



6625 W Eldorado Pkwy McKinney, TX 75070
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2011 - 2012 ENROLLMENT FORM – S.T.A.R.S

All information must be provided before acceptance.

Student Information

Student's Name:	DOB:
Address:	School:
City, State, Zip:	Grade:

Parent / Guardian Information

Father's Name	Mother's Name:
Authorized to pick-up? ___Y___N DL #:	Authorized to pick-up? ___Y___N DL #:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
E-mail:	E-mail:

Child lives with: ___Father___ Mother___ Both Parents___ Other (step/relative/etc.)_____

Emergency Medical Information

Child's Insurance Company:	Policy Number:
In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility staff in charge to take my child to:	
Name of Physician:	Phone:
Complete Address:	
Name of Hospital:	Phone:
Complete Address:	
Student Allergy Information:	
My child has the following special needs (regarding health, academic, social, emotional, etc...) _____ _____	
My child's immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and hearing screening records are also on file.	
Signature of Parent/Legal Guardian: _____	
I give consent for this facility to secure any/all necessary emergency medical care for my child:	
Signature of Parent/Legal Guardian: _____	

Permission to Pick Up

Primary person picking up my child _____

Relationship to child: _____ DL # _____

Please list all persons who are authorized to pick up your child. Your child will only be allowed to leave with the persons named. They will be required to show proof of identification.

Name / Relationship	Driver's License #	Phone Number(s)

Alternate Emergency Contact Persons (other than those listed above; you must list at least two)

Name / Relationship	Phone Number (s)

Please read and initial the following:

- _____ I authorize Texas Best Gymnastics and staff to pick up my child from school and bring him/her back to the facility.
- _____ I confirm that my child's current health immunization information is on file their primary school.
- _____ I understand that the registration fee is non-refundable, regardless of the reason.
- _____ I recognize that my account will be drafted on the 24th of every month for the following month's tuition, and that there is a 30 day written notice to withdraw from the program in order to stop the draft.
- _____ I recognize I am permitted 2 late pick-up passes, after that a \$5 fee (for each 15 min) will be drafted from my account.
- _____ I recognize that holidays and missed classes are not deducted from my monthly tuition (all months are paid equally).
- _____ I recognize that in the event my child's behavior becomes severely disruptive, unsafe to him/her or others, and/or my child does not respond to intervention, I will be called to pick him/her up immediately.
- _____ I recognize that Texas Best Gymnastics follows McKinney ISD school closings:

CLOSED DATES (no school):

- Sept. 5th Labor Day
- Oct.. 3rd & 24th Parent-Teacher Conferences
- Nov. 21st- 25th Thanksgiving
- Dec. 19th – 31st Christmas & New Year's
- Jan. 16th & 2nd Martin Luther King & Teacher Work Day
- March 12th- 16th Spring Break
- May 28th Memorial Day

I have completed all registration information to the best of my ability. In addition, I have read the registration information and received the parent policies. I agree to abide by the Bug Club policy and procedures. I will notify the staff in writing of any changes made to the information on all forms.

PARENT SIGNATURE

DATE

Texas Best Gymnastics does not discriminate against applicants on the basis of race, color, national origin, sex, age, religion or disability status. Due to staffing and budgetary restrictions, certain restrictions apply for enrollment and each child's application will be reviewed individually for acceptance. Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that Texas Best Gymnastics may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800)514-0301 (voice) or (800)514-0383 (TTY).