

Student Information

Date of Admission:

Child's Legal Name:	Child	likes to be called:		
Date of Birth:Current Ag	ge:Male or Female:	2021-2022 Grade:2022-23 Grade:		
Child Lives With (check all that apply)	:MomDad	Step-MomStep-DadGuardian		
Name of Enrolling Parent or Guardian	:	Custody Documents on File (circle): YES NO		
Home Address:	City:_	State:Zip Code:		
Elementary School:School's Phone Number:				
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:		
		nt (step-parents, grandparents, etc., please at-		
**If you would like to add any addit	ional persons to the accoun			
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If you would like to add any addit tach a separate page with the Emergency Contact Person (REQUIRE	ional persons to the accountry full contact information in ED- must be someone other	nt (step-parents, grandparents, etc., please at- ncluding all of the information above.		
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If you would like to add any addit tach a separate page with the Emergency Contact Person (REQUIRE Name: Address (REQUIRED): Persons authorized to pick up the child Name: Name: Name: Name: Name: My Child Will NORMALLY Attend Child	ional persons to the account ir full contact information in in full contact information in in full contact information in in full contact information in information in information in full contact information in full contact information in full contact in	nt (step-parents, grandparents, etc., please at- ncluding all of the information above. than parents): Cell Phone: City:State:Zip Code: y attach another page if needed): Relationship: Relationship: Relationship: Relationship: Relationship: Relationship:		

Medical Information:	Child's Name:		
Physician's Namo	Addross		
Physician's Name: **Food Allergies r	require a Food Allergies Action Plan Signed By a Doctor*		
Allergies (food, environmental, medication, etc):			
Food sensitivities or intolerances:			
Medications (daily or as needed):			
Serious illnesses, injuries, or hospitalizations:			
Special Needs (if none, please write N/A):			
Does your child require any reasonable accommodations to be successful in our program? YES or NO			
If yes, what would you recommend?			
Additional Comments:			
In the event a parent cannot be reached, I authorize the	ne person in charge to call 911 to transport my child to		
the nearest hospital or emergency care center. I give co	onsent for the facility to secure any and all necessary		
emergency medical care for my child.			
Parent Signature:	Date:		
Immunization Requirements (please check ONE): My child attends a public school and their immunization record is on file there. School Name:School Address:School Phone #:I have attached a copy of my child's most current immunization record and he/she is up-to-date on required immunizations for the state of TexasI have attached a notarized affidavit signed and dated by the child's parent or legal guardian declining immunizations for reasons of conscience.			
Parent Signature:	Date:		
Under the Texas Penal Code, any area within 1,000 feet of a cl			
related to organized criminal activity are subject to harsher pe	enalties. Parent's Initials:Date:		
Lacknowledge receipt of AcroKids Academy's operation	al policies (parent handbook), including those for (initial		
—— Discipline and guidance	COVID-19, Illness and exclusion criteria		
Suspension and expulsion	——Procedures for dispensing medications		
Emergency Plans	Immunization requirements for children		
Procedures for conducting health checks	——Meals and food service practices		
Procedures for discussing concerns with the director Procedures for parents to participate in operation	——Procedures to visit the center without securing prior approval (open door policy)		

activities

Procedures for the release of children

Procedures for parents to contact Child Care
Licensing, DFPS, Child Abuse Hotline, and DFPS
website

permitted with a full 2 weeks notice sent to keri@a Friday. I further understand that all tuition and fee that I have 2 business days to pay the balance on n AcroKids uses an auto-billing process and that my	es and Procedures for AcroKids Academy. I understand that drops are only acrosports.com or katrina@acrosports.com with the drop date being a s paid are non-refundable. I understand that if my credit card is declined, my account or a \$10 late payment fee will be incurred. I understand that tuition and any applicable fees will be charged to my credit or debit card on the 5 th of each month for all optional skills classes enrolled.
Parent Signature:	Date:
	eld trip to open gym playtime in the AcroSports facilities. I understand that s considered a "field trip" outside of the childcare facility. Open gym is AcroKids teachers.
Parent Signature:	Date:
transport my child on the field trip in a company swimming pools, splash pads, etc. I understand the	Id trips away from the AcroKids facility. I authorize AcroKids Academy to vehicle. I understand that field trips may involve water activities such as nat advance notice of each field trip will be given to parents by email and rip if desired. AcroKids will not be able to provide care for children to rips.
Parent Signature:	Date:
holidays), they are responsible for bringing a lunc	ds Academy. If the child is attending for the full day (summer and school in (and breakfast, if needed) to childcare each day. AKA teachers may rest need to be mixed before cooking are allowed. AcroKids Academy will ning and afternoon.
Parent Signature:	Date:
	stered with proper paperwork on file. Medications must be sent to school dy of the teacher during school hours. Medications may NOT be kept in
Parent Signature:	Date:
stand that the buses leave PROMPTLY at 7:30am a students, I understand that if I fail to send notificat	d in an AcroKids Academy vehicle. For before school students, I under- nd if I am late that my child will not be taken to school. For afterschool tion by the deadline of 2:30pm (2pm for Cline) that my child will not be charged a \$25 notification fine per child per occurrence.
Parent Signature:	Date:

Child Care Enrollment Agreement

Child's Name:

place my child into the care of an AcroSports will be checked back into AcroKids Academy	neck my child out of childcare and into his/her enrolled skills class(es). This will instructor, who is not an AcroKids teacher. Upon finishing the skills class, my child and into the care of an AKA teacher. I understand that I am NOT permitted to classes or through the front office, and that I must check them out through
Parent Signature:	Date:
deadline for notifications is 2:30pm for all sch they release earlier than the other schools. O	fter school for ANY reason, it is the parent's responsibility to notify AcroKids. The nools EXCEPT Cline Elementary. The deadline for notification Cline is 2pm since in early release days, the notification deadline is 11:30am, and 11am for Cline. Incur the \$25 notification incur (see below). Notifications can be sent in any of on/Pickup Phone: (713)-628-8335
notification, so only text/phone calls to the Al The fine for failure to notify AcroKids Acadme per occurrence, per child. Notifications can be	ey by the deadline that an after school student will not be riding in the bus is \$25
Academy. Parent Signature:	

Electronics Policy:

Skills Classes Permission

Electronic devices may be brought to childcare, but must be put away during any time that is not designated "electronics time".

- 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", which will either be put away in the child's belongings, or will be held by AcroKids staff from drop-off time to pick-up time.
- Children are not allowed to have wifi access at any time for any reason.
- Any games 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 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 Acamdey 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.