



German International School of Houston

German-English Dual Language Immersion Preschool Program

ONE CHILD. TWO LANGUAGES. UNLIMITED POSSIBILITIES.

ENROLLMENT CONTRACT 2018 – 2019

Offered by **GAES dba German International School of Houston**, located at **6221 Main Street, Rooms C111 & C112, Houston, TX 77030**. The *German International School of Houston* has a Priority Placement Policy for currently enrolled students and siblings. All other enrollment requests will be allocated after the completion of enrollment requirements and payments in the order received.

Please print, complete, initial each required section and sign this form.

Father's Name:

Mother's Name:

Child's Name:

Date of Birth: Child's Native Language:

All children regardless of race, color, creed, nationality, or ethnic origin are eligible for enrollment.

Address:

City/ State/ Zip:

Father's Work Phone:

Mother's Work Phone:

Father's Cell Phone:

Mother's Cell Phone:

Father's E-mail:

Mother's E-mail:

Home Phone:

Other:

We would like to know:

Father's Occupation:

Mother's Occupation:

Father's Language:

Mother's Language:

Child's Ethnicity:

Child's Siblings + Age:

GAES dba German International School of Houston does not give or sell personal information to third parties.



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Enrollment Fees

Administration Fee:	\$ 250.00	non-refundable, annually
Supply Fee:	\$ 300.00	non-refundable, annually <i>Possibility of 2 payments of \$150.00 at enrollment and in January 2019</i> <input type="checkbox"/>
Total Fees/Student:	\$ 550.00	non-refundable, annually
New Family Fee:	\$ 550.00	non-refundable, one-time payment per new family

Tuition and Program Selection

1. Preschool Program Monday – Friday: 7:30 am-2:30 pm	Family Tuition (10 hours of volunteering per family per year expected)	Supporters of GISH & Corporate Sponsorship (Your support will show on our Website!)	
<input type="checkbox"/> Children 2-3 years 2-day program (Tue/Thu) 3-day program (Mon/Wed/Fri) (3-day or 2-day program based on availability)	<input type="checkbox"/> \$ 1,070.00 (5-day prog.) <input type="checkbox"/> \$ 650.00 (3-day prog.) <input type="checkbox"/> \$ 430.00 (2-day prog.)	<input type="checkbox"/> \$ 1,340.00 (5-day prog.) <input type="checkbox"/> \$ 800.00 (3-day prog.) <input type="checkbox"/> \$ 540.00 (2-day prog.)	Monthly Fee: <input type="text"/>
<input type="checkbox"/> Children 4+ years (4 years by 9/1/2018)	<input type="checkbox"/> \$ 995.00 (5-day prog.)	<input type="checkbox"/> \$ 1,245.00 (5-day prog.)	
2. Extended Day Program			Monthly Fee: <input type="text"/>
<input type="checkbox"/> 2:30 pm - 5:30 pm	<input type="checkbox"/> \$ 225.00 (5-day prog.) <input type="checkbox"/> \$ 135.00 (3-day prog.) <input type="checkbox"/> \$ 90.00 (2-day prog.)		<input type="text"/>
Monthly TOTAL:			<input type="text"/>

<input type="checkbox"/> One Time Donation (tax deductible / receipt provided)	THANK YOU for supporting the Growth of our School!	<input type="text"/>
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3. Waiting List Placement: Fee due with contract - As soon as an opening becomes available: <input type="checkbox"/> - At a later date: _____	<input type="checkbox"/> \$ 150.00 <i>(one-time / non-refundable / credited towards the Administration Fee at enrollment)</i>	Openings are distributed on a first-come, first-served basis. Siblings of currently enrolled students receive priority over the Waiting List.
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☎ 832-831-6843 / office@gish-houston.org

Initial: _____



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Tuition Payment

Monthly Tuition Payment Plan: The *German International School of Houston* offers monthly tuition payments.

Enrollment by June 15, 2018:

Total Enrollment Fees + 1 month of Tuition (incl. Extended Day Program if applicable) + 9 monthly payments starting on July 15, 2018.

Enrollment after June 15, 2018:

Total Enrollment + 2 months of Tuition (incl. Extended Day Program if applicable) + monthly tuition payments starting on the 15th of the month following the enrollment.

Enrollment is for the entire 2018-2019 school year, as outlined in our Academic Calendar.

Policies

- **First Time Enrollment:**
Parents submit a completed **GAES dba German International School of Houston Enrollment Contract** together with the **payment** corresponding to their choice of program.
- **Re-Enrollment:**
Re-Enrollment is at the beginning of the calendar year for the upcoming school year. Returning students and siblings are given priority enrollment. Parents submit the **GAES dba German International School of Houston Enrollment Contract** together with the **payment** corresponding to their choice of program.
- **Siblings:**
Siblings receive priority enrollment after currently enrolled students are placed. Siblings will receive openings on a first-come, first-served basis. Waiting list placement for siblings is recommended! Sibling status does not guarantee an opening.
- **Refund Policy:**
All paid tuition and fees are non-refundable. Refunds or allowances in tuition cannot be made for absences in the event of illness, vacations and extended personal leaves, at the occasion of holidays, unexpected school closings, or other circumstances.
- **Dismissal:**
Tuition may be refundable for school-initiated dismissal of a student or family while in attendance. The Board of Directors will decide upon each case, after gathering information from teachers and parents. The Board of Directors holds the right to not issue any refunds.
- **Withdrawal:**
All withdrawals are to be submitted in writing to office@gish-houston.org.
- **Payment Policy: Tuition Payments are due on the 15th of the month.**
 - **Enrollment by June 15, 2018: First Check (Enrollment Fees + 1 month of tuition) + 9 pre-dated checks/Automatic Bank Payments** for July 15, August 15, September 15, October 15, November 15, December 15, 2018, January 15, February 15 and March 15, 2019.
 - **Enrollment after June 15, 2018: First Check (Enrollment Fees + 2 months of tuition) + pre-dated checks/Automatic Bank payments** starting on the 15th of the month following the enrollment.
 - **The pre-dated checks (made out to [GAES dba German International School of Houston](#)), or the set-up confirmation for Automatic Bank Payments are to be submitted by June 15, 2018, or for later enrollment on the 1st day of attendance. A \$25.00 penalty per month will be applied to your account until the pre-dated checks or the set-up confirmation for Automatic Bank Payments are submitted.**
 - **Automatic Bank Payments** are to be set on the 5th of each month to arrive on time. A set-up confirmation is to be sent to the office.
- **Additional Fees:**
A 10% late fee will apply after the 25th of the month and will be enforced. A charge of \$50.00 will be assessed on each returned check.



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Agreement

- ▶ I (First and Last Name/s) hereby agree to defend, indemnify, and hold harmless **GAES dba German International School of Houston**, (the "School" or "**GISH**"), its board of directors, director, teachers, teacher assistants and all other staff members, as well as the Palmer Memorial Episcopal Church ("Palmer Church") and the Episcopal Diocese of Texas and their respective clergy, employees, contract staff, officers, directors or vestry members, and volunteers (each a "Palmer Church Party") from and against all liability, claims, demands, and lawsuits for bodily injury (including death) or property damage caused by an occurrence that actually or allegedly arises out of or results from: 1) **GISH** use of the Premises, 2) **GISH's** breach of the Agreement, and 3) any occurrence on the premises of Palmer Church, the adjacent parking lots, or on the roadways caused in whole or in part by the act or omission of **GISH**, its teachers, staff, employees, volunteers, guests, agents, officers, directors or students while in the course of the **GISH** program or **GISH** activities.
- ▶ I understand that, as a parent, I am liable for any loss or damage to school or church property caused by my child.
- ▶ I understand that a copy of the *Texas Department of Human Services "Minimum Standards"* and the school's Parent Handbook are available in the office of the **German International School of Houston** for parents who wish to review it. Parents receive a copy of the school's Parent Handbook via e-mail.
- ▶ I understand that the obligation to pay tuition and fees is unconditional, and that all paid tuition and fees are non-refundable. Furthermore, I understand that it is important to make payments on time.
- ▶ I accept that additional fees may apply for additional curriculum-related activities.
- ▶ I accept that the use of my child's photograph and information in school publications or related websites is authorized and without compensation. **Any variation is to be submitted in writing.**
- ▶ I understand my duty as a parent to be actively involved in school activities and school events. The Volunteer Families commit to volunteer a minimum of 10 hours per school year.
- ▶ I am aware that the laws of the State of Texas require students to have specific records on file (immunization, physical, vision and hearing screening, etc.) and accept to submit the required forms before the first day of attendance and keep them updated.
- ▶ I understand that the Director of the **German International School of Houston**, with the approval of the Board of Directors, has the right to suspend or terminate any enrollment contract.
- ▶ I agree to abide by the procedures and policies stated above. Policies and regulations are subject to change. The **GAES dba German International School of Houston** reserves the right to modify contracts, policies and procedures during the school year. Parents will receive written notice prior to the initiation of change.
- ▶ By signing this **Enrollment Contract**, I agree to be bound by the terms and conditions of this Contract.

I have read and agree to the Enrollment Contract: YES

Signature of Parent or Legal Guardian: _____

Date: _____

I have read and agree to the Enrollment Contract: YES

Signature of Parent or Legal Guardian: _____

Date: _____

On behalf of **GAES dba German International School of Houston**:

Director's Signature: _____

Date: _____

GAES dba German International School of Houston is formally recognized as tax exempt under section 501(c)(3) EIN 26-2709647 and a licensed facility with TDFPS Operation Number 1657223.

Non-Discrimination Policy:

GAES dba German International School of Houston does not discriminate on the basis of race, gender, color, religion, national or ethnic origin, or handicap in administration of its educational policies, admissions policies or in its employment practices.
Information updated February 2018

832-831-6843 / office@gish-houston.org

Initial: _____



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6221 Main St, C111, Houston, TX 77030

Phone: 832-831-6843 - E-mail: office@gish-houston.org

Operation Name: <i>German International School of Houston</i>	Director's Name: Jessica Wood
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Child's Full Name:	Child's Date of Birth: (mm/dd/yyyy)	Child's Home Phone #:
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Child's Home Address (Street, City, Zip):

Mother's Full Name or Legal Guardian's Full Name:	Address (Street, City, Zip) if different from child's address:
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Father's Full Name or Legal Guardian's Full Name:	Address (Street, City, Zip) if different from child's address:
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List telephone numbers below where Parents/Legal Guardians may be reached while child is in care:

Mother's Cell Phone #:	Mother's Work Phone #:	Father's Cell Phone #:	Father's Work Phone #:
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First contact in case of an emergency evacuation:
 Mother Father Other: _____ Phone #: _____

EMERGENCY CONTACT: Give the name, address and telephone number of person to call in case of an emergency if Parents/Legal Guardians cannot be reached. Address must be included. Authorized person must present picture ID upon release of the child.

Full Name:	Home Phone #:
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Relationship:	Cell Phone #:
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Address (Street, City, Zip):	Work Phone #:
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RELEASE AUTHORIZATION: Please list name, address, telephone number and relationship for each person authorized to pick-up your child (do not include parents or Emergency Contact):

I hereby authorize the child care operation to release my child to the following persons. The Emergency Contact Person above is automatically included into the list below. Parents are required to notify the school by e-mail in case of a pick-up through a third party. Parents may call the office and leave a voice message regarding all short notice changes in parent pick-up. For the safety of our students, our staff will call parents and wait for confirmation of arrangement if pick-up is not clearly communicated with the School. Please note that the *German International School of Houston* will not release the child without the necessary notice from the parent(s). In shared custody situations, it is the sole responsibility of the parent in charge to communicate the changes in pick-up with the other parent. **Children will only be released to a parent or a person designated by the Parent/Legal Guardian after verification of ID.**

Full Name:	Relationship:
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Address (Street, City, Zip):	Cell Phone #:
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Full Name:	Relationship:
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Address (Street, City, Zip):	Cell Phone #:
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Full Name:	Relationship:
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Address (Street, City, Zip):	Cell Phone #:
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Full Name:	Relationship:
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Address (Street, City, Zip):	Cell Phone #:
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AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event of a medical emergency or if I cannot be reached to make arrangements for medical care, I hereby authorize the person in charge to take my child to a Hospital or Emergency Medical Care facility. I give consent to the School to secure any and all necessary emergency medical care for my child. I prefer my child to be taken to the below designated Hospital or Emergency Medical Care facilities.

<input type="checkbox"/> Texas Children's Hospital 6621 Fannin St, Houston, TX 77030	<input type="checkbox"/> Children's Memorial Hermann 6411 Fannin St, Houston, TX 77030	<input type="checkbox"/> Other:
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_____/_____/_____ **Signature of Parent/Legal Guardian** / **Signature of Parent/Legal Guardian** **Date:** _____



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NAME OF CHILD:	DATE OF BIRTH (mm/dd/yyyy):
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MEDICAL HISTORY: Any special problems that your child may have, such as **tested allergies, existing illness, previous serious illness, injuries and hospitalizations** during the past twelve (12) months, any medication prescribed for long-term continuous use and any other information which caregivers should be aware of:

Existing Illness:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Details:	Medication:
Food Allergies (tested):	<input type="checkbox"/> No <input type="checkbox"/> Yes	Details:	Medication:
Asthma:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Medication:	
Dietary Restrictions:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Details:	
Injuries/Hospitalization (in the last 12 months):	<input type="checkbox"/> No <input type="checkbox"/> Yes	Details:	

NOTE: Medication for asthma and food allergies such as inhaler, antihistamines and EpiPen must be in the original container and the prescription medication must have the RX labeling. A Food Allergy and Anaphylaxis Emergency Plan must be completed by the pediatrician before the first day of attendance and updated annually (<https://www.foodallergy.org/faap>).

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).

HEALTH STATEMENT: ADMISSION REQUIREMENT - Please choose one of the following options:

- Signed and dated statement of a **HEALTHCARE PROFESSIONAL** is attached.
- PARENTS' AFFIDAVIT:**
Any medical diagnosis and treatment conflicts with the tenets or practices of a church or recognized religious denomination of which I am an adherent to or member of.
- PARENTS' STATEMENT:**
My child has been examined within the past year by a healthcare professional and is able to participate in a daycare program. Within twelve (12) months of admission, I will obtain a healthcare professional's signed statement and will submit it to the child care operation.

Name of Healthcare Professional: _____

Phone #: _____

Address: _____

PLEASE CHECK ALL THAT APPLY:

- Water Activities:** I hereby give my consent for my child to participate in the following water activities:

<input type="checkbox"/> water table play	<input type="checkbox"/> sprinkler play
<input type="checkbox"/> aquatic playgrounds	<input type="checkbox"/> splashing/wading pools
- Mosquito Spray:** I hereby give do not give my consent to apply on my child the mosquito product provided by me. I am aware that "Off" will be applied if no other repellent is provided by me.
- Crèmes/Lotion:** I hereby give do not give my consent to apply on my child the sunscreen and other over the counter crème/lotion provided by me.
- Meals:** I understand that I am responsible to provide my child with a nutritional balanced meal and snack for After Care (if applicable). The *German International School of Houston* does not provide meals for children in its care.
- Transportation:** I acknowledge that the *German International School of Houston* will not provide transportation for my child in case of an emergency. An ambulance will be called if emergency care is needed and parents are responsible for any charges.
- Archway Academy:** I hereby acknowledge that I have been informed that the *German International School of Houston* is situated at the same physical address as Archway Academy (www.archwayacademy.com).

Signature of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date: _____



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NAME OF CHILD:	DATE OF BIRTH (mm/dd/yyyy):
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SCHOOL DIRECTORY: This information will be shared with all enrolled families.		
Parent 1:	Parent 2:	Zip Code:
Phone #:	Phone #:	
E-mail:	E-mail Address:	

IMMUNIZATION and VISION/HEARING SCREENING

IMMUNIZATION RECORD, VISION/HEARING SCREENING:	
<input type="checkbox"/>	I have provided the child care operation with a copy of my child's most current immunization record. Families moving to the United States from a different country must compare the immunization standards of both countries (www.dshs.state.tx.us/immunize/public.shtm).
<input type="checkbox"/>	I have attached a signed and dated affidavit stating that I decline immunization for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than ninety (90) days after the affidavit is notarized. I understand that this affidavit is valid for two (2) years. This exempt form can be obtained at: http://webds.dshs.state.tx.us/immco/affidavit.shtm .
<input type="checkbox"/>	I have attached a signed and dated affidavit stating that the vision and/or hearing screening conflicts with the tenets or practices of a church or religious denomination of which I am an adherent to or member of.

TEMPORARY STUDENTS (ONLY): ELEMENTARY STUDENTS or SUMMER CAMP PRESCHOOL STUDENTS	
My child attends the following School:	
Address (Street, City, Zip):	Phone #:
<input type="checkbox"/>	His/Her immunization record, vision and hearing screening are on file at the school and all required immunizations are current.

Varicella (Chickenpox): Immunization is not required if your child has had the chickenpox disease.
My child had varicella (chickenpox) on/in _____ (date/year) and does not need the varicella vaccine.

_____/_____/_____ **Signature of Parent/Legal Guardian** / _____ **Signature of Parent/Legal Guardian** **Date:** _____ Page 3/3

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Non-Discrimination Policy:

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Updated August 2018



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HEALTH STATEMENT and VISION/HEARING SCREENING FORM

Please submit this form completed by your child's physician:

NAME OF CHILD:	DATE OF BIRTH (mm/dd/yyyy):
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HEALTH STATEMENT:	
HEALTHCARE PROFESSIONAL'S STATEMENT: I have examined the above child within the past year and find that he/she is able to take part in a daycare/preschool program.	
Stamp of physician or public health personnel:	_____ Healthcare Professional's Signature _____ Date

VISION SCREENING: Vision and Hearing Screening is a requirement by Child Care Licensing for all students four (4) years of age. Results have to be submitted within three (3) months after the child's fourth (4 th) birthday.			
VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Stamp of physician or public health personnel verifying test results:	_____ Healthcare Professional's Signature _____ Date		

HEARING SCREENING: Vision and Hearing Screening is a requirement by Child Care Licensing for all students four (4) years of age. Results have to be submitted within three (3) months after the child's fourth (4 th) birthday.				
HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> PASS <input type="checkbox"/> FAIL
R				
L				
Stamp of physician or public health personnel verifying test results:	_____ Healthcare Professional's Signature _____ Date			



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IMMUNIZATION FORM

Please submit this form completed by your child's physician or provide a copy of your child's current immunization record.

NAME OF CHILD:	DATE OF BIRTH (mm/dd/yyyy):
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IMMUNIZATION RECORD		
Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1-2 months (second dose)	
	6-18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15-18 months (fourth dose)	
	4-6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12-15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12-15 months (fourth dose)	
Inactive Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6-18 months (third dose)	
	4-6 years (fourth dose)	
Influenza	Yearly, starting at 6 months	
	Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12-15 months (first dose)	
	4-6 years (second dose)	
Varicella	12-15 months (first dose)	
	4-6 years (second dose)	
Hepatitis A	12-23 months (first dose)	
	Second dose should be given 6-18 months after the first dose.	
Physician/ Public Health Personnel Verification: Signature and stamp of physician or public health personnel verifying immunization above		
Signature:	Office Stamp:	Date: