



AcroKids Academy

Childcare Enrollment Information

Date of Admission to AcroKids Academy: _____

Child's Legal Name: _____ Child likes to be called: _____

Date of Birth: _____ Current Age: _____ 2023-2024 Grade: _____ 2024-25 Grade: _____ Sex: _____

Child Lives With (check all that apply): _____ Mom _____ Dad _____ Step-Mom _____ Step-Dad _____ Guardian

Name of Enrolling Parent or Guardian: _____ Custody Documents on File (circle): **YES NO**

Home Address: _____ City: _____ State: _____ Zip Code: _____

Elementary School: _____ School Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

How did you hear about AcroKids? (referral, advertisement, etc): _____

Responsible Parties:

Name: _____ **Relationship to Child:** _____ **Cell Phone:** _____

Full Address (if diff. from child's): _____

Email Address: _____ Work Phone: _____

Name: _____ **Relationship to Child:** _____ **Cell Phone:** _____

Full Address (if diff. from child's): _____

Email Address: _____ Work Phone: _____

Emergency Contact Person (Address is REQUIRED!) Emergency contact must be someone other than parents:

Name: _____ **Relationship to Child:** _____ **Cell Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Persons authorized to pick up the child (other than parents- may attach another page if needed):

Name: _____ **Relationship to Child:** _____ **Cell Phone:** _____

Name: _____ **Relationship to Child:** _____ **Cell Phone:** _____

Name: _____ **Relationship to Child:** _____ **Cell Phone:** _____

I give permission for my school-age child to be released into the care of a sibling under the age of 18 (if applicable).

Parent Signature: _____ **Date:** _____

In the event a parent cannot be reached, I authorize the person in charge to call 911 to transport my child to the nearest hospital or emergency care center. I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent Signature: _____ **Date:** _____

My Child Will NORMALLY Attend Childcare on the Following Days (can be changed later if needed):

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Medical Information:

Child's Name: _____

Name of child's physician or an emergency-care facility: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

*Allergies (food, environmental, medication, etc): _____

Diagnosed Food Allergies require a Food Allergies Emergency Action Plan– Must be Signed By a Doctor

Food sensitivities or intolerances: _____

Medications (daily or as needed): _____

Does your child have any special needs or special care required while in childcare? (Please circle) YES or NO

If yes, please list here: _____

Does your child have any limitations or restrictions on activities during childcare? (Please circle) YES or NO

If yes, please list here: _____

Does your child have any adaptive equipment needed at childcare? (Please circle) YES or NO

If yes, please list here and attach instructions from your child's health-care provider: _____

Does your child require any reasonable accommodations to be successful in our program? (Please circle) YES or NO

If yes, please attach documentation of a health-care professional's recommendations or orders.

What are the symptoms or indications of potential complications related to a physical, cognitive, or mental condition that may warrant prevention or intervention while your child is in care? _____

Additional Comments: _____

Immunization & Vision and Hearing Screening Requirements (please check ONE):

_____ My child attends a public school and their current and complete immunization record and their current vision and hearing screening test results are on file at the school listed below.

School Name: _____ School Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

_____ I have attached a copy of my child's most current and complete immunization record and he/she is up-to-date on required immunizations for the state of Texas.

_____ I have attached my child's current vision and hearing screening test results.

_____ I have attached a notarized affidavit signed and dated by the child's parent or legal guardian declining immunizations for medical reasons or reasons of conscience. (Must be updated and resubmitted every 2 years from date of notarization)

Parent Signature: _____ **Date:** _____

AcroKids Academy Enrollment Agreement:

I authorize AcroKids Academy to enroll my child for childcare, and I understand that I will be obligated to pay for these services once enrolled. I have received, read, understand, and had the ability to ask questions about the Operational Policies and Procedures for AcroKids Academy (AcroKids Parent Handbook). I understand that withdrawals and cancellations for childcare are only permitted with a full 2 weeks notice sent to keri@acrosports.com (Friendswood) or christy@acrosports.com (League City) with the drop date being a Friday. I further understand that all tuition and fees paid are **non-refundable**. I understand that if my credit card is declined, that I have 2 business days to pay the balance on my account or a \$10 late payment fee will be incurred. I understand that AcroKids uses an auto-billing process and that my tuition and any applicable fees will be charged to my credit or debit card every Friday for the next week of childcare tuition.

Parent Signature: _____ **Date:** _____

Skills Class Permission:

I understand that when my child is released to go to a skills class that he/she is checked out of the childcare program and into the care of the skills class instructor, who is not an AcroKids teacher (and is not a licensed childcare employee). Upon finishing the skills class, children are checked back into AcroKids Academy and into the care of an AK teacher. Drops for skills classes must be submitted in writing by the 15th of the month to avoid future billing. Partial months are not pro-rated, and are not refunded if a child withdraws from the childcare program before their classes end.

I authorize AcroKids Academy to enroll my child in my chosen skills class(es), if applicable, and I understand that I will be obligated to pay for these services once enrolled.

Parent Signature: _____ **Date:** _____

Open Gym Permission:

I give permission for my child to participate in a field trip to **open gym** playtime in the AcroSports facilities. I understand that when my child is having open gym playtime, that is considered a "field trip" outside of the childcare facility. Open gym is supervised by AcroSports coaching staff as well as AcroKids teachers.

Parent Signature: _____ **Date:** _____

Field Trip Permission:

I give permission for my child to participate in field trips away from the AcroKids facility. I authorize AcroKids Academy to transport my child on the field trip in a company vehicle. I understand that field trips may involve water activities such as swimming pools, splash pads, etc. I understand that advance notice of each field trip will be given to parents by email and that parents may opt-out of an individual field trip if desired. AcroKids will NOT be able to provide care for children to remain at the facility during times of off-site field trips, so parents who choose to opt out of the field trip will need to keep their child out of childcare until the field trip is completed.

My child, _____, can swim without assistance. Please circle- YES or NO

Parent Signature: _____ **Date:** _____

Before and After School Transportation:

I authorize AcroKids Academy to transport my child from the childcare facility to their elementary school for before school care, and from their elementary school to the childcare facility for after-school care. For before school students, I understand that the buses leave PROMPTLY at 7:30am and if I am late that my child will not be taken to school. For after-school students, I understand that if I fail to send notification that my child will not be riding the AcroKids bus after school by the deadline of **2:30pm (2:00pm for Cline)**, that I will be charged a **\$25 notification fee** per child per occurrence. Notifications must be sent by text or phone call to the AcroKids phone ONLY. Friendswood– 713-628-8335. League City– 281-898-3047

Parent Signature: _____ **Date:** _____

Meals & Snacks:

I understand that meals are not served at AcroKids Academy. If the child is attending for the full day (summer and school holidays), parents are responsible for bringing a lunch (and breakfast, if needed) to childcare each day. AcroKids teachers may reheat food ONLY. No frozen meals or any foods that need to be mixed before cooking are allowed. AcroKids Academy will provide a morning and afternoon snack to all students.

Parent Signature: _____ **Date:** _____

Medication Administration:

I understand that medications will ONLY be administered with proper paperwork on file. Medications must be sent to childcare in the original container, must not be expired, and must be in the custody of the AcroKids office. Medications may NOT be kept in children's backpacks.

Parent Signature: _____ **Date:** _____

After-School Notification Policy:

I understand that if my child will not be riding the AcroKids bus after school for ANY reason, it is the parent’s responsibility to notify AcroKids. The deadline for notifications is 2:30pm for all schools EXCEPT Cline Elementary. The deadline for notification Cline is 2:00pm since they release earlier than the other schools. On early release days, the notification deadline is 11:30am, and 11:00am for Cline. Notifications received after the deadline will incur the \$25 notification fine (see below). Notifications can be sent **ONLY** in the following ways:

Friendswood: Text or phone call to **Notification/Pickup Phone:** (713) 628-8335

League City: Text or phone call to **Notification/Pickup Phone:** (281) 898-3047

Phone calls to the AcroSports front office, or emails to the director will NOT be accepted. We must have record of the notification, so only text/phone calls to the ACROKIDS phone will be accepted.

The fine for failure to notify AcroKids Acadmey by the deadline that an after school student will not be riding in the bus is **\$25 per occurrence, per child**. Notifications can be accepted as far in advance as needed.

I have read, understand, agree to abide by, and have had the ability to ask questions about the notification policy for AcroKids Academy.

Parent Signature: _____ **Date:** _____

AcroKids Electronics Policy:

Personal electronic devices may be brought to childcare, but must be put away during any time that is not designated “electronics time”. All screen time and/or electronics activities will be limited to ONE hour per day.

- All devices, games, and accessories MUST be labeled with the child’s first and last name.
- Children will be allowed access to their devices only during designated “Electronics Time”. During all other times electronic devices will either be put away in the child’s belongings, or will be held by AcroKids staff until pick-up time.
- Children are not allowed to have wifi access at any time for any reason.
- Any games, videos, or activities that are deemed inappropriate by AcroKids staff will cause the device to be removed from the child’s possession. The device will be held and only released to a parent at the end of the childcare day.
- If a child is listening to music/videos or if a game has sounds/voices involved, the child must use headphones.
- All electronic activities will be played only at the designated area of each classroom.
- Children are not allowed to watch or play with other students’ electronic devices brought from home. Electronics time is a solo activity.
- AcroKids Acadmey is not responsible for any lost, stolen, or broken items that are brought into the facility.
- If we find that a child is continuously violating our electronics policy, they may be asked to withdraw from childcare.
- AcroKids Acadmey staff will do our best to monitor children’s activities on their personal electronics, but we cannot be held responsible for something a child may see or hear before we catch it.

I have read, understand, agree to abide by, and have had the ability to ask questions about the electronics policy for AcroKids Academy.

Parent Signature: _____ **Date:** _____

Continuing Students ONLY:

I have reviewed the above paperwork and updated my child’s information as necessary. I have put my initials at each portion of updated information. Paperwork must be reviewed at minimum once per year. **Please sign and give the date of review below:**

Parent Signature: _____ **Date of Review:** _____

Parent Signature: _____ **Date of Review:** _____

Parent Signature: _____ **Date of Review:** _____