



Date of K2 Registration: _____

Kinder-5th Grade Camp

Student Enrollment Packet

Child's Name _____

Date of Birth _____

Home Address _____

T-Shirt Size (for Summer Camp Only)

CXS CS CM CL AS AM AL

Grade entering Fall 2022 _____

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.

1.	3.
2.	4.

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? _____



GENERAL WAIVER OF LIABILITY FORM

(Please Use One Form for Each Child)

Kinder-5th Grade Summer Camp

In House Activities:

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

School Age Field Trips (2nd-5th grade ONLY):

I understand my child will be automatically enrolled for field trips. I am allowing my child, _____ to participate in said field trip. I understand that I hold K2 Academy of Kids Sports and its employees harmless from all liability and claims arising out of or in connection with my participation in said activities. Information regarding each field trip will be furnished in advance. You will have the opportunity to drop your child from each field trip, as desired, through our front desk.

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. At the end of the skills class my child will return to his/her Preschool, After School Care, and/or Summer Camp program.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

ASSUMPTION OF RISK • WAIVER OF LIABILITY • SAFETY GUIDELINES AND POLICY ACKNOWLEDGMENT • PHOTO RELEASE • MEDICAL AUTHORIZATION • HEALTH AND SAFETY ACKNOWLEDGMENT

THE SIX AGREEMENTS below pertain to participation at and for K2 Academy of Kids Sports and their respective officers, employees, volunteers, subcontractors, tenants and other agents, hereafter collectively referred to as "K2".

1. CONSENT TO PARTICIPATE FOR MINORS

As the parent(s) or legal guardian(s) of the student(s) named above, I hereby consent to their participation in any and all programs at or for K2.

2. PERPETUAL COVENANT NOT-TO-SUE

In consideration for my child(ren)'s or my participation at K2 I hereby, for myself and/or my child(ren) and our respective heirs and successors, PROMISE NOT-TO-SUE and FOREVER RELEASE K2 from all liability resulting from damages or injuries incurred as a result of participation at or for K2. This includes acts of ordinary negligence. I understand that this PERPETUAL COVENANT NOT-TO-SUE will apply to EACH AND EVERY OCCASION that my child(ren) or I visit or participate at K2 and that this agreement remains in force until I revoke it in writing.

3. ASSUMPTION OF RISK

I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, martial arts, gymnastics and physical activity in general.

I acknowledge that sports and activities involving height, motion or inversion including but not limited to gymnastics, trampoline, cheerleading, stunting, pyramids, ninja zone, parkour, martial arts, dance, swimming and ball sports carry the risk of severe injury, including paralysis or death. I recognize that any activity in or around water can result in brain damage or drowning. I acknowledge the contagious nature of certain bacteria and viruses, including, without limitation, COVID-19, and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by such bacteria or viruses by attending K2 and that such exposure or infection may result in personal injury, illness, permanent disability or death. I understand that the risk of becoming exposed to or infected by COVID-19 at K2 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, K2 employees, volunteers, and program participants and their families. I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s or my attendance at K2 or participation in K2 programming.

4. MEDICAL AUTHORIZATION AND INDEMNIFICATION FOR POSSIBLE FUTURE MEDICAL EXPENSES.

In the event of a medical emergency I authorize that my child(ren) and/or I be transported to a medical facility for treatment and I hold K2 harmless in the execution of such. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child(ren) or me as a result of any injury sustained while visiting or participating at or for K2.

5. PHOTO AND VIDEO RELEASE.

I grant my permission to K2 to use my children(s) or my image, likeness or sound of voice in publications, social media and other media used by, produced by or contracted by K2. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my, or my children(s) participation. I understand I will not receive payment or other compensation for the use of any image or recording.

6. SPOT TV PARENT VIDEO RELEASE AGREEMENT

I understand that I have enrolled my child or children at K2 Academy located at 15255 North Eldridge Parkway Cypress Texas, also referred to herein as the "K2". K2 has a program where by webcams are in use and my children are under streaming video surveillance that is used for training and management purpose, in addition to, secure accessibility from the web in accordance with the terms and conditions associated with the Spot TV website (also referred to herein as "Spot TV"). By my signature below, I hereby consent to the photographing of myself and/or my minor child(ren) and the recording of my voice and or that of my child(ren) named above. I agree that I have no rights to any of the video footage or photographs for any reason at any time. I also agree that I will not screenshot, copy, reproduce, alter, modify, or create derivative works from the Content and Service. I understand that unauthorized recording, duplication, or distribution of this copyrighted work is illegal. I assume full liability of all the terms outlined in this release for any family member's account activity associated with my child or children. Copy righted work includes all web streaming and video/audio recordings. I understand that legal action can be taken against me by Spot TV or K2 for such copy right infringement. I understand that the term "photograph" as used herein encompasses still photographs, audio, and motion picture footage.

*Please review online security features, privacy policy, and terms of service made available on Spot TV's website.

NOTE: Acceptance of these six agreements is required to enroll in any K2 programs.

Parent/Guardian Signature

Date



Camper's Name: _____

Kinder-5th Grade Summer Camp

Kinder-5th 9:00am-4:00pm	
2 days per week	\$123
3 days per week	\$158
4 days per week	\$187
5 days per week	\$222

Kinder-5th Full Time 6:30am-6:30pm	
2 days per week	\$152
3 days per week	\$197
4 days per week	\$224
5 days per week	\$247

Additional Summer Camp Fees:

- *Membership Fee must be current (\$38)
- * T-shirt must be purchased if attending camp on any Friday (\$15)
- * Field Trip/Special Activity costs are not included in the daily rates listed above (\$15-\$20)
- * Extended care hours are from 6:30am-9:00am and 4:00pm-6:30pm (\$10 per hour)

Week 1 May 31-June 3 Adventures Unlimited	Office Use:
Check days attending: <input type="checkbox"/> 4 days/week: <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> 2 days/week: <input checked="" type="checkbox"/> W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	

Week 2 June 6-10 Adventures Unlimited	Office Use:
Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	

Week 3 June 13-17 Adventures Unlimited	Office Use:
Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	

Week 4 June 20-24 Adventures Unlimited	Office Use:
Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	

Week 5 June 27-July 1 The Arts	Office Use:
Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	



Camper's Name: _____

Kinder-5th Grade Summer Camp

Week 6 July 5-8 The Arts Check days attending: <input type="checkbox"/> 4 days/week: <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> 2 days/week: <input checked="" type="checkbox"/> W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	Office Use:
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Week 7 July 11-15 The Arts Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	Office Use:
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Week 8 July 18-22 The Arts Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	Office Use:
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Week 9 July 25-29 Acts of Kindness Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	Office Use:
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Week 10 Aug 1-5 Acts of Kindness Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	Office Use:
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Week 11 Aug 8-11 Acts of Kindness Check days attending: <input type="checkbox"/> 4 days/week: M T W R <input checked="" type="checkbox"/> <input type="checkbox"/> 2 days/week: M W <input checked="" type="checkbox"/> <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	Office Use:
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Week 12 Aug 15-19 Acts of Kindness Check days attending: <input type="checkbox"/> 4 or 5 days/week: M T W R F <input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R Please pick desired hours: <input type="checkbox"/> 6:30am-6:30pm <input type="checkbox"/> 9am-4pm	Office Use:
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Front Office: Enrolled in Iclass: ___ Ledger Charged: ___ Payment Applied: ___ Enrolled in Auto Charge: ___ Second Check: ___



Medical Needs Form

Kinder-5th Grade Summer Camp

Has your child been diagnosed with: (check all that apply)

- ADD/ADHD
 - Autism/Aspergers/Autism Spectrum
 - Down's Syndrome
 - Other neuro-diverse diagnosis (please list) _____
 - Other physically limiting diagnosis (please list) _____
- Environmental Allergies Epi-Pen? Yes or No
 - Food Allergies Epi-Pen? Yes or No
 - Seizures Rescue Meds? Yes or No

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 child-care licensing requirements we must have an allergy action plan on file.

Signature of Parent/Guardian _____

Date _____

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 camp 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 _____

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Date: _____

Food and Environmental Allergy Action

PLEASE COMPLETE IF YOUR CHILD HAS ALLERGIES

Child's Name: _____ DOB _____

Allergic 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

1. 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: _____

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Please fill out BOTH Forms on this page

K2 and DS Recreational Services need a copy



**2nd– 5th Grade Summer Camp
Car Rider Permission and Waiver of Liability Form**

I, the undersigned and parent/guardian of _____, hereby give my permission for my child to be transported by K2 Academy of Kids Sports and/or its assignees for the Summer Camp Program

I RELEASE K2 ACADEMY OF KIDS SPORTS AND ITS PARTNERS, MEMBERS, ADMINISTRATORS, COACHES, EMPLOYEES AND AGENTS (“RELEASED PARTIES”) FROM ANY AND ALL CLAIMS WHATSOEVER ARISING FROM OR RELATING TO MY PARTICIPATION OR MY CHILDREN’S PARTICIPATION IN K2 ACADEMY OF KIDS SPORT’S SUMMER CAMP PROGRAM. I ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM THE RELEASED CLAIMS, INCLUDING ANY AND ALL RELATED COSTS, ATTORNEY FEES, LIABILITIES, SETTLEMENTS AND/OR JUDGMENTS.

Signature of Parent/Guardian

Date



**2nd– 5th Grade Summer Camp
Car Rider Permission and Waiver of Liability Form**

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Signature of Parent/Guardian

Date

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EMERGENCY CONTACT AND RELEASE FORM

Kinder-5th Grade Summer Camp

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.

At least one emergency contact is required other than the Parent or Guardian

Name	Relationship	Address *REQUIRED*	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.

Office Use Only: _____ Copy in Fire Backpack _____ Copy in Field Trip Binder



HEALTH FORM
Kinder-5th Grade 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.

Summer Camp: Please fill out the Immunization Record Waiver Agreement

IMMUNIZATION RECORD WAIVER AGREEMENT

Camp

Child's Name _____ Date of Birth _____

I certify that a copy of my child's current immunization record is on file at _____ school that my child attends.

Parent/Guardian Signature _____ Date _____

Parent/Guardian's Printed Name

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 _____ Date _____

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 _____ Date _____



K2 Campus

Camp Program Participation and Parent Handbook Acknowledgement Form 13

I, _____, have read the Camp Parent Handbook in its entirety. I understand and agree to follow the rules and procedures that have been presented.

Please initial the following statements:

_____ I understand that I need to pack a ready to each lunch, clearly labeled with my child's name each day he/she attends camp. Lunch is provided on Wednesday and Friday. Check website and parent information board for menu.

_____ I understand that my child should wear comfortable, athletic apparel to camp each day.

_____ I understand that if my child becomes ill at camp that he/she must be picked up in a timely manner.

_____ I understand that my child may not use electronics of any kind at K2 Academy Camp unless instructed by teacher.

_____ I understand that I will be notified of an injury to my child with an incident report as well as a phone call if the injury is not resolved by simple first aid procedures or one application of an ice pack.

_____ I understand that ALL campers must wear their K2 shirt on Fridays (summer only) and that if my child does not wear his/her shirt to camp on Friday and he/she is attending the field trip, he/she will be given a shirt to wear and my account **will be charged** \$15 for the shirt.

_____ I understand that Field Trips are for 2nd-5th grade children only.

_____ I understand that my 2nd-5th grade child will only be allowed to attend a field trip if all waivers have been filled out completely and signed.

_____ I understand that K2 has the authority to send a child home if his or her behavior creates an unsafe environment for other children and or staff.

_____ I understand that tuition is due prior to my child attending a day of camp.

_____ I understand that I will be charged an early/late fee of \$10/hour if my child is dropped off before his/her regular drop off time or picked up after his/her regular pick up time. This rate increases to a \$1 a minute after 6:30 pm.

_____ I understand that if a space becomes available in a camp that my child is on a waiting list for, I will be called and emailed, my child will automatically be enrolled, my card will be charged. I have 24 hours to cancel by emailing front desk at: frontoffice@k2academy.com

_____ I understand there is a change fee of \$10/day for camp date changes made after **April 30th**. Notifications of a date change must be received by Monday (7 days) prior to the week of camp. Notifications any time after Monday (7days prior) will result in a forfeit of the entire weeks tuition.

_____ I understand that there are no refunds for camp, but that account credit can be given for pre-paid camps (minus the \$10 per day change fee) when cancellations is given at least 7 days in advance (by Monday).

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

Parent's Signature: _____ Date: _____

Parent's Printed Name: _____

Child Attending Camp: _____

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Payment Plan Authorization Form

Cardholders Name: _____

Client Name (if different than cardholder): _____

Children on Account: _____

Please pick monthly charge date: Monthly on the 1st Monthly on the 15th Weekly: Camp Only (Thur)

Special payment arrangements (available up on request): _____

Applicable discounts:

Active Teacher (valid ID must be presented) Active Military (valid ID must be presented)

I hereby authorize K2 Academy of Kids Sports, LP to automatically charge my credit card stored in the iClass Pro Gateway 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

Please initial below:

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

_____ Please note, the Annual Membership Fee of \$38 is non-refundable.

_____ I understand I am registering my child for a Year Round program (excluding Summer Camp). 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 cannot drop by phone or email.

_____ I understand that K2 has a 2 week drop notice. For all programs (excluding Summer Camp), payment is due until the drop date. A drop form must be received and processed by a member of K2 Academy's Customer Care Team.

_____ I understand that I am responsible for payment of all programs up until the drop date.

_____ 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. For faster turn-around time, you can change or update your credit card online thru our website by clicking the Enroll Online tab.

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

_____ I understand that there are no refunds for camp. Account credit can be given for pre-paid Summer Camps (minus the \$10 per day change fee) when cancellation is given by Monday (7 days in advance.)

Entered CC info into IClass: _____ Enter Keyword: _____ Charged clients ledger: _____
AR: 2nd check Keyword: _____