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

2026-27 School Year Enrollment Forms

CHILD'S INFORMATION

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

Start Date: _____ 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 2026-2027 school year.

Program

☐ Infant ☐ Toddler ☐ Two ☐ Three ☐ PreK

Please note: Infant program is full time only

☐ Full time (M-F)

☐ Part time (3 Day)
__ Mon __Tues __Wed __Thurs __Fri

Please note: Part time schedule MUST BE the same days each week

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.

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

Dear Grace Families,

We have some BIG and exciting news to share… and it's delicious! 🎉

Starting in Fall 2026, Grace will be launching a brand-new food program for our students! That means no more packing lunches during those busy mornings—we've got you covered.

We know how hectic life can be, and this program is designed to take one more thing off your plate (literally!) and make your mornings a little smoother and less stressful. More time for hugs, less time for lunch prep!

Our meals will follow Texas state guidelines to ensure they are healthy, balanced, and full of the nutrients your children need to grow, learn, and play. **We'll be serving tasty lunches to all students from our Toddler 1 classroom through Pre-K,** along with both morning (AM) and afternoon (PM) snacks to keep those little tummies happy all day long.

We've included some sample menus for you to check out—get ready for some kid-approved favorites! 😋 You'll also find CACFP forms attached, which will need to be completed to secure your child's enrollment in the program.

If you have any questions, please feel free to chat with Stacy or Karen—we're always happy to help!

Thank you so much for your continued support and for trusting Grace with your amazing kiddos. We can't wait to bring this fun (and tasty!) new addition to our school year!

ENROLLMENT FORM

(CACFP) Participant Enrollment Form

NEW [X] UPDATE [ ] DROP IN [ ]

Institution Name: A Golden Opportunity Food Program Agreement Number: 07192

Facility/Provider Name: Grace Early Education Center

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The enrolled participant will receive nutritious meals and snacks at no cost to you. CACFP needs verification of enrollment for each participant in this facility. Please fill out the parent/guardian section of this form, sign it and return it to the above facility/provider. Provide information for one participant per section. (In order for the institution to receive reimbursement for meals served/claimed, this form must be completed for each enrolled participant annually.)

Parent/Guardian Please Complete:

Participant's (Child) Name: _____ Date of Birth _____ Age _____

Sex: [ ] Male [ ] Female Date participant enrolled in the facility: _____

Food Allergies: [ ] Yes [ ] No If "yes" specify: _____

(If the participant cannot be served the CACFP Meal Pattern, a statement from the participant's Health Care Provider must be provided.)

Check Days of Normal Care at facility: [ ] Sunday [ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday

Check meals normally eaten at facility: [ ] Breakfast [ ] Am snack [ ] Lunch [ ] Pm snack [ ] Dinner

Please list the normal times of arrival and departure (check am or pm): Arrive: _____ [ ] Am [ ] Pm **Depart** _____ [ ] Am [ ] Pm

RACE OF PARTICIPANT: You are NOT required to answer this question.

[ ] White [ ] Black or African American [ ] America Indian/Alaska Native

[ ] Asian [ ] Native Hawaiian or Other Pacific Islander

ETHNIC IDENTITY: You are NOT required to answer this question.

[ ] Hispanic or Latino [ ] Not Hispanic or Latino

If participant is an infant (0-11 months), please complete this box, Check all applicable choice(s) below:

This institution/facility offers _____ formula for infants through CACFP. It is your choice
(To be completed by facility/provider)

whether or not to use this formula based on your infant's needs. Baby foods provided by the institution/facility must be in compliance with the infant meal pattern as required by 7CFR 226.20.

Please mark your preference (choose all that apply)	Today's Date Birth to 5 months	Today's Date 6 to 11 months
I will bring expressed breastmilk for my infant.		
I want the provider to provide the infant formula for my infant.		
I will bring the infant formula for my infant.		
Please list the kind of infant formula you will bring.		
Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child care institution/facility as well as from the WIC Program. It is your decision which formula you want your baby to use when she/he is at child care. If you find you are getting more formula than your baby needs, you may wish to talk with your WIC nutritionist or your child care provider.		

According to CACFP requirements, in order to claim meals for reimbursement, the provider must provide infant cereal and other foods when your infant is developmentally ready to accept them

Please mark your preference Today's Date 6 - 11 months _____

I want the provider to provide the infant cereal and other foods for my infant.	
I will bring the infant cereal and/or other foods for my infant.	

I hereby certify the information given on this sheet is true and correct to the best of my knowledge. I also certify that I was given CACFP Meal Benefits Income Eligibility Form Letter to Household, the WIC information, Building for the Future Flyers, Civil Rights Appeals Procedures.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Date Dropped:

Work Telephone Number: _____ Emergency Telephone Number: _____ _____

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA Director Office of Adjudication and Compliance, 1400 Independence Avenue SW, Washington, DC 20250-9401 or call (866) 632-9992, (202) 260-1026 or (202) 401-0216 (TDD). This institution is an equal opportunity provider and employer.

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 4.**

NAME:_____ CASE NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and case number: NAME: _____ CASE NUMBER: _____

Check here if no case number ☐ **If no one receives these benefits, skip to part 4.**

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List **only** household members with income)	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) *Jane Smith*	$200/weekly	$150/twice a month	$100/monthly	$200/bi-monthly
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign and date this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ ☐ I do not have a Social Security Number

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:
☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ Asian ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

☐ **I do elect to allow my household information to be disclosed.**

☐ **I do not elect to allow my household information to be disclosed.**

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___ Tier I_____ Tier II____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

FOOD PROGRAM ENROLLMENT FORM

Facility Name_____

Please COMPLETE the following 7 items: (ALL 7 MUST BE COMPLETED)
Complete por favbor los siguietes 7 articulos

(1) FULL NAME OF CHILD / Nombre complete del nino:

_____

PLEASE INCLUDE ANY NICKNAMES OR ALT. LAST NAMES _____

(2) CHILD'S DATE OF BIRTH /Fecha de nacimiento: _____

(3)TIMES IN CARE /Las horas en cuidado:_____ TO_____ Example 6am to 5:30pm

(4) DAYS IN CARE /Los dias en cuidado: _____Example: Mon-Fri

(5) MEALS NORMALLY SERVED TO CHILD WHILE IN CARE/
Las comidas sirvidas normalmente al nino mientras en el cuidado del daycare:

BREAKFAST AM SNACK LUNCH PM SNACK SUPPER EVENING SNACK
(Please circle meals)

(6) _____ (7) _____
Signature-Parent or Adult Household member Today's enrollment date into Food Program
Firma de un miembro adulto de la unidad familiar Fecha

(8) WITHDRAWAL DATE: _____

Non-Discriminatory Policy:

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Office of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 202-260-1026, 866-632-9992 (toll free) or 202-401-0216 (TDD) , USDA is an equal opportunity provider and employer.

Sample Menu 1

Monday	Tuesday	Wednesday	Thursday	Friday
		1 Spaghetti Fresh Garden salad Mandarin Oranges	2 Chicken & Cheese Quesadilla Steamed Broccoli Applesauce	3 Ham & Cheese Sandwich Fresh Carrot Pears
6 Chicken Nuggets Mashed Potatoes Pineapples	7 Macaroni & Cheese Steamed Broccoli Peaches	8 Chicken Alfredo Fresh Garden Salad Mandarin Oranges	9 Burritos w/ Cheese Corn Pears	10 Pepperoni Pizza Fresh Garden Salad Apple slices
13 Sloppy Joes French Fries Mixed Fruit	14 Steak Fingers Mashed Potatoes Pineapples	15 Spaghetti Fresh Garden salad Mandarin Oranges	16 Chicken & Cheese Quesadilla Steamed Broccoli Applesauce	17 Ham & Cheese Sandwich Fresh Carrot Pears
20 Chicken Nuggets Mashed Potatoes Pineapples	21 Macaroni & Cheese Steamed Broccoli Peaches	22 Chicken Alfredo Fresh Garden Salad Mandarin Oranges	23 Burritos w/ Cheese Corn Pears	24 Pepperoni Pizza Fresh Garden Salad Apple slices
27 Sloppy Joes French Fries Mixed Fruit	28 Steak Fingers Mashed Potatoes Pineapples	29 Spaghetti Fresh Garden salad Mandarin Oranges	30 Chicken & Cheese Quesadilla Steamed Broccoli Applesauce	

Snacks

Animal Crackers	Goldfish	Fruit & Grain Bars	Cheese Balls	Chez-its

Milk and water offered daily.

Sample Menu 2

Monday	Tuesday	Wednesday	Thursday	Friday
				1 Turkey & Cheese Wrap Fresh Carrots Fruit Cocktail
4 Enchilada Casserole Fresh Salad Tropical Fruit	5 Chicken Fries Mashed Potatoes Apple Sauce	6 Hot dogs Tater Tots Watermelon	7 Beef Nachos Refried Beans Shredded Lettuce Apple Slices	8 Hamburger Fresh Cucumbers Mandarin oranges
11 Chicken Sandwich Gren Beans Apple sauce	12 Mini Corn Dogs French Fries Pears	13 Macaroni & Cheese Steamed Broccoli Pineapples	14 Pepperoni Pizza Fresh Salad Peaches	15 Turkey & Cheese Wrap Fresh Carrots Fruit Cocktail
18 Enchilada Casserole Fresh Salad Tropical Fruit	19 Chicken Fries Mashed Potatoes Apple Sauce	20 Hot dogs Tater Tots Watermelon	21 Beef Nachos Refried Beans Shredded Lettuce Apple Slices	22 Hamburger Fresh Cucumbers Mandarin oranges
25 	26 Closed	27 Closed	28 Closed	29 Closed

Sancks

Cheerios	Pretzels	Graham Crackers	Nilla Wafers	Veggie Straws

Milk and water offered daily.

Tuition Breakdown

Fall 2026-27

** Tuition is billed monthly. Families can choose the 1st or the 15th of each month. **

Class	Schedule	Monthly Tuition	Weekly Tuition
Infant	M-F (No part time option)	$1090.00	$273.00
Toddler 1	M-F	$1090.00	$273.00
Toddler 1	MWF	$845.00	$212.00
Toddler 2	M-F	$1080.00	$270.00
Toddler 2	MWF	$835.00	$209.00
Twos	M-F	$1050.00	$263.00
Twos	MWF	$815.00	$204.00
Threes	M-F	$1025.00	$257.00
Threes	MWF	$795.00	$199.00
PreK	M-F	$1000.00	$250.00
PreK	MWF	$775.00	$194.00

Yearly tuition	Divided into 10 equal monthly payments. Based on the total number of days open in the school year, not days open per month.
School Hours	6:30 AM – 6:00 PM
Enrollment Fees *Please note that enrollment fees are nonrefundable*	New enrollment $160 per child for new families Re-Enrollment $105 per child for returning families / $95 for each additional child
Supply Fee	$110 per child (Due is Sept. and Feb.)
Discounts	10% off the oldest sibling 10% off First Responder and Military

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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Grace Early Education Center

2026-2027 School Calendar

August 2026 – May 2027

AUGUST '26						
S	M	T	W	Th	F	S
						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					

8/3-8/7 School Closed
8/6 Meet the teacher 4-6pm
8/10 1st day of school
8/14 Ice cream social

SEPTEMBER '26						
S	M	T	W	T	F	S
		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			

9/7 Closed for Labor Day
9/11 Grandparent Day Celebration 2:30-3:30
9/11 Patriot Day

OCTOBER '26						
S	M	T	W	Th	F	S
				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

10/6-10/10 Fire Prevention week
10/24 Trunk or Treat 3-5pm
10/30 Story Book parade *10 am*

NOVEMBER '26						
S	M	T	W	Th	F	S
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					

11/11 Veterans Day *Wears Red White and Blue*
11/13 World Kindness Day
11/23 -11/25 Holiday Hours 7am-4pm

Tell office estimated holiday hours student will be attending. This is needed to staff accordingly.

11/26-11/27 Closed

DECEMBER '26						
S	M	T	W	Th	F	S
		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		

12/4 Christmas program
School wide early release 2:30 pm
12/9 Christmas Chapel 9 am, parents welcome!

12/21 -12/23 Holiday Hours 7am-4pm
12/24-12/28 Closed
12/28 -12/30 Holiday Hours 7am-4pm
12/31 Closed

Tell office estimated holiday hours student will be attending. This is needed to staff accordingly.

JANUARY '27						
S	M	T	W	Th	F	S
					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						

1/1 Closed
1/15 Snowball Fight

FEBRUARY '27						
S	M	T	W	Th	F	S
	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						

2/12 Sweets with your sweetie 2:30pm
2/15 Closed
2/26 Go Texan Day

MARCH '27						
S	M	T	W	Th	F	S
	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			

3/2-3/6 Dr. Seuss Week
3/5 Color Run
3/9-3/13 Spring Break
3/26 – Good Friday
3/28 - Easter

APRIL '27						
S	M	T	W	Th	F	S
				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	

4/13-4/17 Parent Teacher Conference week
4/22 Earth Day

MAY '27						
S	M	T	W	Th	F	S
						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					

5/3-5/7 Teacher Appreciation week

5/7 Mother's Day celebration

5/21 School wide early release 2:30 pm
PreK Graduation 6 pm

5/21 Last Day of School

5/24-5/28 Closed

*Subject to change