



Elsass Academy

Preschool/ ASC/ Camp Enrollment Information

Director's Name		Date of Admission	
Child's Name	Child's Sex (Circle one) M F	Date of Birth	Hours/Days in Care
Parent or Guardian's Name	Address		
City	State	Zip	Home Phone
Mom's place of employment		Dad's place of employment	
Wk Phone	Cell Phone	Wk Phone	Cell Phone
Email Address		Email Address	
Emergency Contact	Relationship	Phone	Phone
Emergency Contact Address			
Emergency Contact	Relationship	Phone	Phone
Emergency Contact Address			
I hereby authorize Elsass Academy to release my child to the following people:			
1.	4.		
2.	5.		
3.	6.		
List any other special problems that your child may have , such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medications prescribed for long-term continuous use and any other information that staff should be aware of:			

Please read and sign the back of this form:

Elsass Academy - Preschool/ ASC/ Camp Enrollment Information
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, in the event that Elsass Academy/Crenshaw Athletic Club must make arrangements 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, PARALYSIS, 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, OF 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 OR 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** _____

I have received a copy of Elsass Academy's Operation Policies. I have read, understand and agree to abide by these policies.

Signature of Parent _____ **Date** _____

NUTRITIONAL POLICY: Elsass Academy does not provide lunch for students. I understand that as a parent /legal guardian, I am responsible for meeting the daily nutritional needs of my child. I understand that Elsass Academy is not responsible for the nutritional value of the meals I send nor is it responsible for meeting my child's daily nutritional requirements.

Signature of Parent _____ **Date** _____

Child's Name _____

Preschool Information Homeroom Color _____

After School Care Information:

Elementary School: _____ Grade: _____ Teacher's Name: _____ t-Shirt Size: _____

School Address : _____ Phone: _____

Camp Information:

Spring Break Camp (March 10-14) ___ Full Week (or select days) ___ 3/10 ___ 3/11 ___ 3/12 ___ 3/13 ___ 3/14

Elsass Academy All Day Camp

Term 1 (3 weeks) June 9 - June 27

Term 2 (3 weeks) June 30 - July 18

Terms: 1 2 3 4

Term 3 (3 weeks) July 21 - August 8

Term 3 (2 weeks) August 11 - August 22

Transportation: I hereby give do not give my consent for my child to be transported and supervised by facility's staff: on Field Trips From School to/from Crenshaws.

Water Activities: I hereby give do not give my consent for my child to participate in water activities: Splashing pools Wading Pool swimming pools Other bodies of water provided by Elsass Academy

Signature of Parent of Legal Guardian: _____

Publication , Video and Internet Consent and Release Agreement: Students who attend Elsass Academy and Crenshaw Athletic Club are occasionally asked to be a part of school/club publicity, publications and/or public relations activities. For example, pictures and articles about the school/club activities may appear in Elsass Academy and/or Crenshaw Athletic Club Newsletters or local media. Please indicate and sign below whether or not your child's name, picture, art, written work, voice, verbal statements or portraits (video or still) may be given to the media or to appear in Elsass Academy and/or Crenshaw Athletic Club publications, videos or on the school's website.

I grant permission as outlined above I do not grant permission as outlined above.

Signature of Parent of Legal Guardian: _____

Immunization Records: I certify by signing below that my school-age child's immunization record is current and on file at the following Elementary School: _____ I acknowledge that my child has been seen by his/her pediatrician, Dr. _____ at the following address, _____ phone _____ within the past calendar year and is free of any illness or condition that would limit his/her participation in our program.

Signature of Parent of Legal Guardian: _____

Sign Out Forms: I understand that I must sign my child out each day on the sign in/out sheet provided and usually located in the camp-house. I also understand that I must let my child's camp teacher know that my child is leaving for the day and not call my child away from the group over the fence or from the parking lot. I understand that my child will not be allowed to leave the group under these circumstances. It is the policy of Elsass Academy and the Texas 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. Camp hours are from 7:30 a.m. until 6:00 p.m.

Signature of Parent of Legal Guardian: _____ Date: _____