



7900 Old Tezel Rd  
San Antonio, TX 78250

# Giant Steps Early Learning School

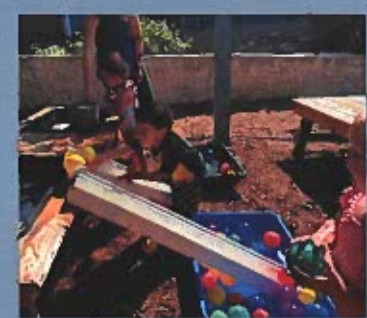
Summer Enrichment Camp 2021



Creative Classroom Enrichment



Themes & Daily  
Activities



Water & Outdoor Play Exploration

Giant Steps Early Learning School

"SHOWING YOUR CHILD A LOVE FOR LEARNING" -Since 1997

Giant Steps "Summer Enrichment Camp" curriculum is built upon session themes designed to inspire your child to explore, create, interact, and stay active during the summer months. Developmentally appropriate games, which include preschool activity and school-age fun, as each theme captures your child's interests and enhances what your child has already learned. Each theme will combine famous children's books with hands-on math, science exploration, and artistic creations through the eyes of our young learners.

### Program Selections

Early Learners (2-3 yrs)  
Preschool (3-4 yrs) & School-Age (4-6 yrs)

---

#### Session I (June 14-July 2)

Summer Kick-off Week-Water Play Fun  
Art Explosion- Hands on Messy Art  
Teacher Choice Theme

---

#### Session II (July 6-July 23)

Water Play Week  
Under the Sea  
Teacher Choice Theme

---

#### Session III (July 26-August 13)

Hands-On Science Exploration  
Famous Author- Eric Carle  
Teacher Choice Theme

---

Thursday, August 19th  
OPEN HOUSE 3:30-5:30 pm

Giant Steps Early Learning School  
(210) 521-6677 / (210) 521-9966  
[www.giantstepsschool.com](http://www.giantstepsschool.com)  
Visit us on Facebook



**Giant Steps Early Learning School  
Summer Enrichment Camp 2021**

**Non-Refundable Registration Fee:**

- *By March 31st- \$30.00/ \$50.00 (2)*
- *April 1-through summer-\$45.00/ \$80.00 (2)*
- **REGISTER EARLY TO GUARANTEE YOUR CHILD'S ENROLLMENT/ Classrooms fill up quickly! If enrollment is full, your child will be put on a wait list until an opening is available.**

\*\*\*\*\*

**Summer Classrooms: Ages 2-6 years**

- Ages 2-3 years (Ratio 11:2; Teacher & Assistant)**
- Ages 3.5-4 years (Ratio 20:2; Teacher & Assistant)**
- Ages 4.5-6 years (Ratio 20:2; Teacher & Assistant)**

- **FULL DAY: 7:00-3:30 pm-NO EXT. CARE AVAILABLE FOR SUMMER SESSIONS**
- **HALF-DAY: 8:30-12:30 pm**

**ENROLL BY THE SESSION (Choose from 3 Available-Minimum of 2 Sessions Required)**  
**10% Sibling Discount on 2<sup>nd</sup> child's tuition if enrolled Full Time for all 3 Sessions**

	<b>Session I</b>	<b>Session II</b>	<b>Session III</b>
<b>TUITION DUE DATES</b>	<b>ACH DRAFT June 1 &amp; 15, 2021 according to payment plan</b>	<b>ACH DRAFT July 1 &amp; 15, 2021 according to payment plan</b>	<b>ACH DRAFT Aug 1 &amp; 15, 2021 according to payment plan</b>
	<b>June 14-July 2</b>	<b>July 6-July 23 Closed July 5th</b>	<b>July 26- August 13</b>
<b>Activity Fee</b>	<b>\$20</b>	<b>\$20</b>	<b>\$20</b>
<b>FULL DAY</b>	<b>7:00-3:30 pm</b>	<b>7:00-3:30 pm</b>	<b>7:00-3:30 pm</b>
<b>Full Time</b>	<b>\$705</b>	<b>\$705</b>	<b>\$705</b>
<b>MWF</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>
<b>Tues.&amp; Thurs.</b>	<b>\$405</b>	<b>\$405</b>	<b>\$405</b>
<b>HALF- DAY</b>	<b>8:00-12:30 pm</b>	<b>8:00-12:30 pm</b>	<b>8:00-12:30 pm</b>
<b>MWF (Half Day)</b>	<b>\$465</b>	<b>\$465</b>	<b>\$465</b>
<b>Tues/ Thurs. (Half Day)</b>	<b>\$350</b>	<b>\$350</b>	<b>\$350</b>

**OPEN: June 14-August 13**  
**CLOSED: June 7-11 (Summer Break/ Maintenance-CLOSED)**  
**August 16-20 (Teacher In-Service Week/ CLOSED)**

**NEW SCHOOL YEAR OPEN HOUSE- Thursday, August 19, 2021 (3:30-5:30 pm)**

## GIANT STEPS EARLY LEARNING SCHOOL

### Enrollment Form

<b>CHILD'S NAME</b>	<b>DATE OF BIRTH</b>	<b>CHILD'S HOME PHONE</b>
<b>CHILD'S HOME ADDRESS</b>	<b>CHILD'S ZIP CODE</b>	<b>DATE TO START</b>
<b>PARENT/GUARDIAN #1 NAME - RELATIONSHIP</b>	<b>PARENT/ GUARDIAN #2 NAME - RELATIONSHIP</b>	
<b>PARENT #1 HOME/ CELL PHONE</b>	<b>PARENT #2 HOME/ CELL PHONE</b>	
<b>PARENT #1 HOME ADDRESS</b>	<b>PARENT #2 HOME ADDRESS</b>	<b>CHILD RESIDES WITH:</b> ___ MOTHER ___ FATHER ___ GUARDIAN ___ GRANDPARENTS
<b>PARENT #1 WORK PHONE / PLACE OF EMPLOYMENT</b>	<b>PARENT #2 WORK PHONE / PLACE OF EMPLOYMENT</b>	<b>NUMBER OF CHILDREN AGES 0-5YRS</b>
<b>GIVE NAME OF PERSON TO CALL IN CASE OF AN EMERGENCY IF PARENTS/GUARDIAN CANNOT BE REACHED</b>	<b>NAME:</b>  <b>ADDRESS:</b>  <b>PHONE NUMBER:</b>	<b>RELATIONSHIP:</b>
<b>I authorize Giant Steps Early Learning School to allow my child to leave the school ONLY with the following persons.</b>		
<b>NAME:</b>	<b>NAME:</b>	<b>NAME:</b>
<b>PHONE:</b>	<b>PHONE:</b>	<b>PHONE:</b>

**WATER ACTIVITIES:** I \_\_\_ give \_\_\_ do not give – my consent for my child to participate in water activities:  
 \_\_\_ splashing pools \_\_\_ water slides \_\_\_ sprinklers

**ARE YOU A NEW FAMILY TO GIANT STEPS?** \_\_\_\_\_ **If no, how many children have previously attended Giant Steps?** \_\_\_\_\_

List any special needs that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medications prescribed for long-term continuous use, dietary restrictions, speech or developmental services, and any other information which Giant Steps should be aware of:

Check box for N/A or No known allergies at this time. \_\_\_\_\_ Parent Initials

**In the event, I CANNOT be reached to make arrangements for medical attention, I authorize school director or person in charge to seek medical treatment.**

**Name of Physician:** \_\_\_\_\_ **Address/Phone Number:** \_\_\_\_\_

**Name of Hospital:** \_\_\_\_\_ **Address/Phone Number:** \_\_\_\_\_

I give my consent for Giant Steps to secure any and all necessary emergency medical care for my child: \_\_\_\_\_

\* Parent Signature



# GIANT STEPS EARLY LEARNING SCHOOL

## Enrollment Form

CHILD'S NAME:

DATE OF BIRTH:

### CHOOSE ONE FROM BELOW:

\_\_\_\_ I have provided Giant Steps Early Learning School a copy of my child's current Immunization Records that meet Texas Minimum Vaccine Requirements.

\_\_\_\_ I have provided a signed and dated affidavit (for Reasons of Conscience) that is valid for 2 years OR a signed and dated statement from a licensed MD (for Medical Reason) that is valid for 1 year.

\_\_\_\_ I understand that a child who has not received the required immunizations for reasons of conscience, including religious beliefs, may be excluded from school in times of emergency or epidemic declared by Texas Health and Human Services.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ADMISSION REQUIREMENTS:** The following information is required prior to or upon your child's start date. (It is not required for Summer Enrichment Camp children ages 5-6 years attending elementary school.)

For children 4-5 years old, a vision and hearing screening is required.

**HEALTH CARE PROFESSIONAL STATEMENT:** I have examined the above-named child within the past year and find that he/she is physically able to take part in Giant Steps Early Learning School.

Physician's Name \_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

HEARING (Age 4)	100 (Hz)	2000 (Hz)	4000 (Hz)
Right			
Left			

Hearing: \_\_\_\_ PASS \_\_\_\_ FAIL \_\_\_\_ UNCOOPERATIVE

### VISION SCREENING (AGE 4)

Right Eye 20/ \_\_\_\_ Left Eye 20/ \_\_\_\_

Vision: \_\_\_\_ PASS \_\_\_\_ FAIL \_\_\_\_ UNCOOPERATIVE

### Alternate Option:

\_\_\_\_ Hearing & Vision Screening Report has been provided by the physician and is \_\_\_\_ attached or \_\_\_\_ faxed to Giant Steps. (210) 521-9966.

Physician or Screener Signature

Date

Giant Steps Early Learning School  
7900 Old Tezel  
San Antonio, TX 78250  
(210) 521-6677 (Ph) | (210) 521-9966 (Fax)



# Giant Steps Early Learning School

## 2021 SUMMER ENRICHMENT CAMP SESSION-ENROLLMENT FORM

Child's Name \_\_\_\_\_ Age of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Toilet Trained:    YES    NO

**FULL DAY PROGRAM (7:00- 3:30 pm) Check Enrollment Option & Circle Sessions Attending**

\_\_\_\_\_ Full Time (M-F)                      Session I                      Session II                      Session III

\_\_\_\_\_ MWF                                      Session I                      Session II                      Session III

\_\_\_\_\_ Tuesday/ Thursday                      Session I                      Session II                      Session III

**HALF-DAY PROGRAM (8:30 am-12:30 pm) Check Enrollment Option & Circle Sessions Attending**

\_\_\_\_\_ MWF (1/2 Day)                      Session I                      Session II                      Session III

\_\_\_\_\_ Tues/ Thurs. (1/2 Day)                      Session I                      Session II                      Session III

**PLEASE PRINT**

**Mother's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **zip** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **zip** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Check One:**

Currently Enrolled \_\_\_\_\_                      Beginning Summer 2021 \_\_\_\_\_                      Summer Only \_\_\_\_\_

**(Must Include ALL ENROLLMENT FORMS W/ IMMUNIZATION RECORD)**

**OFFICE USE ONLY:**    PROGRAM \_\_\_\_\_    REG. FEE PAID \_\_\_\_\_

**GIANT STEPS EARLY LEARNING SCHOOL**

**Enrollment Form**

**FOOD ALLERGY OR MEDICAL EMERGENCY PLAN**

*Complete if your child has an allergy or medical condition.*

*This plan must be signed and dated by your child's Health Care Professional*

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctor: \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

**Please complete one form for EACH diagnosed Food Allergy or Medical Condition.**

Food child is allergic to: \_\_\_\_\_

Medical Condition \_\_\_\_\_

**Possible Symptoms if child is exposed or in need of medical attention:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specific steps to take if child has an allergic reaction.**

**Specific steps to take if child needs medical attention.**

By signing below, the parent or guardian of this child gives *Giant Steps Early Learning School* permission to post the child's food allergy/ medical condition in the food serving area and office area with administrators.

Dr. Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

