



Welcome to the GRCA Family!

New Student Welcome Packet 2025–2026

God's Rainbow Christian & Childcare

Sugarland, Texas ~ Hours: 6:30 am - 6 pm

Phone: (832) 428-6432 ~ www.godsrainbowca.com

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Dear Parent/Guardian,

Welcome to God's Rainbow Christian Academy & Child Care (GRCA)! We're honored to partner with your family. Our program is a Texas Rising Star affiliate that is faith-based and Reggio Emilia-inspired, integrating Abeka's strong academics with the Texas Prekindergarten Guidelines and data-informed planning through CLI Engage. Children learn through hands-on, project-based experiences that weave in literacy, math, science, social studies, creative arts, physical development, and social-emotional growth—rooted in Biblical character and community. This packet includes everything you need to complete enrollment. Please fill in the fields electronically or print, then print and sign in wet ink where signature lines are provided. Return all pages to the front office before your child's first day. We can't wait to learn and grow together!

With gratitude & love,

Milagros & Sara Quinones

(Mama Milo & daughter)

GRCA Directors



About GRCA: Mission, Vision & Educational Philosophy Mission:

We exist to glorify God by cultivating truth, goodness, and beauty in students through a Christ-centered learning environment.

Educational Approach:

- Faith-based foundation with daily prayer, scripture, and Christlike character.
- Reggio Emilia inspiration: children are capable, the environment is the 'third teacher', and projects follow children's interests.
- Abeka academics for strong phonics, literacy, and math foundations.
- Texas Prekindergarten Guidelines and TEKS alignment for school readiness.
- CLI Engage progress monitoring to tailor instruction by domain.

Special Features:

Natural playgrounds, gardening and outdoor learning, multicultural community, and strong family partnerships.

Hours of Operation & Daily Schedule Hours:

6:30 AM – 6:00 PM, Monday–Friday

Sample Daily Schedule: • Arrival & Open Centers (6:30–8:30) • Morning Circle & Worship (8:30–9:00) • Domain Focused Learning Centers (9:00–10:30) • Outdoor Exploration / Gross Motor (10:30–11:15) • Lunch (11:15–12:00) • Nap/Rest (12:00–2:00) • Reggio Projects / Spanish (2:00–3:30) • Snack (3:30–4:00) • Enrichment & Closing (4:00–6:00)

Children's schedule will be given upon registration.



Policies & Procedures Overview (See Parent Handbook for Full Details)

Attendance & Drop-off/Pick-up: Please arrive before 8:30 AM for a smooth start. Children must be signed in/out by an authorized adult.

Late Pick-up: Center closes at 6:00 PM. Late fees apply per your enrollment agreement.

Tuition & Payments: Tuition is billed via Tuition Express ACH/credit on the 1st of each month or as agreed with the Director. Late and returned payment fees may apply.

Illness: Children must be fever-free for 24 hours without medication before returning. Please report communicable illnesses to the office.

Behavior & Guidance: Positive guidance, redirection, and developmentally appropriate expectations—no corporal punishment.

Meals & Nutrition: AM and PM snack follow nutrition guidelines and provided by center. All other meals provided by parent. Allergies require a formal plan and must be written and informed by parent.

Emergency Preparedness: GRCA follows state licensing standards for drills, emergency communication, and closures.



Parent Handbook Acknowledgment

I acknowledge that I have received, read, and understand the GRCA Parent Handbook. I agree to follow the operational policies and procedures contained therein. I understand that signatures must be in wet ink.

Child's Name: _____

Classroom: _____

Parent/Guardian Name (print): _____

Date: _____

Parent/Guardian Signature (wet ink): _____



Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information			
Operation's Name:		Director's Name:	
Child's Full Name:		Child's Date of Birth:	Child Lives With: <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian
Child's Home Address:		Date of Admission:	Date of Withdrawal:
Name of Parent or Guardian 1:		Address of Parent or Guardian 1 if different from the child's:	
Name of Parent or Guardian 2:		Address of Parent or Guardian 2 if different from the child's:	
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Area Code and Phone No.:	Parent 2 Area Code and Phone No.:	Guardian's Area Code and Phone No.:	Custody Documents on File: <input type="radio"/> Yes <input type="radio"/> No
In case of an emergency, when the parent or guardian cannot be reached, call:			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
I authorize the child care operation to release my child to leave the child care operation only with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	

Consent Information
1. Transportation:
I give consent for my child to be transported and supervised by the operation's employees. Check all that apply. <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. Field Trips:
<input type="radio"/> I give consent for my child to participate in field trips. <input type="radio"/> I do not give consent for my child to participate in field trips.
Comments:
<div style="border: 1px solid black; height: 100px;"></div>



3. Water Activities:

I give consent for my child to participate in the following water activities. Check all that apply.

- water table play sprinkler play splashing or wading pools swimming pools aquatic playgrounds

<p>Is your child able to swim without assistance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If no, your child is required to wear a life jacket while in or near a swimming pool.</p>	<p>Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, your child is required to wear a life jacket while in or near a swimming pool.</p>
<p>Do you want your child to wear a life jacket while in or near a swimming pool?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	

*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> Procedures for release of children |
| <input type="checkbox"/> Suspension and expulsion | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Procedures for dispensing medications |
| <input type="checkbox"/> Procedures for conducting health checks | <input type="checkbox"/> Immunization requirements for children |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Meals and food service practices |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | <input type="checkbox"/> Procedures to visit the center without securing prior approval |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website |

5. Meals:

I understand that the following meals will be served to my child while in care. Check all that apply:

- None Breakfast Morning snack Lunch Afternoon snack Supper Evening snack

6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature — Parent or Legal Guardian

Date Signed



8. Child's Special Care Needs, check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Reasonable accommodations or modifications |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment, include instructions below |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations in the past 12 months | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____ | |

Explain any needs selected above:

Does your child have diagnosed food allergies? Yes No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. 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 Signed _____

9. School Age Children

My child attends the following school:	School Area Code and Phone No.:
--	---------------------------------

- My child has permission to:
Check all that apply.
- walk to or from school or home ride a bus be released to the care of their sibling younger than 18 years old

Authorized pick up or drop off locations other than the child's address:

Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Area Code and Phone No.
Name of Emergency Care Facility	Address	Area Code and Phone No.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature — Parent or Legal Guardian _____ Date Signed _____



Requirements for Exclusion from Compliance

- I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results

Right Eye 20/ Left Eye 20/ Pass Fail

Signature _____ Date Signed _____

Hearing Exam Results

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

Signature _____ Date Signed _____

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. Select **only one** option.

- Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.
- A signed and dated copy of a health care professional's statement is attached.
- 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.
- 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 submit it to the child care operation.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature — Health Care Professional _____ Date Signed _____

Signature — Parent or Legal Guardian _____ Date Signed _____



Vaccine Information

The following vaccines require multiple doses over time. Provide the date your child received each dose.

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)	
Inactivated 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)	
	The second dose should be given six to 18 months after the first dose.	



Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [date] and does not need varicella vaccine.

Signature

Date Signed

Additional Information About Immunizations

For additional information about immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test if required

Positive Negative Date: _____

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at <https://hhs.texas.gov/policies-practices-privacy#security>

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature

Date Signed



Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

Directions: Parents will review these rights upon enrolling their child.

Rights of Parent or Guardian

A parent or guardian of a child at a child care facility has the right to:

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
 - (A) staff training records; and
 - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
 - (A) video recordings of the alleged incident are available;
 - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
 - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature of Parent or Guardian

Date

Resources

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>



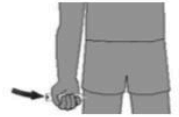
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



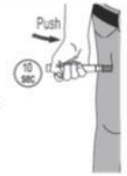
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, VIATRIS AUTO-INJECTOR, VIATRIS

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

HOW TO USE NEFFY® (EPINEPHRINE NASAL SPRAY)

1. Remove neffy from packaging. Pull open the packaging to remove the neffy nasal spray device.
2. Hold device as shown. Hold the device with your thumb on the bottom of the plunger and a finger on either side of the nozzle. Do not pull or push on the plunger. Do not test or prime (pre-spray). Each device has only 1 spray.
3. Insert the nozzle into a nostril until your fingers touch your nose. Keep the nozzle straight into the nose pointed toward your forehead. Do not point (angle) the nozzle to the nasal septum (wall between your 2 nostrils) or outer wall of the nose.
4. Press plunger up firmly until it snaps up and sprays liquid into the nostril. Do not sniff during or after the dose is given. If any liquid drips out of the nose, you may need to give a second dose of neffy after checking for symptoms. Call 911 immediately after first use.
5. If symptoms don't improve or worsen within 5 minutes of initial dose, administer a second dose into the same nostril with a new neffy device.



Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____



FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

PLACE
PICTURE
HERE

Name: _____ D.O.B.: _____

Allergic to: _____








Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

History of anaphylaxis: Yes No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

↓ ↓ ↓

- ADMINISTER EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve.

ADDITIONAL PHYSICIAN COMMENTS

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
--	--	--	--

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE AND CALL 911.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine and call 911.

If this box is checked by the child's physician, the child has an extremely severe allergy to _____ and should be given epinephrine at the first sign of any symptoms, even if mild.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM (intramuscular) 0.15 mg IM 0.3 mg IM 1 mg IN (intranasal) 2 mg IN

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

Patient may self-carry Patient may self-administer

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE _____ DATE _____ PHYSICIAN/HCP AUTHORIZATION SIGNATURE _____ DATE _____

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 8/2025



Credit Card Authorization & Tuition Agreement

Complete this page to authorize GRCA to charge tuition and fees to your card.

All signatures must be in wet ink. Keep your billing information current.

Family & Contact

Child Name(s): _____

Parent/Guardian: Phone: _____

Email: _____

Card Details: _____

Cardholder Name: _____

Card Number: Exp (MM/YY): _____ CVV: _____

Billing Address: _____

City/State/ZIP: _____

Authorization:

__ One-time charge on: __ Monthly on the (day): _____ Weekly (day): _____

Amount (or estimated): \$ _____

I authorize GRCA to charge tuition/fees as indicated. This authorization remains in effect until

I cancel it in writing.

Cardholder Signature (wet ink): _____

Date: _____



Final Enrollment Consents & Signatures

By signing below, I/we authorize GRCA to seek emergency medical care if I/we cannot be reached; acknowledge receipt of Parent Rights (HHSC Form 2987); agree to follow GRCA policies; and confirm all information provided is true and correct. Wet ink signatures required.

Child's Name: _____

Classroom: _____

Parent/Guardian 1 (print): _____

Signature (wet ink): _____

Date: _____

Parent/Guardian 2 (print): _____

Signature (wet ink): _____

Date: _____



Emergency Preparedness Pack Notice

In accordance with **Texas Health and Human Services (HHSC) child care licensing regulations**, all students are required to have a **personal Emergency Preparedness Pack** on site. These packs ensure that we are fully equipped to care for each child in the event of an emergency or evacuation.

Please prepare and send your child's labeled Emergency Pack to school **no later than Monday, October 21, 2025**. Packs should be placed in a **one-gallon Ziploc bag** with your child's first and last name clearly marked.

Each Emergency Preparedness Pack should include:

- Bottled water (8 oz. or small size)
- Non-perishable snack (e.g., granola bar, crackers — no nuts, please)
- Small flashlight or glow stick
- Family photo and/or comfort note (to reassure your child during emergencies)
- Emergency contact card (including at least 2 contacts)
- Travel-size pack of tissues or wipes
- Plastic poncho or small rain cover
- Extra set of clothing (appropriate to current season, labeled)
- Small comfort item (optional, e.g., small stuffed animal)

Please avoid including any items with nuts, liquids other than water, or toys that may cause distraction.

These items will be stored securely and returned to you at the end of the school year for updating or replacement. If you need assistance putting a pack together, please let us know—we're happy to help.

Thank you for helping us keep all children safe and prepared!

Parent/Guardian Acknowledgment

Child's Name:	
Parent/Guardian Name:	
Signature:	
Date:	



Photo & Video Consent Form

Dear Parents and Families, At **God's Rainbow Christian Academy & Child Care (GRCA)**, we love capturing special moments of your child's learning and growth. In accordance with **Texas Health and Human Services Commission (HHSC) regulations**, we ask for your permission to photograph and/or video your child for the purposes listed below.

Photos and videos may be used for: • Classroom documentation and teaching portfolios • School bulletin boards, hallway displays, and classroom projects • GRCA marketing materials (brochures, flyers, T-shirts, and other printed media) • GRCA website and official social media accounts • Staff training and parent communications

By signing below, I give **God's Rainbow Christian Academy & Child Care** permission to photograph and/or video my child for the purposes listed above. I understand that these images may be used for marketing, teaching, and communication purposes, and that this consent remains valid **indefinitely** until I revoke it in writing.

Parent/Guardian Acknowledgment

Child's Name:	
Parent/Guardian Name:	
Signature (consent):	
Date:	



For Office Use Only (Completed by GRCA Staff)

Child's Name: _____ **Start Date:** _____

Classroom: _____ **Age Group:** _____

Enrollment Packet Received By: _____ **Date Received:** _____ **Initials:** _____

Registration Fee Paid (Yes/No) _____ **Amount:** _____ **Date:** _____

First Tuition Payment (Yes/No) _____ **Amount:** _____ **Date:** _____

Allergy/Medical Plan Attached (Yes/No): _____

Notes: _____

Immunization Record on File (Yes/No): _____ **Date Received:** _____

Parent Handbook Acknowledged (Yes/No): _____ **Initials:** _____

Licensing Forms Completed (Yes/No): _____ **Verified By:** _____