



Date of K2 Registration: _____

STUDENT ENROLLMENT INFORMATION FORM
K2 Campus Before/After School Care and Camps
2023-2024

Child's Name _____ Date of Birth _____

Home Address _____

Grade entering into (Fall '23) _____ Which school are you attending _____

Enroll for the following (Please circle enrollment choices): Before School Care **and/or** After School Care **and/or** Camp

Mother's Name _____ Cell _____ Work _____

Mother's Employer _____ Email _____

Father's Name _____ Cell _____ Work _____

Father's Employer _____ 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. _____

For campers entering Kindergarten, has your child been in a year round preschool program this past year? Y N

How did you find out about our facility? _____

IMMUNIZATION, CLASS RELEASE AND LIABILITY WAIVERS

IMMUNIZATION RECORD REQUIREMENT

Admissions requirements by the Texas Department of Protective & Regulatory Services: They 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.

Please fill out the Immunization Record Waiver Agreement

IMMUNIZATION RECORD WAIVER

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

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 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 Camp program.

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

THE FIVE 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 cheer leading, 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.

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

Parent/Guardian Signature

Date

Parent/Guardian Printed Name



Camper's Name: _____

Kinder-5th 9:00am-4:00pm		
	Normal	Sibling
2 days per week	\$130	\$117
3 days per week	\$175	\$157.50
4 days per week	\$215	\$193.50
5 days per week	\$245	\$220.50

Kinder-5th Full Time 6:30am-6:30pm		
	Normal	Sibling
2 days per week	\$150	\$135
3 days per week	\$199	\$179.10
4 days per week	\$239	\$215.10
5 days per week	\$270	\$243

Additional Summer Camp Fees:

Membership Fee (\$40), T-shirt (\$16), In House Activities (\$8-\$15), Off-site Field Trips (\$15-\$30), Extended care hours (\$15/hour).

Please pick desired hours: 6:30am-6:30pm 9am-4pm

<p>Week 1 May 30-June 2 Acts of Kindness</p> <p>Check days attending:</p> <p><input type="checkbox"/> 4 days/week: <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F</p> <p><input type="checkbox"/> 2 days/week: <input checked="" type="checkbox"/> W F <input type="checkbox"/> 2 days/week: T R</p>	Office Use:
<p>Week 2 June 5-9 Acts of Kindness</p> <p>Check days attending:</p> <p><input type="checkbox"/> 4 or 5 days/week: M T W R F</p> <p><input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R</p>	Office Use:
<p>Week 3 June 12-16 Acts of Kindness</p> <p>Check days attending:</p> <p><input type="checkbox"/> 4 or 5 days/week: M T W R F</p> <p><input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R</p>	Office Use:
<p>Week 4 June 19-23 Acts of Kindness</p> <p>Check days attending:</p> <p><input type="checkbox"/> 4 or 5 days/week: M T W R F</p> <p><input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R</p>	Office Use:
<p>Week 5 June 26-30 Acts of Kindness</p> <p>Check days attending:</p> <p><input type="checkbox"/> 4 or 5 days/week: M T W R F</p> <p><input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R</p>	Office Use:
<p>Week 6 July 3-7 Community Involvement</p> <p>Check days attending:</p> <p><input type="checkbox"/> 4 days/week: M <input checked="" type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F</p> <p><input type="checkbox"/> 2 days/week: M W F <input type="checkbox"/> 2 days/week: <input checked="" type="checkbox"/> R</p>	Office Use:



Camper's Name: _____

Kinder-5th Grade Summer Camp

<p>Week 7 July 10-14 Community Involvement</p> <p>Check days attending:</p> <p><input type="checkbox"/> 4 or 5 days/week: M T W R F</p> <p><input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R</p>	<p>Office Use:</p>
<p>Week 8 July 17-21 Community Involvement</p> <p>Check days attending:</p> <p><input type="checkbox"/> 4 or 5 days/week: M T W R F</p> <p><input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R</p>	<p>Office Use:</p>
<p>Week 9 July 24-28 Community Involvement</p> <p>Check days attending:</p> <p><input type="checkbox"/> 4 or 5 days/week: M T W R F</p> <p><input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R</p>	<p>Office Use:</p>
<p>Week 10 July 31-Aug 4 Arts & Science</p> <p>Check days attending:</p> <p><input type="checkbox"/> 4 or 5 days/week: M T W R F</p> <p><input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R</p>	<p>Office Use:</p>
<p>Week 11 Aug 7-10 Arts & Science</p> <p>Check days attending:</p> <p><input type="checkbox"/> 4 days/week: M T W R X</p> <p><input type="checkbox"/> 2 days/week: M W X <input type="checkbox"/> 2 days/week: T R</p>	<p>Office Use:</p>
<p>Week 12 Aug 14-18 Arts & Science (TISD starts 8/15)</p> <p>Check days attending:</p> <p><input type="checkbox"/> 4 or 5 days/week: M T W R F</p> <p><input type="checkbox"/> 3 days/week: M W F <input type="checkbox"/> 2 days/week: T R</p>	<p>Office Use:</p>
<p>Week 13 Aug 21-25 Arts & Science (CFISD only)</p> <p>Check days attending:</p> <p><input type="checkbox"/> 4 days/week: M T W R F</p> <p><input type="checkbox"/> 2 days/week: M W F <input type="checkbox"/> 2 days/week: T R</p>	<p>Office Use:</p>



Medical Needs Form

K2 Campus Before/After School Care and Camps

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

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

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.

Please list any classroom accommodations, 504's or life skills classes your child attends at elementary school:

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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EMERGENCY CONTACT AND RELEASE FORM K2 Campus Before/After School Care and Camps

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.



TRANSPORTATION, EMERGENCY AND MEDICATION RELEASE
K2 Campus Before/After School Care and Camps

GENERAL WAIVER FOR TRANSPORTATION

In House Activities:

My child, _____, has permission to participate in all camp sponsored in house activities. This includes but not limited to splash days, visits by characters, face painting, class parties, seasonal events etc. Information about each event will be furnished in advance.

Transportation to/from School or Field Trips:

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 to/from his/her school to/from K2 Campus and to/from Field Trips during Camp.

School Name: _____ School Phone: _____

School Address: _____

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 _____



Parent Handbook Acknowledgement Form
K2 Campus
Before School Care/After School Care/Day Camp

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 if I exit the Before/After School Care program mid-year, and choose to re-enroll later in the year, a re-enrollment fee of \$175 is due upon re-enrollment.

_____ I understand if my child is running a fever of 100.0 or higher, has vomiting or diarrhea he/she will need to stay home until they are symptom free (without medication) for 24 hours. In the event symptoms begin at school, children must be picked up within an hour.

_____ I understand that there are no make-up classes or account credit for days missed.

_____ I understand that tuition is charged on Friday for K2 Campus, 2 weeks in advance. My account must be current for my children to attend Campus programs.

_____ I understand that I will be charged an early/late fee of \$15/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, and my card will be charged. I have 24 hours to cancel by emailing front desk at: frontoffice@k2academy.com

_____ I understand that there is a **2 week written cancellation policy** for all K2 Campus programs and that 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 there is a change fee of \$10/day for Summer Camp date changes made after **April 13, 2023**. Notifications of a date change must be received in writing at least two weeks in advance or the entire day's fee is forfeited.

_____ 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 modifications are given at least two weeks in advance.

_____ I understand that my child may not use electronics of any kind during K2 Campus unless instructed by teacher. If a child needs to contact a parent during their time at K2, they will have access to a K2 phone.

_____ 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.

CONTINUE TO NEXT PAGE



Parent Handbook Acknowledgement Form
K2 Campus
Before School Care/After School Care/Day Camp

Please initial the following statements:

- _____ I understand that I need to pack a ready to each lunch on Monday, Tuesday and Thursday. During the summer months (July-August) K2 provides lunch on Wednesday and Friday at no additional cost.
- _____ I understand that my child should wear comfortable, athletic apparel to camp each day.
- _____ I understand that ALL campers must wear their K2 shirt on Fridays (summer only). 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** \$16 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 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: _____



Payment Plan Authorization Form

Cardholders Name: _____

Client Name (if different than cardholder): _____

Children on Account: _____

Please pick monthly charge date: Monthly on the 1st (K2 Academy ONLY) Monthly on the 15th (K2 Academy ONLY) Weekly: (Fri) (K2 Campus ONLY)

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.

_____ I understand the Annual Membership Fee of \$40 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, 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, but that account credit can be given for pre-paid camps (minus the \$10 per day change fee) when modifications are given at least two weeks in advance.

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