

Date of K2 Registration: _____



STUDENT ENROLLMENT INFORMATION FORM

K2 Campus Preschool

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? _____

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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 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



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 1st

Monthly on 15th

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 \$30 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 16th 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: 2nd check Keyword: _____ Enter online gateway: _____

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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 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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