Summer 2026 Welcome Letter

Welcome to Grace Early Education Center! Our mission is to provide a place away from home and family where children can feel a sense of love, security and self-worth while learning about the love and grace of God through His son Jesus.

Open Enrollment will begin on March 1st, 2026. Your child's acceptance and placement in a class is conditional upon the date and time GEEC receives all items listed below. ALL students, new and returning, must complete this enrollment process. We ask that you submit the following items all together:

- ☐ The **ENROLLMENT PACKET** must be completed in its entirety with all necessary signatures. Emergency contacts, along with addresses, phone numbers, and driver's license numbers (as with most of the information collected in the enrollment paperwork) are a requirement of the state and must be provided. Allergy/Dietary restriction forms are due at the time of enrollment.

- ☐ **TURN IN COMPLETED HEALTH RECORDS.** All health records must be updated once a year to meet state guidelines. We require all health records to be submitted with the enrollment packet in order to complete the enrollment process.

    - **DOCTOR'S STATEMENT OF HEALTH** – This document (or one similar) must be signed and dated by a physician, another requirement of the state. It can be mailed, faxed, or brought in.
    - **SHOT RECORDS** – Our records must be updated each time a child is immunized. This typically occurs at 2 mos., 4 mos., 6 mos., 12 mos., 15 mos., 18 mos., 2 yrs., and 3 yrs. These may be faxed or emailed from the doctor's office or brought into the office.
    - **HEARING AND VISION SCREENING** (4 AND OLDER) – The results of your child's hearing and vision screening may be filled in the appropriate boxes on the Doctor's Statement of Health or turned in on a separate form.

- ☐ **PAY THE ONE TIME PER YEAR REGISTRATION FEE ($50 per child) AND $70 SUPPLY (per child).** The registration fee is required to reserve a child's spot in his/her class. It is separate from tuition and supplies and is nonrefundable. Complete Tuition Express ACH/CC Autodraft Form for Tuition and Registration Fee.

- ☐ **BECOME FAMILIAR WITH OUR DATES & HOURS OF OPERATION.** Our regular hours 6:30 AM to 6:00 PM.

- ☐ **PURCHASE NECESSARY ITEMS, SUCH AS A NAP MAT, BACKPACK, AND LUNCH BOX.**
    - All students need to bring a prepared lunch each day. Please help us in promoting good health and nutrition.
    - Nap Mats for Three-year-olds and under.
    - Infants and toddlers require diapers and formula and/or baby food.

A Ministry of Grace Lutheran Church, 13123 Highway 105 West, Conroe TX 77304
Director: Stacy Zavisch

2026 Summer Enrollment Forms

CHILD'S INFORMATION

Child's Name: _____ Nickname: _____
(Last) (First)

Start Date: _____ Child's Age: _____

Home Phone #: _____ Birthdate: _____/_____/_____ Male/Female: _____

Primary Street Address: _____

City: _____ State: _____ Zip: _____

ENROLLMENT

Select the days and time that you would like to register for the summer 2026.
Please note: **Part time is not available for our Infant classes.**

Program

☐ Infant ☐ Toddler ☐ Two ☐ Three ☐ PreK

☐ M-F ☐ M/W/F ☐ T/W/TH

Time

Primary Hours of Care: _____ A.M.- _____ P.M.

Tuition

☐ Due on the 1st of each month ☐ Due on the 15th of each month

Parent Signature_____Date_____ **Parent Signature**_____Date_____

We are asking that you submit all items (packet, vaccinations, ACH Draft Form) together. Due to state mandates, GEEC will not be able to accept partial or incomplete enrollment packets.

Office Use Only

Classroom: _____ Teacher: _____

Staff Signature: _____ _____ _____ _____ Date Received: _____

Our policies require that the following information be on file for each child before attending school and that parents provide written notification of any immunization updates. Updated immunization records as well as your physician's signature are required for each new school year.

FAMILY INFORMATION

Father's Name:_____ Cell Phone #:_____

Home Address:_____

Employer:_____ Work Phone #:_____

E – Mail Address _____ License Number: _____

Mother's Name:_____ Cell Phone #:_____

Home Address:_____

Employer:_____ Work Phone #:_____

E – Mail Address _____ License Number: _____

Primary Payer's Name:

Home Address:_____

Email Address:_____ Phone #:_____

PERSONS AUTHORIZED TO PICK UP CHILD OR TO BE CALLED IN CASE OF AN EMERGENCY: Your child will be released **ONLY** to parents or to an adult designated in writing by a parent (*driver's license # required*). Please list persons who have your permission to pick up your child and who can be contacted in case of an emergency if you cannot be reached. The state requires that we must have at least one emergency contact. (*Please be certain that the people you designate are willing to pick up your child in case of an illness or emergency.*)

Name:_____ Phone:_____ Relation:_____

Address:_____ DL#:_____

Name:_____ Phone:_____ Relation:_____

Address:_____ DL#:_____

Name:_____ Phone:_____ Relation:_____

Address:_____ DL#:_____

Parent Signature_____ Date_____ **Parent Signature**_____ Date_____

MEDICAL INFORMATION / EMERGENCY MEDICAL AUTHORIZATION

In the event that I cannot be reached to make arrangements for emergency medical authorization, I authorize Grace Early Education Center or person in charge to **take my child** to:

_____ _____ _____

(Name of Doctor) (Doctor's Address) (Phone Number)

ALLERGIES/DIETARY RESTRICTION

Child's Name: _____ **Child's Birthdate:** _____

Does your child have any allergies? Y / N

Allergies*:_____EpiPen Required? Y/N

Treatment: _____

Does your child have dietary restrictions? Y / N

Dietary Restriction*:_____EpiPen Required? Y/N

Allergy/Dietary Restrictions are required to have written documentation signed by a parent **and child's physician.*

Does child take any medication on a regular basis?_____ If yes, what? _____

Special Needs: _____

I give consent for this facility to secure all necessary emergency medical care for my child.

Parent Signature_____Date_____ **Parent Signature**_____Date_____

PLEASE READ AND INITIAL EACH OF THE FOLLOWING CONSENTS

MEDICATION:
I give Grace Early Education Center permission to administer a one-time label approved dose of fever reducer to my child. I understand I must also give verbal consent the day the medication will be administered_____

WATER ACTIVITIES:
I give Grace Early Education Center permission for my child to participate in water activities that include sprinklers, slip and slides and water toys. Prior notification of any water activities of this nature will be sent home. _____
**Is your child able to swim without assistance? Yes No ☐ If no ☐ what assistance is needed: _____

PHOTOGRAPHS / VIDEO:
I give Grace Early Education Center permission to photograph or videotape my child in school activities for classroom viewing, art projects, Facebook page and the church/school website. _____

WALKING FIELD TRIPS:
I give Grace Early Education Center permission for my child to participate in walking field trips limited to the church property. I understand that my child will either ride in a stroller or walk with his/her class and teachers to participate in supervised activities.
_____

BUG SPRAY/SUNSCREEN:
I give Grace Early Education Center permission to apply sunscreen/bug spray to my child throughout the day as needed. _____

TOPICAL OINTMENTS:
I give Grace Early Education Center permission to apply topical ointments such as diaper cream, Children's Benadryl Gel and Hydrocortisone Cream to my child as needed. _____

FOOD:
I give Grace Early Education Center permission for my child to have food other than parent-provided meals and/or snacks. This includes commercially produced or home-prepared foods for birthdays, feast days, holiday parties, snacks, etc_____

Parent Signature_____Date_____ **Parent Signature**_____Date_____

CHILD'S PERSONAL HISTORY:

Living Arrangements (Optional):

Parents: Both_____ Mom_____ Dad_____

Married_____ Separated_____ Divorced_____ Single_____

Grandparents_____ Guardian_____ Stepfather_____ Stepmother_____

MANDATORY: If court ordered visitation applies, please provide copies of court documents concerning custody, guardianship, visitation, etc.)

Please update us on your child's preferences and personality. Continue on the back if necessary:

(Parents of infants, please see your child's teacher for an Infant Feeding Habits Sheet)

How did you hear about GEEC School? _____ Referred By _____

Has your child had any previous childcare or preschool experiences?_____

How often does your child stay with people other than parents (i.e. Sunday School, babysitters, Grandparents, etc.)? _____

_____

Who cares for your child when you are away from home?_____

What is your child's typical reaction to being left with someone?_____

Do you have any pets?_____ Names and kinds_____

Favorite toys_____Favorite activities_____

Is your child potty trained?_____

What word does your child use when he/she needs to go to the bathroom?_____

What time does your child go to bed at night?_____ Get up in the A.M.? _____

Does your child take afternoon naps?_____If so, what time?_____How long?_____

Any special instructions for napping?_____ Lovie?_____ Pacifier? _____

How does your child act when upset?_____

What helps to reassure your child?_____

What causes your child to lose his/her temper?_____

What things does he/she fear?_____

What types of discipline do you use? Such as Ignoring_____, Redirection_____, Sending to room _____

Time out _____ Other_____

Describe your child's personality_____

_____

Please tell us of any special needs that your child may have or concerns that you may have regarding your child._____

_____

_____

Parent Signature_____Date_____ **Parent Signature**_____Date_____

Acknowledgement of GEEC Policies
2025-2026

I have been offered the option to receive a paper copy or electronically access at www.gracekidsconroe.com the Grace Early Education Center's Parent Handbook.

I have chosen to:

- ☐ Accept responsibility for accessing these documents by visiting the web address listed above or
- ☐ Receive a paper copy of these documents

I understand that these policies describe important information regarding Grace Early Education Center. If at any time I have questions regarding these policies; I should consult the Director.

My relationship with Grace Early Education Center voluntarily entered into and is subject to termination by me or GEEC at will, with or without cause, at any time that either GEEC or I believe such action is appropriate. Such termination shall be subject to all the policies relating to termination of services.

I agree to abide by all policies stated in the GEEC Parent Handbook. I understand that I will be notified in writing of any changes in these policies. Any complaints, concerns, or grievances against Grace Early Education Center will be made in writing and will be handled in a timely manner according to the GEEC policies.

_____

Parent Signature and Date

_____

Parent Signature and Date

_____

Child's Name

_____

Child's Name

_____

Child's Name

2026 Summer Tuition

Monthly Tuition

Class	Days	Monthly Tuition Rate
Infant	M-F	990
Toddler 1	M-F	990
Toddler 2	M-F	980
Toddler 3 Day	MWF /TWTH	$745
Two	M-F	950
Two 3 Day	MWF/TWTH	715
Three	M-F	925
Three 3 Day	MWF/TWTH	695
PreK/ School age	M-F	900
Prek / School age	MWF/TWTH	675

Other Rates and Fees

School Hours	6:30 AM – 6:00 PM
Enrollment Fee:	$50 per child due at registration ***Please note that enrollment fees are nonrefundable***
Supply Fee:	$70 per child
Sibling Discount:	10% off oldest child's tuition.
First Responder and Military Discount:	10% off tuition (discount only avaible to full time enrollment)

Tuition® Express

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) Grace Lutheran School 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.

___ Registration ___ Supply Fee ___ Tuition

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card) 3% processing fee

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 _____

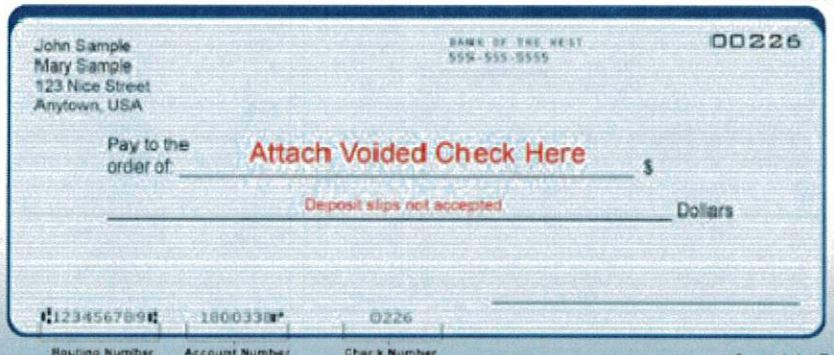
Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature



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Summer Calendar

JUNE 2026

SUN	MON	TUE	WED	THU	FRI	SAT
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4

6/1 – First Day of Summer Session

6/12 – Water Day **(Weather Permitting)**

6/19 – Fathers Day Celebration

JULY 2026

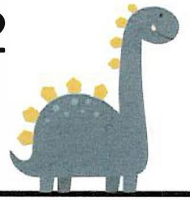
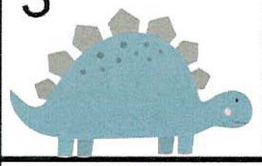
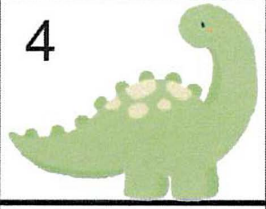
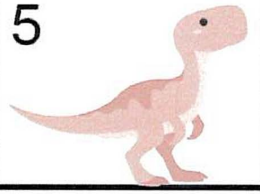
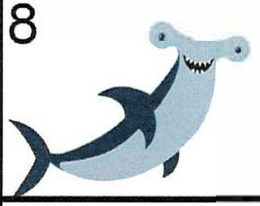
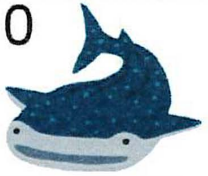
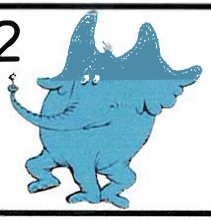
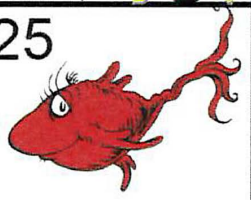
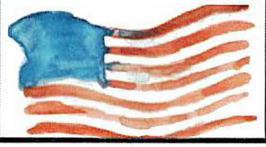
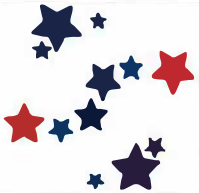
SUN	MON	TUE	WED	THU	FRI	SAT
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1

7/3 - Closed for Holiday

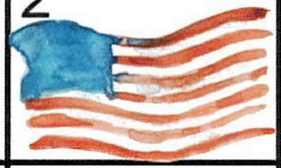
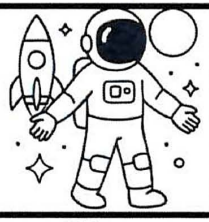
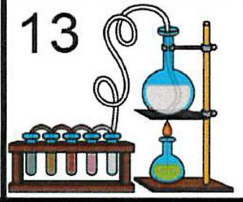
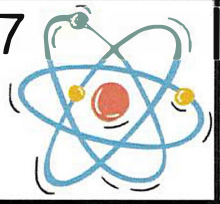
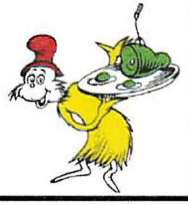
7/31 - Last Day / Foam Party **(Weather Permitting)**

Calendar subject to change

JUNE 2026

SUN	MON	TUE	WED	THU	FRI	SAT
31 Dinosaur Week	1	2 	3 	4 	5 	6
7 Shark Week	8 	9	10 	11	12 Splash Day	13
14 Sports Week	15	16	17	18	19 Fathers Day Celebration	20
21 Dr.Suess Week	22 	23	24	25 	26	27
28 Patriotic Week	29	30	1	2 	3 	4

JULY 2026

SUN	MON	TUE	WED	THU	FRI	SAT
28 **Patriotic Week**	29	30	1	2 	3 Closed	4
5 **Space Week**	6 	7	8	9	10	11
12 **Science Week**	13 	14	15	16	17 	18
19 **Adventure Week**	20	21	22	23	24	25
26 **Dr. Suess Week**	27	28	29 	30	31 **Foam Party**	1