



German International School of Houston

German-English Dual Language Immersion Program

ONE CHILD. TWO LANGUAGES. UNLIMITED POSSIBILITIES

6221 Main Street, Houston, Texas 77030

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

The School has to be informed **immediately** of any changes to the information in this form. Please submit new information via e-mail to office@gish-houston.org.

Directions: The childcare operation gives this form to the child's parent/s or guardian/s. **The parent/s or guardian/s complete the form in its entirety** and return it to the childcare operation before the child's first day of enrollment or earlier date as requested by the school. The childcare operation keeps the form on file at the childcare facility.

Admission Form 2024-2025

General Information

Operation Name: <i>German International School of Houston</i>		Date of Admission	Date of Withdrawal
		Site - Director's Name: Ms. Nicole Sanchez	
Child's Full Name:	Child's Date of Birth: (mm/dd/yyyy)	Child's Home Phone #:	
Child's Home Address (Street, City, Zip):			
Child Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian 1 <input type="checkbox"/> Guardian 2		Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name of: Parent 1 or Legal Guardian 1 completing form:		Address (Street, City, Zip) (if different from child's address):	
Full Name of: Parent 2 or Legal Guardian 2 completing form:		Address (Street, City, Zip) (if different from child's address):	
List telephone numbers below where Parents or Legal Guardians may be reached while child is in care:			
Parent 1 – Cell Phone No: Work Phone No:	Parent 2 – Cell Phone No: Work Phone No:	Legal Guardian 1 – Cell Phone No: Work Phone No:	Legal Guardian 2 – Cell Phone No: Work Phone No:
IN CASE OF AN EMERGENCY, please contact FIRST:			
<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Legal Guardian 1 <input type="checkbox"/> Legal Guardian 2 : Area Code + Phone #:			
---YOU MUST PROVIDE AN EMERGENCY CONTACT---			
EMERGENCY CONTACT: In the event of an emergency and the Parents/Legal Guardians cannot be reached: I/We hereby authorize the childcare operation to release my child to leave the childcare operation ONLY with the following person. Emergency Contact below (name, address and telephone number must be provided). I/We understand that without an Emergency Contact listed, my child will be released to Child Protective Services in the case that we as Parents/Guardians cannot be reached or we are unable to pick-up our child. <i>(Children will only be released to a parent or a person designated by the Parent/Legal Guardian after verification of ID)</i>			
Name of Emergency Contact - Full Name:		Home Phone #:	
Address (Street, City, Zip):		Cell Phone #:	
Relationship:		Work Phone #:	
RELEASE AUTHORIZATION: Please list full name, cell phone number and relationship for each person authorized to pick up your child (do not include First and Emergency Contact):			
I hereby authorize the childcare operation to only 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 via e-mail in case of a pick-up through a third party. Parents may only call the office regarding 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 <i>German International School of Houston</i> 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. <i>(Children will only be released to a parent or a person designated by the Parent/Legal Guardian after verification of ID):</i>			
Full Name:	Cell Phone #:	Relationship:	
Full Name:	Cell Phone #:	Relationship:	
Full Name:	Cell Phone #:	Relationship:	
Full Name:	Cell Phone #:	Relationship:	
If you don't list anyone, Texas Childcare Licensing requires you to give a reason why:			



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NAME OF CHILD:	DATE OF BIRTH (mm/dd/yyyy):
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AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:	
<p>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.</p>	
<input type="checkbox"/> Texas Children's Hospital 6621 Fannin St, Houston, TX 77030 Phone No: 832-824-1000	<input type="checkbox"/> Children's Memorial Hermann 6411 Fannin St, Houston, TX 77030 Phone No: 713-704-5437
<input type="checkbox"/> Other:	
Signature – Parent or Legal Guardian:	Date Signed:
Signature – Parent or Legal Guardian:	Date Signed:

Requirements for Exclusion from Compliance	
<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 the 90th day 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 that I am an adherent or member of.

SCHOOL DIRECTORY: I/We authorize the German International School of Houston to use the below information in the School's Directory to be shared with all enrolled families. No other information will be shared.		
Parent 1:	Parent 2:	Zip Code:
Phone #:	Phone #:	
E-mail:	E-mail:	
The School Directory is a parent tool meant to facilitate the contact between our enrolled families. Any information herein cannot be shared outside of our <i>GISH</i> community. The information cannot be used to solicit any business.		
Signature – Parent or Legal Guardian:		Date Signed:
Signature – Parent or Legal Guardian:		Date Signed:

SCHOOL PICTURES:	
<p>I/We are aware that pictures of my child/ren are taken during the school day and school related events</p> <p style="text-align: center;"> <input type="checkbox"/> I/We do <input type="checkbox"/> I/We do not </p> <p>give GAES dba <i>GISH</i> permission for our child's photographs to be used in public media coverage and school publications or related websites.</p>	
Signature – Parent or Legal Guardian:	Date Signed:
Signature – Parent or Legal Guardian:	Date Signed:

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Consent Information

NAME OF CHILD:

DATE OF BIRTH (mm/dd/yyyy):

PLEASE CHECK ALL THAT APPLY:

1. Water Activities:

I hereby give my consent for my child to participate in the following water activities (Check all that apply):

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

Is your child able to swim without assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want your child to wear a life jacket while in or near a swimming pool? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. 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.

I understand that the following meals, provided by me or the 3rd party provider 'The Simply Fresh Kitchen', if I ordered for my child through them, will be served to my child while in care (Check all that apply):

Breakfast { N/A } ~~Morning snack~~ Lunch K-2nd Grade Afternoon snack Extended Day Snack at 3pm
 { N/A } ~~Supper~~ { N/A } ~~Evening snack~~

3. 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	N/A	N/A
Sunday	N/A	N/A

4. 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 that may occur.

I do not give consent for my child to be transported by the operation's employees.

for emergency care on field trips to and from home to and from school

5. 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).

6. Covid or other Pandemics:

I understand that while present in school my child will be in contact with children, families and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 or any other pandemic as viruses can be transmitted by persons who are asymptomatic, or before they show any signs of infection.

7. Field Trips:

I give consent for my child to participate in field trips.

I do not give consent for my child to participate in field trips.

Comments:



NAME OF CHILD:	DATE OF BIRTH (mm/dd/yyyy):
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8. Receipt of Written Operational Policies																	
	<p>I acknowledge receipt of the facility's operational policies, including those for (Check all that apply):</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Discipline and guidance</td> <td style="width:50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Procedures for release of children</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Suspension and expulsion</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Illness and inclusion criteria</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Emergency plans</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Procedures for dispensing medications</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Procedures for conducting health checks</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Immunization requirements for children</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Safe sleep</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Meals and food service practices</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Procedures for parents to discuss concerns with the director</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Procedures to visit the center without securing prior approval</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Procedures for parents to participate in operation activities</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Procedures for supporting inclusive services</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions.</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website</td> </tr> </table>	<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 inclusion 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"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Procedures for supporting inclusive services	<input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions.	<input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website
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9. INSECT REPELLENT SPRAY / SUNSCREEN LOTION/SPRAY / OVER THE COUNTER MEDICATION		
1. Insect Repellent:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	my consent to apply on my child an insect repellent provided by the School. <input type="checkbox"/> The School will use Cutter Skinsations Insect Repellent pump spray. I have made myself familiar with the active ingredients: <input type="checkbox"/> Yes ----- <input type="checkbox"/> I will provide my own Insect Repellent, bring it to school+ refill as needed
2. Sunscreen:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	my consent to apply on my child a sunscreen lotion/spray provided by the School. <input type="checkbox"/> The School will use Babyganics SPF 50+ (Sunscreen Pump Spray, Octinoxate 7.5%, Octisalate 5.0%, Zinc Oxide 11.2%; formulated without PABA, phthalates, parabens, fragrances and nano-particles). I have made myself familiar with the active ingredients: <input type="checkbox"/> Yes ----- <input type="checkbox"/> I will provide my own Sunscreen lotion/spray, bring it to school + refill as needed
3. Over the Counter Medication:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	my consent to apply on my child Aquaphor Advanced Therapy Healing Ointment (Petrolatum 41%). I have made myself familiar with the active ingredients: <input type="checkbox"/> Yes
	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	my consent to apply on my child Benadryl Extra Strength Stop Itching Cream (Diphenhydramine Hydrochloride 2%, Zink Acetate 0.1%). I have made myself familiar with the active ingredients: <input type="checkbox"/> Yes

10. 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 in this facility.	
Signature - Parent or Legal Guardian:	Date Signed:
Signature - Parent or Legal Guardian:	Date Signed:

11. School Age Children	
My child attends the following school:	School Area Code and Phone No:
My child has permission to (check all that apply):	
<input type="checkbox"/> Walk to or from school or home <input type="checkbox"/> ride a bus <input type="checkbox"/> be released to the care of his or her sibling under 18 years old	
Authorized pick up or drop off locations other than the child's address: N/A	
<input type="checkbox"/> Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.	



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NAME OF CHILD:	DATE OF BIRTH (mm/dd/yyyy):
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12. Child's Special Care Needs (check all that apply)	
<input type="checkbox"/> Environmental allergies <input type="checkbox"/> Food intolerances <input type="checkbox"/> Existing illness <input type="checkbox"/> Previous serious illness <input type="checkbox"/> Injuries and hospitalizations (<i>past 12 months</i>) <input type="checkbox"/> Other _____ Explain any needs selected above:	<input type="checkbox"/> Limitations or restrictions on child's activities <input type="checkbox"/> Reasonable accommodations or modifications <input type="checkbox"/> Adaptive equipment (<i>include instructions below</i>) <input type="checkbox"/> Symptoms or indications of complications <input type="checkbox"/> Medications prescribed for continuous long-term use
<p style="font-size: x-small;">Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit https://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).</p>	

13. MEDICAL HISTORY: List any special needs that your child may have, such as **environmental allergies, food intolerances, 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:
Does your child have diagnosed food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy Emergency Plan Submitted Date: _____			
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:	
Other:			

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>).

Signature - Parent or Legal Guardian:	Date Signed:

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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):	
VISION EXAM RESULTS			
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	Right Eye 20/ _____	Left Eye 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Office Stamp of physician or public health personnel:		_____ Healthcare Professional's Signature _____ Date Signed Please provide office stamp on the left.	

HEARING EXAM RESULTS				
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.				
Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Left				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Office Stamp of physician or public health personnel:			_____ Healthcare Professional's Signature _____ Date Signed Please provide office stamp on the left	

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.)		
<input type="checkbox"/> Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.		
<input type="checkbox"/> A signed and dated copy of a health care professional's statement is attached.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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	
_____	_____	_____
Signature – Parent or Legal Guardian	Date Signed	



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NAME OF CHILD:	DATE OF BIRTH (mm/dd/yyyy):
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Please submit this form completed by your child's physician or provide a **signed copy** of your child's current immunization record.

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).

Vaccine Information		
The following vaccines require multiple doses over time. Please 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 6 to 18 months after the first dose.	

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Varicella (Chickenpox)			
Varicella (Chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement:			
My child had varicella disease (chickenpox) on or about _____ (date/year) and does not need the varicella vaccine.			
_____ Signature - Parent or Legal Guardian	_____ Date Signed	_____ Signature - Parent or Legal Guardian	_____ Date Signed

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

TB Test (if required)			
<input type="checkbox"/> Positive <input type="checkbox"/> Negative Date: _____			
Physician or Public Health Personnel Verification			
Signature or stamp of a physician or public health personnel verifying immunization information above.			
<table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">_____ Signature</td> <td style="width:33%; text-align: center;">_____ Date Signed</td> <td style="width:33%; text-align: center;">_____ Office stamp</td> </tr> </table>	_____ Signature	_____ Date Signed	_____ Office stamp
_____ Signature	_____ Date Signed	_____ Office stamp	

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	_____ Child's Parent or Legal Guardian	_____ Date Signed
_____ Center Designee		_____ Date Signed	

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