

STUDENT ENROLLMENT INFORMATION FORM
After School Care & The Great Adventure Summer Camp

Child's Name _____ Date of Birth _____

Child's Address _____ T-Shirt Size (for Summer Camp Only)

CX S CS CM CL AS AM AL

Grade entering into (Fall 2011) _____

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

After School Care & The Great Adventure

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)

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

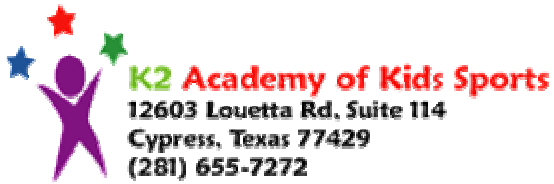
CODE WORD: _____

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
After School Care & The Great Adventure 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.

After School Care & The Great Adventure Camp: 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)
After School Care & The Great Adventure 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

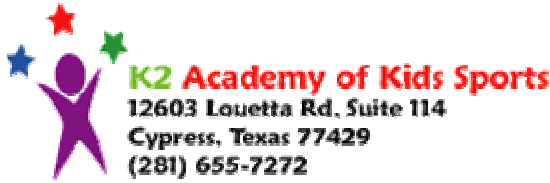
A child who appears ill upon arrival will not be admitted to class.

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 _____



GENERAL WAIVER OF LIABILITY FORM

(Please Use One Form for Each Child)

After School Care & The Great Adventure 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.)

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.)



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 SUCCESSIONS, 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

Camper's Name: _____

The Great Adventure (Kindergarten to 7th grade)

Great Adventure Campers 9am-4pm	
1 day per week	\$44
2 days per week	\$81
3 days per week	\$120
4 days per week	\$161
5 days per week	\$184

Full Time Campers 8am-6:30pm	
1 day per week	\$65
2 days per week	\$103
3 days per week	\$155
4 days per week	\$207
5 days per week	\$220

*\$30 Registration Fee.

* Extended care hours are from 8am-9am and 4pm-6:30pm at a rate of \$6 per hour.

* Field Trip costs are not included in the daily rates listed above.

* T-shirt must be purchased if attending camp on Fridays.

Directions for Completing this form:

Please fill out the appropriate blocks for the following weeks you would like your child to attend summer camp. If your child is attending the full week, check the week box. If your child will be attending 2-4 days, check the daily box and then circle the days they will be attending. Check the before care, midday care or after care boxes if needed.

Week 1 June 6-10 Summer Blast Off!

Full Week1 June 6-10 -OR-
 Daily (Circle days) M T W R F
 9am-4pm Full Time
Kinder-7th 8am-6:30pm

Office Use:

Week 2 June 13-17 Superhero Training

Full Week 2 June 13-17 -OR-
 Daily (Circle days) M T W R F
 9am-4pm Full Time
Kinder-7th 8am-6:30pm

Office Use:

Week 3 June 20-24 Superbowl of Summer

Full Week 3 June 20-24 -OR-
 Daily (Circle days) M T W R F
 9am-4pm Full Time
Kinder-7th 8am-6:30pm

Office Use:

Week 4 June 27-July 1 Lets go Camping

Full Week 4 June 27 - July 1 -OR-
 Daily (Circle days) M T W R F
 9am-4pm Full Time
Kinder-7th 8am-6:30pm

Office Use:

Week 5 July 4-8 Wild West

Full Week 5 July 5-8 -OR- Closed Monday
 Daily (Circle days) ~~M~~ T W R F
 9am-4pm Full Time
Kinder-7th 8am-6:30pm

Office Use:

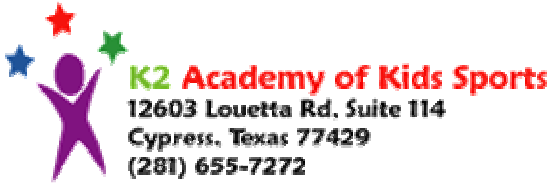
Camper's Name: _____

Week 6 July 11-15 Disney	<input type="checkbox"/> Full Week 6 July 11-15 -OR- <input type="checkbox"/> Daily (Circle days) M T W R F <input type="checkbox"/> 9am-4pm Kinder-7th <input type="checkbox"/> Full Time 8am-6:30pm Office Use:	Week 7 July 18-22 Wild About Gymnastics	<input type="checkbox"/> Full Week 7 July 18-22 -OR- <input type="checkbox"/> Daily (Circle days) M T W R F <input type="checkbox"/> 9am-4pm Kinder-7th <input type="checkbox"/> Full Time 8am-6:30pm Office Use:
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Week 8 July 25-29 Science	<input type="checkbox"/> Full Week 8 July 25-29 -OR- <input type="checkbox"/> Daily (Circle days) M T W R F <input type="checkbox"/> 9am-4pm Kinder-7th <input type="checkbox"/> Full Time 8am-6:30pm Office Use:	Week 9 Aug 1-5 Mexican Fiesta	<input type="checkbox"/> Full Week 9 Aug 1-5 -OR- <input type="checkbox"/> Daily (Circle days) M T W R F <input type="checkbox"/> 9am-4pm Kinder-7th <input type="checkbox"/> Full Time 8am-6:30pm Office Use:
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Week 10 Aug 8-12 Pirate and Princess	<input type="checkbox"/> Full Week 10 Aug 8-12 -OR- <input type="checkbox"/> Daily (Circle days) M T W R F <input type="checkbox"/> 9am-4pm Kinder-7th <input type="checkbox"/> Full Time 8am-6:30pm Office Use:	Week 11 Aug 15-19 United We Handstand	<input type="checkbox"/> Full Week 11 Aug 15-19 -OR- <input type="checkbox"/> Daily (Circle days) M T W R F <input type="checkbox"/> 9am-4pm Kinder-7th <input type="checkbox"/> Full Time 8am-6:30pm Office Use:
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Front Office Use: Enrolled in ProSchool: _____ Enrolled in auto charge: _____	Charged in ledger: _____ Medication/Allergy Form: _____	Payment applied: _____ 2nd Check: _____
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IMMUNIZATION RECORD WAIVER AGREEMENT

After School Care & The Great Adventure Summer Camp

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

K2 Academy of Kids Sports

Summer Camp

PAYMENT PLAN FORM

Name on Card _____

Card Number: _____ - _____ - _____ - _____

Exp. Date: _____ (Please Circle one) Visa / MasterCard / Discover

Please charge my card (please circle one)

Weekly (Thursday)

Monthly on the 1st

Monthly on the 15th

The Billing Address for the card is:

Children Attending K2:

I hereby authorize K2 Academy of Kids Sports to automatically charge the above card for my program's tuition payments, purchases from The Ladybug Lodge, and all other past due charges that have accrued.

I understand that my card on file will be charged as specified above mentioned items.

Authorized Signature

Date

I understand that a T-Shirt must be purchased if my child will be attending Friday Summer Camps.

INITIAL: _____

I understand that there is No Make Ups offered for missed days of camp.

INITIAL: _____

I understand that if I have paid for and need to drop an entire week of camp, I can receive account credit to be applied toward a future week of Camp. Notification must be given by 6:30pm, prior to the camp day that will be missed, to receive account credit.

INITIAL: _____

For Super Star Campers: I understand I am registering my child for all 11 weeks of Summer Camp. Should I decide to discontinue the program before the end of the 11 weeks, I will drop in person at K2 Academy with a Customer Care Team member. I understand that I can not drop by phone or email. I understand that I will be billed at the regular tuition rate for all used weeks of camp. The difference in tuition must be paid at the time of the drop.

INITIAL: _____

Entered CC info into proschool: ____	Enroll in auto charge: ____
Enrolled in class(es): ____	Charged clients ledger: ____
Entered by: ____	

Drop Statement:

By signing below I am withdrawing my child, _____, from

(program(s dropping))

I am aware my card will be charged \$ _____ on _____ (today's date)
for programs my child has been enrolled in until the above date listed.

Authorized Signature Date

Dropped from class: ____	Adjusted clients ledger: ____
Unenrolled from auto charge: ____	Client sign drop statement: ____
Dropped by: ____	