



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

STUDENT ENROLLMENT INFORMATION FORM  
*K2 Campus Preschool*  
**2024-2025**

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

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

Circle days: M T W R F Circle Time: 9:00a-4:00p **OR** Full Time (6:30am-6:30pm)  
(Minimum of 3 days per week required for enrollment)

Enroll for the following (Please circle enrollment choice): Year Round Enrollment or 8 Week Summer Program (June-July)

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. |

My child uses the toilet for (please check all that apply): \_\_\_\_\_urination and/or \_\_\_\_\_bowel movement

My child uses the toilet in what manner (please check which applies): \_\_\_\_\_independently OR \_\_\_\_\_with some assistance  
Additional information: \_\_\_\_\_

My child uses the restroom (please check which applies): \_\_\_\_\_without being prompted OR \_\_\_\_\_only when prompted

My child uses the following at naptime (please check which apply): \_\_\_\_\_underwear \_\_\_\_\_pullup \_\_\_\_\_diaper

Does your child nap regularly? YES of NO

Does your child have any special fears? YES NO If yes, please list \_\_\_\_\_

Is any language other than English used in the home? YES NO 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. \_\_\_\_\_

Has your child attended another daycare or preschool in the past? \_\_\_\_\_



## 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.

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

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 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.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Printed Name



## 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.

**\*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 whether or not they know the pin code for Tadpoles.



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 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 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 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 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 \_\_\_\_\_



## Medical Needs Form K2 Campus Preschool

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.

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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 \_\_\_\_\_

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 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 \_\_\_\_\_

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## 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

Place  
Child's  
Picture  
Here

\* 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: \_\_\_\_\_

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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 if my child is running a fever of 100.0 or higher, he/she will not be allowed to stay at the facility. Vomiting and diarrhea will be treated the same. In situations that my child is sent home for the day, a parent or designated person should pick up the ill child within 1 hour.

\_\_\_\_\_ I understand my child must be free from fever (without medication), vomiting, and/or diarrhea for at least 24 hours before they will be readmitted.

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

\_\_\_\_\_ I understand that there is a **\$15 per hour charge for early drop off before 8:50am and a \$15 per hour charge for late pick up after 4:05pm** if not already covered by weekly tuition.

\_\_\_\_\_ I understand that if I withdraw from the Year Round Preschool Program (which runs September-August) and then choose to re-enroll at a later date in the same 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: \_\_\_\_\_

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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  
(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 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: 2<sup>nd</sup> check Keyword: \_\_\_\_\_

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**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 the 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**

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

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