



Elsass Academy
Preschool/ Afterschool/ Summer camp
Enrollment packet
"A Preschool Kids Want and Parents Hope for"

Director's Name: Laura Lane Date of Admission: _____
Date of Withdrawal: _____

Child's Name: _____ Date of Birth: _____

Day's in care: _____ Hours in care: _____ Child's Sex: M or F (circle one)

Has your child ever been asked to leave a center? _____ why? _____

Complete Address: _____

Second Complete Address: _____

Second address if the child is in two homes 50% of the time

Parent/ Guardian Information. (Please fill out neatly and carefully)

Mom's Name: _____ Best number to be reached at: () _____ - _____

Mom's Place of Employment: _____ WK phone () _____ - _____

Mom's Cell phone #: _____ Mom's phone contractor: _____

Example: Sprint/ AT&T

Mom' email: _____ (please print Clearly)

Initials _____

Child: _____

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Dad's Name: _____ Best number to be reached at: () _____ - _____

Dad's Place of Employment: _____ WK phone () _____ - _____

Dad's Cell phone #: _____ Mom's phone contractor: _____

Example: Sprint/ AT&T

Dad's email: _____ (please print Clearly)

Custody Document on File: YES NO (circle one)

Primary Emergency Contact (after mom and dad)

Name: _____ Relationship: _____

Phone#: _____ Address: _____

Name: _____ Relationship: _____

Phone#: _____ Address: _____

Elsass Academy may release my child to the following people:

1. Name: _____ Phone#: _____

2. Name: _____ Phone#: _____

3. Name: _____ Phone#: _____

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injury and hospitalization during the past 12 months and any medication prescribed for long-term continues use, and any other information we should be aware of: _____

Initials _____

Child: _____

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Consent information

Transportation:

I Give consent for my child to be transported and supervised by the operations employees:

For emergency care _____ On Field Trips _____ After school Care _____

Field Trips

I give consent for my child to go on Field trips YES or NO

Water Activity

I give consent for my child to participate in:

(initials indicate authorization, an X would indicate no consent)

Water Table Play _____ sprinkler play _____ Splashing/wading pools

Swimming pool @ Elsass _____ Public Swimming pools _____

Publication, Video and Internet consent and release agreement

Special occasions such as Gymkahana, 4th of July parade, Graduation, Halloween Carnival are filmed for private viewing by classrooms at special functions Please indicate and shing below where or not your child's name, pictures, art, written work, voice, verbal statements, or portraits (video or still) to appear in Elsass Academy and/or Crenshaw's Athletic Club publications.

Yes, I give permission _____ No, I do not wish to participate _____

Parent Signature Date

Authorization for emergency medical attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

DR. _____ Hospital: Children's Dell
Address: _____ Address: _____
Phone: _____ Phone: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child

Parent Signature Date

Child: _____

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Policy's

Operational Policies

I have received a copy of Elsass Academy Operational Policies. I have read, understand and agree abide by these policies. I also understand that if changes are made to these policies I will be notified writing and my signature will be required to update this information.

Parent Signature: _____ Date: _____

Food/Illness Emergency Waiver

My child does have a food or potential illness emergency action plan I have filled out the form and it is signed by my child's specialist or pediatrician and I have attached it to the enrollment packet. In addition , I have Elsass Academy NC permission to post this information on public boards/refrigerators and in binders accessible to all who care for my child. I understand this will be able to be viewed by anyone who has access to those places

Do not sign if no illness or allergies are diagnosed at the time of enrollment.

Parent Signature _____ Date: _____

Sign-in and sign-out

I understand that I must sign my child in and out each day on the sign in and out computer. When I drop off my child I must walk my child in, log in, and then drop him/her to his current teacher. I also understand that I must let my child's teacher know that I am leaving or picking up my child for that day. I understand that is dangerous to call a child over to the fence and pick them up without knowledge of the class teacher. Children will not be allowed to leave the group in these circumstances. It is the policy of Elsass Academy and the Department of Protective and Regulatory Services that all children must be accompanied by an adult and supervised at all times while on the property including inside the buildings, on the playgrounds and especially in the parking lot

Parent Signature _____ Date: _____

Child: _____

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Parent Handbook

I have received a copy of the parent handbook, I understand the information provided with-in the handbook. By signing below I agree to the policies, procedures, as well as the general information provided in the hand book. At any time I can ask for another copy of stop by the office for more information.

Parent Signature _____ Date: _____

30 days Notice

I am required in writing to notify the of my intent to end care 30 calendar days beforehand. I understand this give Elsass NC time to fill my child's spot. If I do not give 30 days notice I am liable for the additional month's tuition.

Parent signature: _____ Date _____

Nutrition Statement:

I understand that I am responsible for my child's nutritional daily needs. I will provide for him/her a balanced diet.

Parent Signature _____ Date: _____

School age children

My child attends _____ (elementary)

School Phone #: _____

My Child's teacher's name is: _____

Child: _____

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Office Information to be filled out by NC personnel

Has he/she been added to the computer? _____

1 day of enrollment _____

Classroom: _____

Has been added to app if needed _____

Has been given key cards _____

How many _____

Child has severe allergy _____

If yes, this information has been discussed with classroom teacher/teachers _____

Initials of office staff that completed this enrollment _____

Notes:

Enrollment Packet updated 12/14/2020

Trampoline Permission

Elsass Academy North Central

831 Houston St.

Austin, TX 78756

Elsass Academy Summer Camp schedules weekly gymnastics at Crenshaw Athletic Club as part of the summer program. Gymnastic rotations include trampoline time. Trampolines are situated at ground level.

Trampoline Guidelines are as follows:

- Safety mats surround each trampoline. Safety mats are routinely checked before each session to ensure they are in good condition.
- Only one child is allowed on a trampoline at any time.
- Children enter and exit the trampoline on the same side always.
- Children are instructed and required to jump in the middle of the trampoline. An X is placed in the middle as visual aid.
- Knee drops are not allowed to protect the back.
- The trampoline rotation is typically 5 to 10 minutes. Children take turns jumping. Each child jumps approximately 5 minutes.
- There are six trampolines, and 3 to 4 coaches supervising at any given time.

Child's Name: _____

(Please circle one)

I give / do not give permission for my child to use the trampolines at Crenshaw Athletic Club.

Parent Signature: _____ Date: _____



Health Statement

Child's Name: _____

I have examined the above-named child within the past year and find that he/she is able to participate in the day care program.

Health Care Professional's Signature:

Date:

Operational Policies
Elsass Academy
831 & 833 Houston St
Austin, TX 78756
512-452-5437
elsassacademy@gmail.com

1. Hours, days and months of operation 1. _____
2. Procedures for the release of children 2. _____
3. Illness and exclusion criteria 3. _____
4. Procedures for dispensing medication 4. _____
5. Procedures for handling medical emergencies 5. _____
6. Procedures for parental notifications 6. _____
7. Discipline and guidance practices 7. _____
8. Suspension and Expulsion of children 8. _____
9. Safe sleep for infants 9. _____
10. Meal and food service practices 10. _____
11. Immunizations requirements for children 11. _____
12. Hearing and vision requirements 12. _____
13. Enrollment procedures 13. _____
14. Water Activities 14. _____
15. Transportation 15. _____
16. Field Trips 16. _____
17. Animals 17. _____
18. Physical activities 18. _____
19. Procedures for insect repellent/sunscreen/ointments 19. _____
20. Review and discussion of concerns or policies 20. _____
21. Elsass Open door policy 21. _____
22. Parent Participation 22. _____
23. Review of Licensing report and minimum standards 23. _____
24. Contact the local Licensing office and child abuse hotline 24. _____
25. Gang Free Zone 25. _____
26. Visitor policy 26. _____
27. Breastfeeding policy 27. _____
28. Emergency preparedness Plan 28. _____
29. Preventing and responding to abuse and neglect of children 29. _____
30. Employee vaccine policy 30. _____

Getting to Know You!

Please fill out this questionnaire to help us get to know your child a little better!

Child's Name _____ DOB: _____

1. What are you most proud of about your child?

2. Where is your child's favorite place to play?

3. What activities do you most like to share with your child?

4. Is there a favorite friend or relative that your child might talk about, real or imaginary?

5. What does your child do when he or she is upset, and how is he or she best comforted?

6. Is there something that your child just learned that is important to him or her?

7. What would you like your child to get out of this year's program?

8. Is there anything else that you would like us to know about your child?

9. Do you have any pets, and what are their names?

Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Parent Comments:

Elsass Academy Tuition Policies Acknowledgement

I understand the following policies regarding tuition, payment of tuition, and procedures for withdrawing my child from Elsass Academy.

- My tuition is due by the 7th of each month.
- My child's supply fees, and registration fees are nonrefundable.
- I will be charged a late fee of \$15.00 if my tuition is not received by the 7th of the month. I will be charged an additional \$10.00 if tuition is not received by the 15th of the month. On the 16th of that month, Elsass Academy may discontinue my child's enrollment if tuition continues to be unpaid.
- I will be charged a \$30.00 fee for all returned checks and will include this fee with my cashier's check or money order to replace my returned check. Under no circumstances will a returned check be re-deposited. If my check is returned, I can no longer use personal checks as a means of making my monthly payments.

- To withdraw my child from Elsass Academy, I will give a 30-day written notice. I understand that if I fail to give the 30-day written notice, I will be financially responsible for the following month's tuition.

- Elsass Academy closes promptly at 5:45 PM each day. I understand that a \$10 fee is charged if I am late picking up my child. This fee is paid directly to the closing staff member and is due upon my arrival.

I have read, understand, and agree to adhere to the above policies.

Parent's Signature

Date

Please place a recent photo of your child here.

Child Allergy and Emergency Action Plan



Child's Name: _____

Child's Date of Birth: _____

List his/her Allergy(ies)/potential health emergencies:

Is this allergy/health emergency (circle one): Severe Moderate Mild

Give a brief description of child's reaction when exposed: _____

Please attach or list the action plan if exposed, including medications, when to administer, when to call 911 (if applicable):

Name and number of the Doctor that treats this allergy:

Name: _____ Number: _____

I give permission to contact above listed doctor about my child if more information about this allergy is needed. I also give permission to use the above information to treat my child in case of exposure.

Signature of Parent/Guardian

Date

Physician Signature

Date

Best Number to be reached at: _____

ASSUMPTION OF RISK, RELEASE, AND INDEMNIFICATION

Please Read and Sign:

All precautions will be taken to prevent injuries. Simple first aid will be administered to all minor injuries and parents and/or doctors will be called when necessary. However, if Elsass Academy/Crenshaw Athletic Club must plan for emergency medical attention at the time of illness or accident, I hereby authorize Elsass Academy/Crenshaw Athletic Club to take my child to:

Dr. _____

Address _____ Phone _____ or

_____ Hospital. In return for the use, today and on all future dates, of the property, facilities, and services (the "Facilities") of Elsass Academy, Inc. ("Elsass Academy")/ Crenshaw Athletic Club, Inc. ("Crenshaws"), the undersigned, for himself/herself, and on behalf of his/her children, heirs, assigns, and legal representatives, hereby expressly agrees to:

- (1) ASSUME ANY AND ALL RISKS TO HIMSELF AND HERSELF AND/OR MY/OUR CHILDREN INVOLVED IN OR ARISING FROM OR MY USE OR MY CHILD'S USE OF OR PRESENCE UPON THE FACILITIES, INCLUDING, WITHOUT LIMITATION, THE RISK OF BODILY INJURY, PROPERTY DAMAGES OR DEATH. I/WE HEREBY AFFIRM THAT I/WE UNDERSTAND THE INHERENT HAZARDS OF ACCIDENTAL INJURY IN CONNECTION WITH ACTIVITIES OR BEING ON THE FACILITIES. I/WE UNDERSTAND THAT ANY ACTIVITY WHICH INVOLVES HEIGHT, MOTION OR WATER CREATES THE POSSIBILITY OF ACCIDENTAL INJURY. I/WE ARE FULLY AWARE OF AND APPRECIATE THE RISK OF CATASTROPHIC INJURY, PARALYSES, AND EVEN DEATH AS WELL AS OTHER DAMAGES AND LOSSES ASSOCIATED WITH THE PARTICIPATION AT ELSASS ACADEMY/CRENSHAW AND/OR BEING ON THE FACILITIES.
- (2) RELEASE ELSASS ACADEMY/CRENSHAW AND ALL OF ITS SUCCESSORS, ASSIGNS, SUBSIDIARIES, OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS FROM, AND AGREE NOT TO SUE THEM ON ACCOUNT OF OR IN CONNECTION WITH ANY CLAIMS, CAUSES OF ACTION, INJURIES, DAMAGES, COSTS OR EXPENSES ARISING OUT OF MY/OUR OR MY/OUR CHILD'S USE OF OR PRESENCE UPON THE FACILITIES, INCLUDING, WITHOUT LIMITATION, THOSE BASED ON DEATH, BODILY INJURY OR PROPERTY DAMAGES, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER FAULT OF ELSASS ACADEMY/CRENSHAW, ITS AGENTS, EMPLOYEES, OR SERVANTS, WHETHER PAID OR VOLUNTEERS.
- (3) INDEMNIFY, HOLD HARMLESS, AND DEFEND, AT MY/OUR OWN COST, ELSASS ACADEMY/ CRENSHAW, ITS AGENTS, EMPLOYEES AND SERVANTS FROM ANY AND ALL LIABILITY, DAMAGES, LOSSES, CLAIMS, JUDGMENTS, COSTS OR EXPENSES, INCLUDING ATTORNEY'S FEES, WHICH IN ANY WAY ARISES FROM MY/ OUR OR MY OUR CHILD'S USE OF OR PRESENCE UPON THE FACILITIES, IRRESPECTIVE OF WHETHER SUCH LIABILITY, DAMAGES, LOSSES, CLAIMS, JUDGMENTS, COSTS OR EXPENSES WERE ACTUALLY OR ALLEGEDLY CAUSED WHOLLY OR IN PART THROUGH THE NEGLIGENCE OF ELSASS ACADEMY/CRENSHAW OR ANY OF ITS AGENTS, EMPLOYEES OR SERVANTS, WHETHER PAID OR VOLUNTEERS.

I have read and understand this agreement. I also understand a copy of this agreement will be made available for me at my request.

Signature of Parent: _____

Date: _____