

BHE Tuition Schedule

2016-2017 Registration Information

Annual Registration Fee –

- \$100 per student –OR– \$150 per family

Annual Material Fee –

- \$100 per student

Tuition Rate – (Rate includes early dismissal days)

- Program I (5 day): \$490 per month
- Program II (3 day): \$380 per month

Available Discounts –

Tuition paid by semester – 5% Discount

Sibling Discount – 10% Discount for Full Time Students enrolled in 5 day Program. Part Time Students enrolled in program for less than 5 days are not eligible for Sibling Discount.

ADMISSION INFORMATION

Operation Name Katy GT Academy		Director's Name Mary Huang	
Child's Full Name		Child's Date of Birth	Home Telephone No.
Child's Home Address, City, ST, Zip			
Date of Admission	Father's Email Address	Mother's Email Address	
Father's Name		Mother's Name	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Father's Cell Number	Mother's Cell Number	Other Phone No	
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached: <i>This cannot be Mother, Father or Guardian.</i>			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:	
1. <input type="checkbox"/> TRANSPORTATION:		Walk home <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school	
2. <input type="checkbox"/> FIELD TRIPS:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:	
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:	
<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES: (Available online at www.katygtacademy.org)			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:			
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of. **If your child has no allergies or special needs, please write NONE.**

My child has a severe allergy that requires treatment. I understand that I am required to fill out a separate form titled "Severe Food Allergy Plan" in addition to this Admission Form with detailed instructions for treatment in the case of an allergic reaction.

Child daycare 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 of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

ADMISSION INFORMATION

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:

walk home

ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD (Not required for children enrolled in public school):

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and 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 professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional: _____

Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R	_____	_____	_____
L	_____	_____	_____
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian Date

Signature – Parent or Legal Guardian Date



Katy GT Academy
 21020 Highland Knolls Drive
 Katy, TX 77450
 281-646-7360
 www.katygtacademy.org
 general@katygtacademy.org

ENROLLMENT AGREEMENT
 2016-2017 School Year

TO THE PARENT:

Please read this Agreement carefully. If you do not understand any part of this Agreement, feel free to ask any office staff member about it. This Agreement establishes your legal rights and responsibilities, and those of the Center, regarding your child’s participation in the Center. Throughout this Agreement, the terms “you” and “parent” refer to the parent(s) or legal guardian(s) of the child enrolled in the Center, and the terms “Center” and “we” refer to **Katy GT Academy** and its staff members. The term “school day” means a day when the Center is open and operating.

You, _____ (parent(s) or guardian(s)),
 agree to enroll your child(ren), _____
 (name of child or children), in Katy GT Academy and we agree to accept your child’s enrollment, under the following terms and conditions.

1. Program and Hours of Care:

Beginning on **August 22, 2016**, the Center will provide care for your child in our program according to the following schedule:

- _____ Full-time (7:00 AM to 6:30 PM)
- _____ Extended Day (8:30 AM to 2:30 PM)
- _____ Part-time (8:30 AM to Noon)
- _____ Weekday morning (Before School 7:00 AM to 7:50 AM)
- _____ Weekday afternoons (After School to 6:30 PM)
- _____ BHE
- _____ Other schedule as detailed below:

2. Payments:

A. Registration Fee: A Non-Refundable Annual Registration fee is due and payable on the day this Agreement is made (date of enrollment), and thereafter on the first day of enrollment for each year your child is enrolled in the Center.

Montessori Program	\$100 Non-Refundable Registration Fee Per Student \$150 Non-Refundable Registration Fee Per Family (in same Program)
After School Program	\$100 Non-Refundable Registration Fee \$150 Non-Refundable Registration Fee Per Family (in same Program)
BHE	\$100 Non-Refundable Registration Fee \$150 Non-Refundable Registration Fee Per Family (in same Program)

B. **Curriculum Fee:** A Non-Refundable Annual Curriculum Fee is due and payable on the day this Agreement is made (date of enrollment), and thereafter on the first day of enrollment for each year your child is enrolled in the Center.

Montessori Program	\$100 Non-Refundable Curriculum Fee Per Student
After School Program I	\$100 Non-Refundable Curriculum Fee Per Student
After School Program II	\$50 Non-Refundable Curriculum Fee Per Student
BHE	\$100 Non-Refundable Curriculum Fee Per Student

C. **Tuition:** On or before the first school day of each calendar month, you will pay the Center a monthly tuition fee for care to be provided during the following month. If you enroll your child in the Center during the middle of a month, you will pay, on or before the first day your child attends the Center, a portion of the monthly tuition fee, pro-rated on a daily basis for the period remaining in the month.

See Tuition Schedule for Rates

D. **Discounts:** We offer a 10% discount to families with more than one child enrolled in the same program. All students eligible for discount must be enrolled in a Full Time (5 Day) Program. Part Time Students are not eligible for Sibling Discount. Discount will be given on the lesser amount of tuition.

3. **Methods of Payment:**

Payments may be made by Cash, Check, Money Order, or Chase Quick Pay to our email address: **general@katygtacademy.org**. If any payment by check is returned unpaid, you will owe a service charge of \$25 in addition to other amounts due, and thereafter you must pay by cash or money order. Payment must be delivered to:

Katy GT Academy
21020 Highland Knolls Drive, #6
Katy, TX 77450

4. **Late Payment:**

If the Center has not received the full monthly payment by the 3rd day after payment is due, the payment is considered late and subject to late fees as follows:

\$5.00 Late Fee Charge
\$5.00 Every day thereafter

5. **Late Pick-Up Penalties:**

If your child is picked up after the scheduled time, you will owe a late fee according to the schedule below. This late pick-up fee is due immediately at the time of pick-up.

\$25.00 for each 5-minute period, or any portion thereof
\$20.00 for each additional 5-minute period, or portion thereof
\$1.00 for each additional minute, or portion thereof

6. **Changes in Rates:**

The monthly tuition rate is subject to change and you agree that you will pay the new rate after the Center gives you 30 days written notice of such change.

7. **Absences:**

A. **Illness or other personal absence:** You are responsible for paying the full monthly tuition for each month your child is enrolled in the Center, even if your child is absent (due to illness or other cause) during the month. You must notify the Center by 10:00 AM if your child becomes sick and will be absent on a specific day. You should notify the center a week in advance if your child will be absent due to vacation.

B. **Vacation:** During a 12 month period, 2 weeks may be designated as vacation. Payment is not required for these weeks provided that your Katy GT Academy account is current. Days may not be taken one at a time, and must be 5 consecutive business day intervals. Vacation Absence must be submitted in writing.

8. Holiday Schedule and Weather Closings:

The Center closes on the following holidays; however, there will be no refund or credit against the monthly tuition for these days.

New Year's Eve	Independence Day
New Year's Day	Thanksgiving Day and the following Friday
Good Friday	Christmas Eve
Labor Day	Christmas Day
Memorial Day	

The center follows the cancellation policy of the Katy Independent School District. If KISD cancels class, opens late, or closes early due to snow or inclement weather conditions, the Center will do the same. There will be no refund or credit against the monthly tuition fee for any such closing. In the event of any early closing due to inclement weather, you agree to pick up your child promptly.

9. Termination by Parent:

You have the right to withdraw your child from the program at any time. However, a two-week's notice is required for cancellation or withdrawal. Parents who do not provide the Academy with the minimum notice must pay fees for two weeks after notice is given, even if the child no longer attends. Cancellation negates the privilege of priority registration for the next enrollment period. Cancellation of the Enrollment Agreement must be:

1. Requested in writing
2. Two weeks prior notice
3. Approved by the Director

10. Termination by Center:

A. *Immediate*: The Center may terminate your child's enrollment in the Center effective immediately, if any of the following conditions arise:

1. In the judgment of the Center Director, the child's behavior threatens the physical or mental health of other children in the Center and cannot be modified;
2. Your child brings a weapon to the Center;
3. The child is picked up late more than 3 days in any 30-day period; or
4. The child is ill when brought to the Center more than 3 days within any 30-day period

In any such case, no refund will be given.

B. *Two-Week's Notice*: The Center may terminate your child's enrollment upon two (2) weeks written notice to you if any of the following conditions arise:

Any of the conditions listed above

1. The Center has not exercised its right to terminate enrollment immediately
2. You fail to provide necessary items as requested by the Center
3. You fail to abide by the terms of the Enrollment Agreement
4. For any other reason reasonably related to the health and safety of the program

In any such case, no refund will be given.

C. *30-days*: The Center may terminate your child's enrollment with 30 days written notice for any reason. No refund will be given.

11. Indemnification and Liability Waiver:

Acting on behalf of yourself and your child, you hereby waive and agree to release any claims, which you, your child, or your child's heirs, and successors may have against the center and its officers, directors, employees or agents for any and all injuries, losses, or damages to your child, your child's personal property and/or your personal property.

By signing this Enrollment Agreement, you specifically limit the Center's liability to the amount covered by the Center's insurance policies. You agree to be responsible for, indemnify, and hold harmless the Center from and against any claims, suits, judgements, or costs, which may be brought against the Center, its officers, directors, employees, or agents for the actual or alleged acts or omissions of you or your child.

12. Waiver:

If the Center fails to require that you comply with any term of this Agreement, the Center will not be deemed to have waived its right to demand compliance, and the Center may later require that you comply with such terms after notifying you that it will require compliance.

13. Changes to the Terms of this Contract:

After providing at least 30 days of advance written notice to parents, the Center has the right to amend the terms of this agreement to reflect changes in its standard policies and procedures. Parents not agreeing to changes shall have the right to cancel their child’s participation within 14 days of such notice, effective on the day before the amendment goes into effect. Should parents fail to cancel their child’s participation with the 14-day period, the parent will be deemed to have accepted the change in the agreement’s terms.

In signing this agreement, I (we) hereby certify that I am (we are) the sole legal guardian(s) of the child. Furthermore, I (we) agree to honor and abide by the written terms as stated in this Enrollment Agreement.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Handbook Acknowledgement

In an effort to keep our tuition costs as low as possible, a hardcopy of the Parent Handbook and Policy Manual is not provided. A .pdf version can always be found on our website at:

<http://katygtacademy.org/forms>

Please Sign and Return this form to the office during the first week of school.

Handbook Acknowledgement

I, the undersigned, acknowledge that I have received a copy of the Parent Handbook and Policy Manual. While I understand that the Parent Handbook is neither a contract nor a legal document, I recognize that it is my responsibility to read and understand the policies, provisions, and procedures contained in the Parent Handbook.

In addition, I understand that the contents of the Parent Handbook are subject to change. I acknowledge that the Parent Handbook will be revised in accordance with the rules or regulations of state, federal, and accrediting entities, best practices for childcare service providers, or at the discretion of the Minimum Standards for Child Care Centers set by the State of Texas. I recognize that any such revisions will supersede, modify, or eliminate the current contents of the Parent Handbook.

I acknowledge that it is my responsibility to stay informed of policy and procedure revisions to the Parent Handbook, which will be posted on the Katy GT Academy web site at

<http://katygtacademy.org/forms>

In the event I do not have internet access, I understand that I can obtain a hard copy of the updated Parent Handbook upon request to Katy GT Academy.

Moreover, I recognize that it is my responsibility to contact the KGTA Program Director for any questions I might have about the contents of the Parent Handbook now and in the future.

Guardian Name (Print)

Guardian Signature

Child(ren) Names Registered in Program

Date

This copy to be kept in Student's Folder