North Austin Martial Arts
and Fitness Academy

CHILD CARE PROGRAM
ADMISSION INFORMATION

DATE_____

Operation Name	Director's Name
North Austin Martial Arts and Fitness Academy, Inc.	Martin Aherne

Child's Full Name	Child's Date of Birth	Child's Home Telephone No.	☐ Male ☐ Female

Child's Home Address	City	State	Zip

Date of Admission	Date of Withdrawal	Email

Parent/Guardian 1 Name	Cell #	Address (if different from child's address)
Relationship	**Employer**	**Email Address (if different from above)**
Parent/Guardian 2 Name	**Cell #**	**Address (if different from child's address)**
Relationship	**Employer**	**Email Address (if different from above)**

Emergency Contact Name	Phone #	Address (street, city, state, zip)	Relationship

I hereby authorize North Austin Martial Arts and Fitness to allow my child to leave the operation **ONLY** with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name	Phone	Name	Phone	Name	Phone

CHECK ALL THAT APPLY:

1. ☐ TRANSPORTATION: I hereby ☐ give ☐ do not give consent for my child to be transported by the operation's employees and have read the Transportation Policy in the Operational Policies manual:

☐ for emergency care ☐ on field trips ☐ from school

2. ☐ FIELD TRIPS: I hereby ☐ give ☐ do not give consent for my child to participate in Field Trips and have read the Field Trip Policy in the Operational Policies manual:

☐ I acknowledge that some field trips may require additional consent forms and the academy will provide those.

3. ☐ WATER ACTIVITIES: I hereby ☐ give ☐ do not give consent for my child to participate in Water Activities and have read the Water Activities Policy in the Operational Policies manual:

☐ sprinkler play ☐ splashing/wading pools ☐ swimming pools ☐ water table play

4. ☐ RECEIPT OF OPERATIONAL POLICIES: I acknowledge that I have read and agree to the Operational Policies including those for discipline and guidance, property damage, weapons use, illness, sunscreen, lunch, clothing/uniforms, sign in/out and late pickup.

5. FOOD AND SNACKS: I understand that the following snacks will be served to my child while in child care and have read the Food and Snacks Policy in the Operational Policies manual:

☐ **AM Snack** ☐ **PM Snack**

6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:

☐ Mondays	from:	to:
☐ Tuesdays	from:	to:
☐ Wednesdays	from:	to:
☐ Thursdays	from:	to:
☐ Fridays	from:	to:

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:

Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	**Address:**	**Ph.#:**

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

_____
Signature - Parent or Legal Guardian

List any medical issues that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of (please check NONE if applicable):

☐ NONE

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SCHOOL AGE CHILDREN:

☐ My child attends the following public/private school:

_____ _____
Name of School and Address School Phone

☐ My child's immunization record is on file at the above named school and all required immunizations are current. Vision and Hearing screening records are also on file at the above named school.

FINANCIAL OBLIGATION:

☐ I have read and agree to all financial obligations defined in the Operational Policies manual related to my student's attendance in:

☐ Summer Camp Program ☐ After-School Program

☐ I have read and agree to the Cancellation policy as defined in the Operational Policies manual related to my student's attendance in the above program.

☐ I have read and agree to the Declined Credit Card policy as defined in the Operational Policies manual related to my student's attendance in the above program.

PAYMENT OPTION CHOICE (After School Program only)**:**

I have selected the following payment option. I understand that this option cannot be changed during my child's attendance in the After School Program.

☐ Option 1: Pay weekly ☐ Option 2: Pay bi-weekly

AGREEMENT OF RELEASE:

I am giving the above named student(s), permission to participate in the described supervised, organized activity sponsored by North Austin Martial Arts & Fitness Academy, Inc. I understand and am aware that such activity involves a risk of injury and that I am voluntarily giving permission to participate in this activity. I hereby agree to expressly assume and accept any and all risk of injury for myself or my child(ren)'s participation in the above activity. I do hereby and forever discharge, release, indemnify and hold harmless North Austin Martial Arts & Fitness Academy, Inc., including their employees, for and on behalf of myself and my minor child(ren) and our respective heirs, successors and assigns, from any and all liability, rights of action, causes of action, losses, claims, demands, cost and expenses for damages and or bodily injury that may arise in conjunction with me or my child(ren)'s participation in this activity.

_____ _____
Signature – Parent or Legal Guardian Date