



STUDENT ENROLLMENT INFORMATION FORM
PlaySmart Preschool, After School Care, & Summer Camp

Child's Name _____

Date of Birth _____

Child's Address _____

T-Shirt Size (for Summer Camp)

CXS CS CM CL AS AM AL

Grade entering into (Fall 2010) _____

Mother's Name _____

Hm Phone _____ Cell _____

Mother's Employer _____

Wk Phone _____ Email _____

Father's Name _____

Hm Phone _____ Cell _____

Father's Employer _____

Wk Phone _____ Email _____

Guardian's Name _____

Hm Phone _____ Cell _____

Guardian's Employer _____

Wk Phone _____ Email _____

Marital Status of Parents () Married () Divorced () Separated () Widowed () Single

Parents' Address (if different from child) _____

Please list siblings and their ages

1.	3.
2.	4.

Please list any other members of the household, their ages, and relationship to child if not immediate family

1.	3.
2.	4.

Is your child potty trained? Y N Does your child nap? Y N If yes, what time? _____

Does your child have any special fears? Y N If yes, please list _____

Is any language other than English used in the home? Y N If yes, please describe _____

What are your child's special interests or favorite activities? _____

Please list any other information that may assist us in understanding and caring for your child. _____

How did you find out about our facility? _____



EMERGENCY CONTACT AND RELEASE FORM
PlaySmart Preschool, After School Care, & Summer Camp

Student Information

Child's Name _____ Date of Birth _____

Name of Mother/Guardian _____ Contact Number _____

Name of Father/Guardian _____ Contact Number _____

Marital Status of Parents () Married () Divorced () Separated () Widowed () Single

Emergency Information

Physician's Name _____ Phone _____

Please list any persons that we may contact in case of an emergency when parents/guardians cannot be reached. MY CHILD MAY BE RELEASED TO THE FOLLOWING PERSONS FOR EMERGENCY AND NON-EMERGENCY SITUATIONS.

Name and Address	Relationship*	Home	Cell	Work

* Please use G (grandparent) A(aunt) U(uncle) R(other relative) F(friend) S(sibling)

Please list anyone who does not have permission to pick up your child _____

Code Word*

State regulations require that each school in Texas have and follow a specific plan to verify the identity of any person authorized to pick up a child at that school. As part of that identification process, we will require that each authorized person submit a code word before a child will be released. Please indicate below the code word that you wish to use.

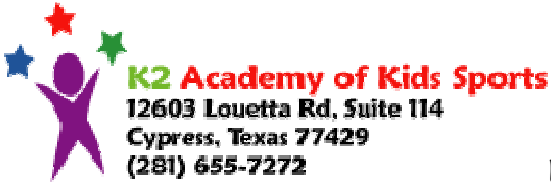
CODE WORD: _____

 Signature Parent/Guardian

 Date

 Printed Name of Parent/Guardian

*Please note that a Picture I.D. will be required if we cannot comfortably identify the person picking up your child whether or not they know the code word.



HEALTH FORM

PlaySmart Preschool, After School Care, & Summer Camp

IMMUNIZATION RECORD

Admissions requirements by the Texas Department of Protective & Regulatory Services: There must be on file, within one week of admission, documentation of immunization records and a written statement from a licensed health professional who has examined the child within the past year.

Preschool Only: Please attach your child's current immunization record

After School Care Only: Please fill out the Immunization Record Waiver Agreement

EMERGENCY RELEASE

I grant K2 Academy of Kids Sports permission to transport my child to the hospital in the event of an accident or illness.

Please list preferred emergency facility (name, address, phone) _____

I authorize K2 Academy of Kids Sports to care for my child during the time he/she is in the facility or participating in facility sponsored field trips.

I authorize K2 Academy of Kids Sports to administer and/or obtain emergency medical treatment for the child in the event I or the emergency contact person cannot be reached.

Parent/Guardian Signature _____

MEDICATION RELEASE

I authorize K2 Academy of Kids Sports to administer medication to my child with written instructions provided by myself or my child's physician.

I authorize K2 Academy of Kids Sports to apply the following topical products to my child if necessary: (Products may be provided by parent or K2 Academy of Kids Sports) Sunscreen, Insect Repellent, Diaper Rash Cream/Ointment, Baby Powder, Other _____.

Parent/Guardian Signature _____



HEALTH FORM (continued)

PlaySmart Preschool, After School Care, & Summer Camp

SPECIAL NEEDS

(please check the appropriate statement)

My child has no special needs or allergies. _____

Yes, my child has special needs or allergies. _____

Please list any allergies, existing illness, previous serious illness/injuries, hospitalizations during the past 12 months, and/or any medications prescribed for continuous, long-term use.

In the event of an accidental ingestion of an allergen or problems relating to their medical conditions, please list the proper procedures to be followed including any medications and proper doses.

Signature of Parent/Guardian _____

POLICY REGARDING SICK CHILDREN

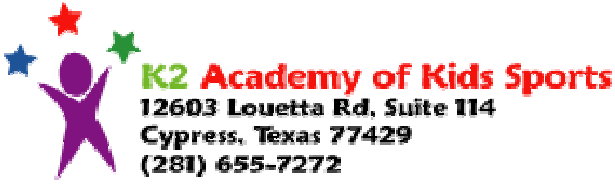
A child who appears ill upon arrival will not be admitted to class.

TEXAS DEPARTMENT OF PROTECTIVE & REGULATORY SERVICES (TDPRS) REQUIRES THAT CHILDREN BE FREE OF FEVER, VOMITING, AND/OR DIARRHEA FOR AT LEAST 24 HOURS BEFORE RETURNING TO SCHOOL.

Our school is not able to meet the needs of sick children.

Signature of Parent/Guardian _____

Date _____



Date: _____

Food and Environmental Allergy Action Plan

Child's Name: _____ DOB _____

Allergy To: _____

Asthmatic Yes* No *High risk for severe reaction.

Signs of an Allergic Reaction

- Mouth itching and swelling of lips, tongue and mouth
- Throat* itching and/or sense of tightness in the throat, hoarseness, and hacking cough
- Skin hives, itchy rash, and/or swelling about the face or extremities
- Gut nausea, abdominal cramps, vomiting, and/or diarrhea
- Lung* shortness of breath, repetitive coughing, and/or wheezing
- Heart* "thready pulse", passing out



* The severity of symptoms can quickly change. All * symptoms can potentially progress to a life threatening situation.

ACTION FOR MINOR REACTION

1. If only symptoms are: _____, give _____
2. Then call:(mother) _____
(father) _____ or emergency contacts.
3. Call Dr. _____ at _____

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

ACTION FOR MAJOR REACTION

- If ingestion is suspected and/or symptoms are: _____
- Give _____ IMMEDIATELY.
2. Call 911.
 3. Then call Mother, Fall and or emergency contacts at numbers listed above.
 4. Then call Dr. _____

DO NOT HESITATE TO CALL THE RESCUE SQUAD!

Signature of Parent or Guardian _____ Date: _____

For Office Use Only: Date of Enrollment_____



GENERAL WAIVER OF LIABILITY FORM

(Please Use One Form for Each Child)

PlaySmart Preschool, After School Care, & Summer Camp

All Programs:

My child, _____, has permission to participate in all school sponsored activities and excursions. This will include field trips by bus or car and/or class walks to nearby points of interest. (Information about each event will be furnished prior to each trip.)

After School Care Only:

I, the undersigned and parent/guardian of _____, hereby grant permission for my child to be transported by K2 Academy of Kids Sports and/or its assignees from his/her school to K2 Academy of Kids Sports for the PlaySmart After School Program for the 2010-2011 school year.

Name of School

Phone Number of School

I, the undersigned and parent/guardian of _____, hereby grant permission for my school-age child to ride a bus or walk to or from school or home to K2 Academy of Kids Sports, or to be released to the care of a sibling under 18 years old, if applicable.

Summer Camp Only:

My child, _____, has my permission to participate in water activities at K2 Academy of Kids Sports. These activities may include, but are not limited to splash days at K2 Academy of Kids Sports (all ages) or trips to a nearby swimming pool (K-7th grade only). (Information about each event will be furnished prior to each activity.)

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ASSUMPTION OF RISK • WAIVER OF LIABILITY • SAFETY GUIDELINES AND POLICY ACKNOWLEDGMENT • PHOTORELEASE • MEDICAL AUTHORIZATION

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, and ball sports. Being fully aware of these dangers, I hereby give consent for my child to participate in any and all K2 Academy of Kids Sports programs and activities and **I ACCEPT ALL RISKS** associated with that participation.

IN CONSIDERATION FOR ALLOWING MY CHILD'S PARTICIPATION, I HEREBY, FOR MYSELF AND MY CHILD AND OUR RESPECTIVE HEIRS AND SUCCESSORS, COVENANT NOT TO SUE AND FOREVER RELEASE K2 ACADEMY OF KIDS SPORTS, ITS OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, CONTRACTORS AND VOLUNTEERS FROM ALL LIABILITY RESULTING IN DAMAGES OR INJURIES INCURRED AS A RESULT OF PARTICIPATION INCLUDING THOSE RESULTING FROM ACTS OF NEGLIGENCE. I understand and acknowledge that it is my responsibility to review and follow the safety guidelines and policies of K2 Academy of Kids Sports. I understand and acknowledge that a statement of K2 Academy of Kids Sports safety guidelines and policies are available from the Front Office or online at www.k2academy.com. As these safety guidelines and policies may be changed from time to time, I further acknowledge my responsibility to review the safety guidelines and policies of K2 Academy of Kids Sports from time to time. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child's participation I hereby grant my permission for my child's likeness to be used in K2 Academy of Kids Sports publicity or advertising.

In the event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold K2 Academy of Kids Sports and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child as a result of any injury sustained while participating at or for K2 Academy of Kids Sports. I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and SAFETY GUIDELINES AND POLICY ACKNOWLEDGEMENT and PHOTORELEASE and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Signature of Parent/Guardian

Date

For Office Use Only: Date of Enrollment _____



IMMUNIZATION RECORD WAIVER AGREEMENT

PlaySmart After School Care

Child's Name _____ Date of Birth _____

I certify that a copy of my child's current immunization record is on file at the pre-kindergarten program or school that my child attends.

Parent/Guardian Signature

Date

Parent/Guardian's Printed Name