baptist Church, and all adult leaders from any liability and from any and all claims against them, individually or collectively, for any injuries, which might be received while transporting my child(ren).
- ImmTrac2, the Texas immunization registry, is a service of DSHS. The immunization registry is a secure & confidential service that consolidates and stores your child's immunization records. With your consent, your child's immunization information will be included in ImmTrac2. I authorize release of my child's immunization information to DSHS and I further understand that DSHS will include this information in the state's central immunization registry ("ImmTrac2").
- If my child becomes ill during the time that he or she is in the care of Gateway To Learning, or has a serious accident, the center will contact me immediately and is authorized to seek medical attention and care for my child as necessary. I, the parent, will assume responsibility for payment. I agree to keep Gateway To Learning informed as to changes of telephone numbers and emergency contacts.
- I understand that if my child is ill, including, but not limited to: a severe cough or sore throat, rash or spots, under arm temperature over 100 degrees, severe headache, upset stomach or diarrhea, he or she will not be accepted into the center until they are well. If my child has any of these symptoms while at Gateway to Learning, I understand that I will be called to pick up my child. If I am not available at the time my child gets sick, Gateway to Learning will call the emergency contact numbers in my child's file. After being sent home, my child must stay home for 24 hours.
- I will be responsible for paying my child's tuition on Wednesday of each week. If my tuition is not paid by Wednesday evening, I will be charged a late fee of \$25.00.
- I agree to pay \$11.00 for half day and \$22.00 for full day when my school age child attends Gateway to Learning during CISD Closures.
- I have received a parent handbook and acknowledge receipt of Gateway to Learning's operational policies, including those for: discipline and guidance, suspension and expulsion, emergency plans, procedures for conducting health checks, safe sleep, procedures for parents to discuss concerns with the director, procedures for parents to participate in operation activities, procedures for release of children, illness and exclusion criteria, procedures for dispensing medications, immunization requirements for children, meals and food service practices, and procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website.
- I agree to abide by all policies and procedures of Gateway to Learning as outlined in this agreement and in the Parent Handbook. I have read and understand the above statements.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ My child's name: \_\_\_\_\_

## **AUTHORIZED TO RELEASE**

- My child **may be released to** the person(s) listed as mother or father on this enrollment application, **and** to the following listed below:

Name	Phone # & Address	Relationship

## **EMERGENCY CONTACTS**

Name	Relation	Contact Number and Address
		MUST HAVE ADDRESS
		MUST HAVE ADDRESS
		MUST HAVE ADDRESS

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **CHILD HEALTH INFORMATION**

Does your child have allergies? (foods, medications, insects, etc.)	Yes ___ No ___	Type:
Does your child have an allergy plan?	Yes ___ No ___	How should the teacher respond?
Does your child have any dietary restrictions?	Yes ___ No ___	List restrictions:
Is your child fully potty trained? Fully able to communicate their need to use restroom/ No Pullups	Yes ___ No ___	Requirement for all students in 3's & 4's classes.
Does the child have any special needs which would limit the child's participation in the program and activities?	Yes ___ No ___	Explain:
Are there any special procedures/ medications that are required in caring for your child?	Yes ___ No ___	Explain:  Name of Medication:

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ADMISSION HEALTH REQUIREMENTS

Child's Name: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_

**NOTE: You must submit machine copy of an immunization record  
signed or stamped by a physician or health professional.**

**Admission Requirement:** One of the below items must be presented when your child is admitted to the child-care operation. **Please check only one:**

1 \_\_\_\_ Health Care Professional Statement: I have examined the above named child with the past year and find that he/she is able to take part in a daycare.

\_\_\_\_\_ Health Care Professional Signature

\_\_\_\_\_ Date

2 \_\_\_\_ A signed and dated Statement of Health is attached.

3 \_\_\_\_ Medical diagnosis and treatment conflict with the tenets & practices of a recognized religious organization which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

4 \_\_\_\_ **My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professionals signed statement and will submit to the child-care program.**

**Name & Phone # of Child's Doctor:** Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **VISION EXAM RESULTS REQUIRED FOR CHILDREN GOING INTO PRE-K**

R 20/

L 20/

PASS

FAIL

### **HEARING EXAM RESULTS (Children five years of age)**

Ear	1000 Hz	2000 Hz	4000Hz	Pass or Fail	
Right				<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
Left				<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL

## REQUIREMENTS FOR EXCLUSION

I have attached a signed and dated affidavit stating that I decline immunizations for reasons of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90<sup>th</sup> day after the affidavit is notarized.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For additional information regarding immunization, visit the Texas Department of State Health Services' website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm)  
DFPS values your privacy. For more information, read the Privacy and Security Policy online at [www.dshs.state.tx.us/policies/privacy](http://www.dshs.state.tx.us/policies/privacy)

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation to Title III, you may call ADA Information line at (800) 514-0301 or (800) 514-0383.

**HEALTH AND EMERGENCY PERMISSION RECORD**

Child's Name:	Birth Date:
Name of Physician:	Phone:
Physicians Address:	

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

**Gateway to Learning's emergency medical procedure:**

1. Contact Parent
2. Contact persons listed as emergency contact
3. Call emergency medical team, if necessary
4. Have emergency medical team transport to nearest hospital
5. Will seek medical attention from the doctor on call at the hospital stated below:

**Woodlands Memorial Hermann Hospital  
9250 Pinecroft, The Woodlands, Texas 77380**

I, \_\_\_\_\_ give my permission for Gateway to Learning to seek medical attention for my child, \_\_\_\_\_, in the event of an emergency. If I cannot be reached, I will hold Gateway to Learning, a ministry of Gateway Baptist Church, from all liability. I further agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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DFPS values your privacy. For more information, read the Privacy and Security Policy online at [www.dshs.state.tx.us/policies/privacy](http://www.dshs.state.tx.us/policies/privacy)

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## EMERGENCY TRANSPORTATION AGREEMENT

I, \_\_\_\_\_, give permission to Gateway to Learning to seek urgent or emergency services for my child, \_\_\_\_\_ .  
In the event that I am unavailable, care will be sought without my immediate consent. I hereby release Gateway to Learning, Gateway Baptist Church, and all adult leaders for any liability and from any and all claims against them, individually or collectively, for any injuries, which might be received during the transportation of my child. I agree to indemnify Gateway to Learning ofr any liability due to my child's participation in transportation.

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Printed name: \_\_\_\_\_

Best number to be reached in case of an emergency: \_\_\_\_\_

Secondary Number to be reached in case of an emergency: \_\_\_\_\_

### For School Age Children:

My child attends \_\_\_\_\_ Elementary School. I give permission for my child to be transported to and from school and on field trips. It is vital that Gateway to Learning be notified of any changes in the above scheduled transportation. Gateway to Learning will assume, the above schedule of transportation will be followed unless we receive different instructions from parents.

**(Changes must be received by later than 2:00 p.m.)**

### Water Activity Release

I grant permission to Gateway To Learning to let my child participate in water activities (sprinklers, water tables, etc.) that will be held at Gateway To Learning. I hereby understand that water is splashed/sprayed on the children.

### Items Required During Water Activities:

Sunscreen, Towel, Water shoes, Bathing Suit.

Child's Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo Release

I give my permission to use photographs and/or video of my child to be used on Gateway to Learning & Mother's Day Out publications, website, announcements, Facebook & Instagram, and in others.

Child's Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Bug Spray / Sun Screen Release**

I give permission for bug spray to be applied to my child as needed while in the care of Gateway to Learning. I understand that I must provide my child’s bug spray and label the bottle with my child’s first name and last initial.

I give permission for sunscreen to be applied to my child as needed while in the care of Gateway to Learning. I understand that I must provide my child’s sunscreen and label the bottle with my child’s first name and last initial.

**I have read the Water Activity Release, Photo Release Release & Bug Spray/Sun Screen Release and warrant that I fully understand the contents thereof.**

Child’s Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Gateway to Learning Discipline Policy**

At Gateway to Learning, we maintain a positive discipline policy, which focuses on prevention, redirection, love, consistency and firmness. We stress respect for other people and respect for property. The children are explained the rules of the center frequently. We will make every effort to work with parents of children having difficulties. Behavior of children which disrupts normal classroom group activities on a frequent or extended basis.

While understanding that children of different ages will have varied expectations regarding what is developmentally appropriate behavior, **Gateway to Learning will not tolerate continuous disruptive, aggressive or violent behavior by children of any age. If a child’s behavior continuously takes away from the care and safety of others, enrollment termination will be required.**

Children displaying chronic disruptive behavior which is upsetting to the physical or emotional well- being of another child may require the following steps:

Step 1: Teachers will log behavior issues on Incident Report forms & in their classroom journals. Parents are expected to further address the issue with their child at home.

Step 2: If a child exhibits disruptive, violent or aggressive behavior, the child will be excluded from group activities for a period of time. The child may be allowed to return to the group after the situation is diffused. (This will be allowed no more than two times in one day)

Step 3: If a child's disruptive behavior continues the same day, the parent will be expected to make arrangements to pick up the child immediately.

Step 4: If child is sent home more than 3 times due to aggressive, violent or disruptive behavior, the child will be suspended from Gateway to Learning until child no longer exhibits behavior that disrupts normal classroom activities.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**AUTHORIZATION AGREEMENT  
AUTOMATIC WITHDRAW ACH DEBIT**

I (we) hereby authorize **Gateway Church** to initiate debit entries, and to initiate, if necessary, adjustments for any debit entries made in error to my (our) account. This authorization is to remain in effect until I (we) notify Gateway Church in writing of its termination, in such a time and manner as to afford Gateway Church and the financial institution a reasonable opportunity to act on it.

**Please attach a voided check to this form.**

Account Holder's Name(s) *please print*

\_\_\_\_\_

Child's Name(s) *please print*

\_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Debit My (our) Account:

**Weekly (Process Every Monday)**

**Bi-Weekly ( Process Every Other Monday)**

**Monthly (Process on the 5th day of the Month)**

In the Amount of: \$\_\_\_\_\_ for **Tuition**

In the Amount of: \$\_\_\_\_\_ for **Monthly Tuition 5 Week Months**

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_