



AcroKids Academy 2024-2025 School Year

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 Sept. 1, 2024): _____ School _____ 2024-2025 Grade: _____

League City location- Children must be at least 4yrs old (and fully potty trained), and enrolled in Pre-K through 5th grade.

Friendswood location- Children must be at least 5yrs old and enrolled in Kinder through 5th grade.

My Child Will be Enrolled in the Following (check all that apply):

<input type="checkbox"/> ONLY Before School Care - \$75/week	<input type="checkbox"/> Before AND After School Care - \$145/week
<input type="checkbox"/> ONLY After School Care - \$120/week	

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 further understand that withdrawals are only permitted with a full 2 week notice sent by email to keri@acrosports.com (Friendswood) or christy@acrosports.com (League City), and that all deposits, tuition and fees are non-refundable.

Parent Signature: _____ Date: _____

OPTIONAL SKILLS CLASSES:

Children may enroll in optional skills classes while in childcare. At this time, all classes at the Friendswood location are held on Tuesday/Thursday/Friday and all classes at the League City location are held on Monday/Wednesday.

CHECK the class(es) you would like your child to do each week (then circle 1 or 2 days)

GYMNASTICS
1 Day/week 2 days/week
Current level (if known): _____

TUMBLING
1 day/week 2 days/week
Current level (if known): _____

NINJA
1 day/week 2 day/week
Current Level (if known): _____

CHEER
1 day/week

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 refunded if a child withdraws from the childcare program before their classes end.

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: _____



Permission to Transport and Medical Authorization Form

Child's Name: _____ Date of Birth: _____

Allergies & Special Needs: _____

School Year Transportation (if applicable)

Child's School: _____ School Phone: _____

School Address: _____

Parents/Guardians Information

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact Information (other than parents/guardians)

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

I authorize AcroKids Academy to transport my child to/from school and/or on field trips (if applicable). In case of emergency, I authorize AcroKids Academy to contact emergency personnel to transport my child to an emergency care facility, and I authorize a physician or hospital to render any and all necessary emergency medical care to my child.

Parent Signature: _____ Date: _____

Parent Printed Name: _____



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 ___ Other (_____)

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. (AcroKids does not provide this service)

_____ 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 re-funded 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 and snacks are not provided at AcroKids Academy. If the child is attending for the full day (summer and school holidays), parents are responsible for bringing a lunch, 2 snacks, and breakfast, if needed. AcroKids teachers may **reheat** food ONLY. No frozen meals or any foods that need to be mixed before cooking are allowed. Please note that AcroKids is not responsible for meeting your child’s daily nutritional needs.

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:** _____

Student's Last Name: _____

AcroSports/AcroKids Academy Agreements

Enrolled Student's Full Name _____

Additional students/siblings included in this authorization _____

Full Name of Student's Enrolling Parent/Guardian _____

Phone Number (_____) _____ E-Mail Address _____

Address _____

City _____ State _____ Zip _____

Please initial under each policy below:

Assumption of Risk and Waiver of Liability

As legal guardian of the above named persons, I RECOGNIZE AND FULLY UNDERSTAND THAT POTENTIALLY SEVERE INJURIES, INCLUDING PERMANENT PARALYSIS OR DEATH can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, ninja, dance, birthday parties, open gym, etc. These risks and dangers may be caused by my own or my child's actions, or inactions, the actions or inactions of others participating in the Activity, or the negligence of USAcroSports, Incorporated, AcroSports Gymnastics and AcroKids Academy (collectively AcroSports), officers, directors, shareholders, or other representatives, whether paid or volunteer. BEING FULLY AWARE OF THESE DANGERS and in consideration of the minor being permitted to participate in activities at this facility, or the use of equipment on and off premises owned by AcroSports or affiliated companies, I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS AcroSports on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, its officers, directors, shareholders, and employees or other representatives, whether paid or volunteer.

I affirm that I am the LEGAL Guardian of the child/ren I am signing up and have full LEGAL authority to do so. If I am found in violation of this I will be asked to leave with no refund.

_____ **I've read the above and agree**

Consent to Emergency Medical Treatment/Medical Insurance

I confirm that my child is in good health and that I currently provide medical insurance for my child and will continue to provide medical insurance while he/she is enrolled in any programs provided by AcroSports. I/We do hereby authorize any adult officer, director, supervisor, instructor or employee of AcroSports who has care and control of the student to consent to any medical treatment of the student when I/We cannot be contacted pursuant to 35.01 of the Texas Family Code which, in the judgment of any perspective treating doctor, is immediately and medically necessary to treat any injury sustained by

the student.

I affirm that I am the LEGAL Guardian of the child/ren I am signing up and have full LEGAL authority to do so. If I am found in violation of this I will be asked to leave with no refund.

_____ **I've read the above and agree**

Arbitration

I/We do hereby agree that any and all disputes, controversies, claims or demands, including but not limited to personal injuries, arising out of or related to this agreement or any provisions thereof, the services provided to me and/or the student, or in any way relating to the relationship with AcroSports, its officers, directors, supervisors, agents or employees, whether in contract, tort or otherwise, for damages or any other relief, shall be resolved by binding arbitration at the request of either AcroSports, or me under the arbitration rules of the American Arbitration Association unless otherwise mutually agreed on another arbitration procedure, and AcroSports and I are waiving our right to a trial by jury.

I affirm that I am the LEGAL Guardian of the child/ren I am signing up and have full LEGAL authority to do so. If I am found in violation of this I will be asked to leave with no refund.

_____ **I've read the above and agree**

Participant Agreement, Release and Assumption of Risk

In consideration of the services of Acrosports, their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf, I hereby agree to release, indemnify, and discharge Acrosports, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in any amusement activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: slips and falls; tripping hazards; collision with fixed objects or people; participants often fall or run into on each other resulting in broken bones and other serious injuries; colliding with others which could cause strains, sprains, broken bones and head injuries; cuts, abrasions, and bruises; heat exhaustion, heat stroke, and cardiac related events or illness; musculoskeletal injuries including head, neck, and back injuries; equipment failure or operator error; the negligence of other participants, or other persons who may be present; concussions; whiplash; condition of the equipment; my own physical condition, and the physical exertion associated with this activity. In any event, if you or your child is injured, you or your child may require medical assistance, at your own expense. Furthermore, Acrosports personnel have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. Indemnity, release and hold harmless agreement in favor of Acrosports. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless Acrosports from any and all claims, demands, or causes of action based upon or arising out of injuries, including death, to persons, or damages to or destruction of property, sustained or alleged to have been sustained in connection with, arising out of, or in any way related to my participation in this activity or my use of Acrosports'

Student's Last Name: _____

equipment or facilities, including any such claims, demands or causes of action which are based or founded, in whole or in part, upon the alleged negligent acts or omissions of Acrosports.

4. Should Acrosports or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I further acknowledge, understand, appreciate, and agree that my participation and that of my children may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, influenza and Covid-19. I acknowledge that Acrosports will take measures to limit this exposure as recommended by the federal, state, and local authorities, and that Acrosports is not able to guarantee that exposure will not happen within the facility. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure. I will also not bring my child to AcroSports/AcroKids Academy if running a fever of 100 degrees or higher, have head lice or showing symptoms of any contagious illness (including, but not limited to, Covid-19 or influenza).

6. In the event that I file a lawsuit against Acrosports, I agree to do so solely in the state of Texas, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against US ACROSPORTS on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at US ACROSPORTS. I have had sufficient opportunity to read this entire document. I have read and understood, had the ability to ask questions, and agree to be bound by its terms.

_____ **I've read the above and agree**

Photographs and Videos

I also give permission for photographs and videos of my child to be used in print or broadcast media or posted on the internet as deemed appropriate for the promotion of any USAcroSports, Incorporated activities. **We ask that you do NOT use ANY videos and/or photos of other child/ren in print or broadcast media or posted on the internet. If you are sharing videos and/or photos of your OWN child/ren, we ask that you please check that no other child/ren are included or further disciplinary actions will be taken. NO FLASH PHOTOGRAPHY ALLOWED!**

_____ **I've read the above and agree**

Student's Last Name: _____

AUTO-BILLING AUTHORIZATION:

I (we) hereby authorize USAcroSports, Inc., dba AcroSports Gymnastics and AcroKids Academy (THE COMPANY) to automatically bill my credit or debit card with the number and expiration date below for my child/children's weekly and/or monthly tuition and any additional applicable fees. This authority will remain in effect until THE COMPANY is notified by me (us) by date and time stamped email via drop@acrosports.com (for skills classes) and/or my location's childcare director to cancel this agreement. I also acknowledge that, in order to stop my pre-authorized credit card or debit card billing, I must give this emailed written notice prior to withdrawing my child from skills classes no later than the 15th of child's last month of class, and/or childcare with a full 2 week notice. When timely Drop Notice is received, automatic billing will be cancelled. Verbal notice, phone or text messages, or notice to instructors/teachers does not meet this requirement. If Drop Notice is not received according to the above policies, THE COMPANY will continue to charge my card on file until a proper drop notice is received by email only. *If my child's tuition increases, THE COMPANY will automatically charge the increased amount. Should I wish to charge additional items (pro shop, special events, etc.), I will notify AcroSports in each instance. Extra fees/fines such as late pick up fees, notification fines, holiday childcare, early release tuition, etc. will be automatically billed to my card on file as detailed in my childcare enrollment agreement.

_____ **I've read the above and agree**

Enrolled Student's Full Name _____

Additional students/siblings that I authorize to be charged to the card listed below _____

Full Name of Enrolled Student's Parent/Guardian _____

Card Holder's Full Name _____ Card Holder's Phone Number (_____) _____

Card Holder's E-Mail Address _____

LAST 4 DIGITS ONLY of the Credit/Debit Card Number to be kept on file for the above student(s) _____

Type of Credit/Debit Card _____ (please note we do NOT accept American Express)

Expiration Date ____/____ Card Holder's Billing Zip Code _____

Enrolling Parent/Guardian's Signature _____ Date Signed _____

Card Holder's Signature _____ Date Signed _____

I have read, understand, had the ability to ask questions, and agree to abide by all of the policies in the entire above document.

Parent/Guardian's Full Name (Printed) _____

Parent/Guardian's Signature _____ Date Signed _____

Student's Last Name: _____

CREDIT CARD AUTO-PAYMENT

AUTO-BILLING AUTHORIZATION:

I (we) hereby authorize USAcroSports, Inc., dba AcroSports Gymnastics and AcroKids Academy (THE COMPANY) to automatically bill my credit or debit card with the number and expiration date below for my child/children's weekly and/or monthly tuition and any additional applicable fees. This authority will remain in effect until THE COMPANY is notified by me (us) by date and time stamped email via drop@acrosports.com (for skills classes) and/or my location's childcare director to cancel this agreement. I also acknowledge that, in order to stop my pre-authorized credit card or debit card billing, I must give this emailed written notice prior to withdrawing my child from skills classes no later than the 15th of child's last month of class, and/or childcare with a full 2 week notice. When timely Drop Notice is received, automatic billing will be cancelled. Verbal notice, phone or text messages, or notice to instructors/teachers does not meet this requirement. If Drop Notice is not received according to the above policies, THE COMPANY will continue to charge my card on file until a proper drop notice is received by email only. *If my child's tuition increases, THE COMPANY will automatically charge the increased amount. Should I wish to charge additional items (pro shop, special events, etc.), I will notify AcroSports in each instance. Extra fees/fines such as late pick up fees, notification fines, holiday childcare, early release tuition, etc. will be automatically billed to my card on file as detailed in my childcare enrollment agreement.

****All information below is REQUIRED to be completed prior to enrollment****

Enrolled Student's Full Name _____

Additional students/siblings that I authorize to be charged to this card _____

Name of Student's Enrolling Parent/Guardian _____

Card Holder's Full Name _____ Card Holder's Phone Number (_____) _____

Card Holder's E-Mail Address _____

Card Holder's Billing Address _____

City _____ State _____ Zip _____

Credit/Debit Card Number _____ Expiration Date ____/____

Type of Credit/Debit Card _____ (please note we do NOT accept American Express)

Enrolling Parent/Guardian's Signature _____ Date Signed _____

Card Holder's Signature _____ Date Signed _____

Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards Sections 744.501(7), 746.501(a)(7), and 747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

Discipline and Guidance Policy

Discipline must be:

- 1) individualized and consistent for each child;
- 2) appropriate to the child's level of understanding; and
- 3) directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control and self-direction, which include at least the following:

- 1) using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) reminding a child of behavior expectations daily by using clear, positive statements;
- 3) redirecting behavior using positive statements; and
- 4) using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- 1) corporal punishment or threats of corporal punishment;
- 2) punishment associated with food, naps or toilet training;
- 3) grabbing or pulling a child;
- 4) putting anything in or on a child's mouth;
- 5) humiliating, ridiculing, rejecting or yelling at a child;
- 6) subjecting a child to harsh, abusive or profane language;
- 7) placing a child in a locked or dark room, bathroom or closet;
- 8) placing a child in a restrictive device for time out;
- 9) withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with 746.2803(4)(D); and
- 10) requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Additional Discipline and Guidance Measures

(Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise or proficiency:

- ensure that the measures are considered commonly accepted teaching or training techniques;
- describe the training and disciplinary measures in writing to parents and employees and include the following information:
 - (A) the disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
 - (B) what behaviors would warrant the use of these measures; and
 - (C) the maximum amount of time the measures would be imposed;
- inform parents that they have the right to ask for additional information; and
- ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code Section 261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

Signature

This policy is effective on the following date: _____

Signed by: _____

Role: Parent Caregiver or Employee Household Member (CH. 747 only)

Minimum Standards Related to Discipline

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____








THEREFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

↓ ↓ ↓

- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

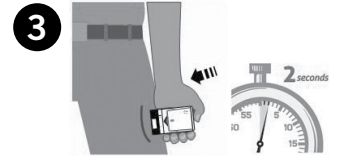
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

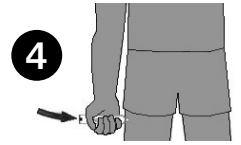
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



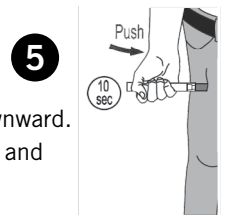
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____