

AcroKids Academy Summer 2023 Enrollment Choices

Friendswood and League City Locations

****Must fill out a separate form for each child enrolling.****

Child's Name: _____

Date of Birth: _____

Age*(as of May 31st): _____

2022-2023 Grade Completed: _____

***Children must be 5yrs old or turning 5 before Sept. 1, 2023 to be eligible to register.**

_____ My child is enrolling for care Monday-Wednesday _____ My child is enrolling for care Monday-Friday

_____ My child, _____, is enrolling for the **FULL** summer, May 29th-Aug. 18th

_____ My child, _____, will be enrolled for individual week(s) – **please check all that apply:**

_____ Week 1 – May 29-June 2

_____ Week 6 – July 3-7

_____ Week 10 – July 31-Aug 4

_____ Week 2 – June 5-9

(*Closed July 4th)

_____ Week 11 – Aug 7-11

_____ Week 3 – June 12-16

_____ Week 7 – July 10-14

_____ Week 12 – Aug 14-18

_____ Week 4 – June 19-23

_____ Week 8 – July 17-21

_____ Week 5 – June 26-30

_____ Week 9 – July 24-28

I authorize AcroKids Academy to enroll my child for childcare during the above week(s), and I understand that I will be obligated to pay for these services once enrolled. I further understand that withdrawals and cancellations are only permitted with a full 2 week notice sent by email to keri@acrosports.com (Friendswood) or katrina@acrosports.com (League City), and that all deposits, tuition and fees are non-refundable.

Parent Signature: _____ Date: _____

OPTIONAL SKILLS CLASSES: CHECK the class(es) you would like your child to do each week (then circle 1 or 2 days) * Skills classes are billed for the entire month and are not available when enrolling for select weeks*

_____ GYMNASTICS

1 Day/week 2 Days/week

Current level (if known): _____

_____ TUMBLING

1 Day/week 2 Days/week

Current level (if known): _____

_____ CHEER

1 Day/week 2 Days/week

Current level (if known): _____

_____ NINJA

1 Day/week 2 Days/week

Current level (if known): _____

I understand that when my child is released to go to a skills class that he/she is then in the care of the instructor, who is not an AcroKids teacher (are not licensed childcare or regulated by the state). Upon finishing the skills class, the child will be checked back into AcroKids Academy and into the care of an AKA teacher.

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

Parent Signature: _____ Date: _____