



# Student Information

Date of Admission: \_\_\_\_\_

Child's Legal Name: \_\_\_\_\_ Child likes to be called: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Male or Female: \_\_\_\_\_ 2022-23 Grade: \_\_\_\_\_ 2023-24 Grade: \_\_\_\_\_  
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'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: \_\_\_\_\_

**\*\*If you would like to add any additional persons to the account (step-parents, grandparents, etc., please attach a separate page with their full contact information including all of the information above.\*\***

## **Emergency Contact Person (REQUIRED- must be someone other than parents):**

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address (REQUIRED):** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**BEFORE SCHOOL:** \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

**AFTER SCHOOL:** \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

**Medical Information:**

Child's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ \*\*Food Allergies 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 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: \_\_\_\_\_

**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 Texas.

\_\_\_\_ I 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 childcare center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties. **Parent's Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I acknowledge receipt of AcroKids Academy's operational policies (parent handbook), including those for (initial):**

<input type="checkbox"/> Discipline and guidance	<input type="checkbox"/> COVID-19, illness and exclusion criteria
<input type="checkbox"/> Suspension and expulsion	<input type="checkbox"/> Procedures for dispensing medications
<input type="checkbox"/> Emergency Plans	<input type="checkbox"/> Immunization requirements for children
<input type="checkbox"/> Procedures for conducting health checks	<input type="checkbox"/> Meals and food service practices
<input type="checkbox"/> Procedures for discussing concerns with the director	<input type="checkbox"/> Procedures to visit the center without securing prior approval (open door policy)
<input type="checkbox"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website
<input type="checkbox"/> Procedures for the release of children	

**Child Care Enrollment Agreement**

Child's Name: \_\_\_\_\_

I have read and understand the Operational Policies and Procedures for AcroKids Academy. I understand that drops are only permitted with a full 2 weeks notice sent to [keri@acrosports.com](mailto:keri@acrosports.com) or [katrina@acrosports.com](mailto:katrina@acrosports.com) 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 childcare tuition paid weekly and on the 1<sup>st</sup> of each month for all optional skills classes 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.

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), they are responsible for bringing a lunch (and breakfast, if needed) to childcare each day. AKA teachers may re-heat food ONLY. No frozen meals or any foods that need to be mixed before cooking are allowed. AcroKids Academy will provide a snack to all students present in the morning and afternoon.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication Administration**

I understand that medications will ONLY be administered with proper paperwork on file. Medications must be sent to school in the original container, and must be in the custody of the teacher during school hours. Medications may NOT be kept in children's backpacks.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Before and After School Transportation**

I authorize AcroKids Academy to transport my child in an AcroKids Academy vehicle. 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 afterschool students, I understand that if I fail to send notification by the deadline of 2:30pm (2pm for Cline) that my child will not be riding the AcroKids bus after school, that I will be charged a \$25 notification fine per child per occurrence.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Skills Classes Permission**

I authorize AcroKids Academy teachers to check my child out of childcare and into his/her enrolled skills class(es). This will place my child into the care of an AcroSports instructor, who is not an AcroKids teacher. Upon finishing the skills class, my child will be checked back into AcroKids Academy and into the care of an AKA teacher. I understand that I am NOT permitted to check my child out directly from their skills classes or through the front office, and that I must check them out through AcroKids Academy's standard procedures.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notification Policy (this information is also in the Parent Handbook, Policy # 26):**

If a 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 2pm since they release earlier than the other schools. On early release days, the notification deadline is 11:30am, and 11am for Cline. Notifications received after the deadline will incur the \$25 notification incur (see below). Notifications can be sent in any of 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

\*\*Voice mail or messages left at the 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: \_\_\_\_\_

Electronics Policy:

**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.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_