

Date of K2 Registration: \_\_\_\_\_



STUDENT ENROLLMENT INFORMATION FORM  
K2 Campus Preschool  
2018-2019

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's Address \_\_\_\_\_

Circle days: M T W R F

\_\_\_\_\_

Check Time: \_\_\_\_\_ 9:00a-2:00p **OR**

\_\_\_\_\_

\_\_\_\_\_ 9:00a-4:00p **OR** \_\_\_\_\_ Full Time (6:30-6:30)

Mother's Name \_\_\_\_\_

Hm Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Wk Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Hm Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Employer \_\_\_\_\_

Wk Phone \_\_\_\_\_ Email \_\_\_\_\_

Please list siblings and 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? \_\_\_\_\_

This page is intentionally left blank.



## EMERGENCY CONTACT AND RELEASE FORM

*K2 Campus Preschool*

### Student Information

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_

Contact Number \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_

Contact Number \_\_\_\_\_

### 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	Relationship	Address	Phone

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

Are there any custodial issues that we need to be made aware of: YES or NO

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

\_\_\_\_\_  
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.



**PARENT HEALTH FORM**  
*K2 Campus Preschool*

**IMMUNIZATION RECORD**

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

***Please attach your child's current immunization record***

**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 \_\_\_\_\_



## Medical Needs Form K2 Campus Preschool

### 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.

---

---

---

---

If you have checked YES your child has an allergy, please fill out the allergy action plan on the following page. As per childcare licensing requirements we must have an allergy action plan on file.

Signature of Parent/Guardian \_\_\_\_\_

### POLICY REGARDING SICK CHILDREN

A child who appears ill upon arrival will not be admitted to class. In the event your child becomes ill at K2 we will notify you and your child must be picked up in a reasonable amount of time. Children that are sent home due to fever, diarrhea, or vomiting will not be allowed to attend K2 Campus the following day.

**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 \_\_\_\_\_



# Food and Environmental Allergy Action Plan

**PLEASE COMPLETE IF YOU CHILD HAS ALLERGIES**

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Allergic to (if none, please write n/a or none): \_\_\_\_\_

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, Father 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: \_\_\_\_\_



# GENERAL WAIVER OF LIABILITY FORM

(Please Use One Form for Each Child)

*K2 Campus Preschool*

## In House Activities

My child, \_\_\_\_\_, has permission to participate in all school sponsored in house activities. This includes water splash day, visits by characters, face painting etc. Information about each event will be furnished in advance.

## Release to Skills Class Waiver

I understand that the operation of skills classes (gymnastics, cheer, tumbling, etc.) offered at K2 Academy is not regulated by Child Care Licensing. I give permission for my child \_\_\_\_\_, to be released from Preschool, After School Care, and/or Summer Camp to participate in a skills class (including skills class as part of my child's regular preschool daily schedule). At the end of the skills class my child will return to his/her Preschool, After School Care, and/or Summer Camp program.

.....

### **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 SUCESSORS, 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](http://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 GUIDLEINES AND POLICY ACKNOWLEDGEMENT and PHOTORELEASE and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



Parent Handbook Acknowledgement Form  
*K2 Campus Preschool*

I, \_\_\_\_\_, have read the K2 Campus Parent Handbook in its entirety. I understand and agree to follow the rules and policies that have been presented.

Please initial the following statements:

\_\_\_\_\_ I understand that there is a **2 week written notice cancellation policy**.

\_\_\_\_\_ I understand that there are **no make-up classes** for days missed. No exceptions.

\_\_\_\_\_ I understand that there is a **\$10 charge for early drop off before 8:50am and a \$10/hr charge for late pick up after 2:05pm** if not already covered by monthly tuition.

\_\_\_\_\_ I understand that if I withdraw from the program, and then choose to re-enroll at a later date in the same school year, a re-enrollment fee of \$175 will be assessed.

\_\_\_\_\_ I have read the SUMMER CAMP page of the handbook and understand the rules and policies.

\_\_\_\_\_ I grant K2 Academy permission to use photos of my child in future K2 Academy publications and/or advertising such as brochures, flyers, and the K2 website.

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

Parent's Printed Name: \_\_\_\_\_

Child's Printed Name: \_\_\_\_\_

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





# K2 Academy of Kids Sports

## PAYMENT PLAN AUTHORIZATION FORM

Name on Card \_\_\_\_\_

Child's Name \_\_\_\_\_

Last 4 digits of card number: \_\_\_\_\_ CVV: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address: \_\_\_\_\_

---

### Please pick a monthly charge date

Monthly on 1<sup>st</sup>

Monthly on 15<sup>th</sup>

Special payment arrangements (available upon request): \_\_\_\_\_

I hereby authorize K2 Academy of Kids Sports to automatically charge the above card for my program(s) tuition payments, the annual Membership Fee upon enrollment and each year on my anniversary month, and all other past due charges that have accrued.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ I understand that my card will be charged on the date circled above each month for my tuition and any other past due balance.

\_\_\_\_\_ I understand I am registering my child for a Year Round program. Should I decide to discontinue the program, 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. Please note, the Annual Class Membership Fee of \$35 is non-refundable and K2 Campus programs have a 2 week drop notice.

\_\_\_\_\_ Requests, to change your auto charge date, or credit card number must be submitted 72 hours prior to your current date to guarantee the request.

\_\_\_\_\_ K2 Academy assesses a late fee on the 16<sup>th</sup> of each month of \$25 for all tuitions not paid, including those from expired or invalid cards.

### OFFICE USE ONLY:

Entered CC info into IClass: \_\_\_\_\_ Enter Keyword: \_\_\_\_\_ Charged clients ledger: \_\_\_\_\_

AR: 2<sup>nd</sup> check Keyword: \_\_\_\_\_ Enter online gateway: \_\_\_\_\_

This page is intentionally left blank.



## DOCTOR HEALTH FORM

*K2 Campus Preschool*

*Please submit this form to your child's physician to be completed.  
Please turn in with your COMPLETED packet. Packets must have this SIGNED health statement and current shot records to start enrollment process.*

### STATEMENT OF HEALTH

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

Parent's Name \_\_\_\_\_ Date \_\_\_\_\_

I certify that the above named child is free of contagious or infectious disease, and I consider it safe for this child to attend K2 Academy of Kids Sports. He/she is current on all immunizations and may participate in all activities.

Hearing and Vision Screening results (4 yrs+) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

### IMMUNIZATION RECORD

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

**Please attach your child's current immunization record**

This page is intentionally left blank.