

# The Sherwood Academy

Director- Claudia Cook

## Enrollment Information

Summer 2025

### I. GENERAL INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Child Lives With \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell/Work: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell/Work: \_\_\_\_\_ Email: \_\_\_\_\_

Name, phone, address and relationship of **LOCAL** person to call in case of an emergency *if parents/guardian can't be reached*:

1. Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

I hereby authorize my child to leave The Sherwood Academy with ONLY the following persons. Please include *names, relationship and phone numbers*. Identification will be checked for all persons listed below. Appropriate forms of identification are State issued driver's license or Passport. Sherwood reserves the right to keep the child in their care until a parent is reached in the event proper identification is not provided.

### II. CAMP SELECTION

Please select from the following summer camp options. All camps are M-F 8-3

**0-10 years \$325/wk., 3-5pm \$75/wk.**

**Dates**

**Ages 10-15 years \$345/wk.**

Going Camping _____ 8-3 _____ 8-5	June 2-6	Debate & Theatre _____ 8-3
Superhero _____ 8-3 _____ 8-5	June 9-13	Animal Battles _____ 8-3
Under the Sea _____ 8-3 _____ 8-5	June 16-20	Robotics/Coding/NASA _____ 8-3
Spy Camp _____ 8-3 _____ 8-5	June 23-27	Babysitters Survival (includes cpr) _____ 8-3
<b>CLOSED JUNE 30-JULY 4</b>		
Lost in Space _____ 8-3 _____ 8-5	July 7-11	Forensics/Crime Scene Investigations _____ 8-3
Pirate Fever _____ 8-3 _____ 8-5	July 14-18	Dungeons & Dragons _____ 8-3
Weird Science _____ 8-3 _____ 8-5	July 21-25	Engineering & Design _____ 8-3

*We are not able to offer any tuition discounts during our summer adventure camp.*

### III. FINANCIAL OBLIGATIONS

- A *security deposit* of 10% per camp, per child due for all summer students. Initial \_\_\_\_\_
- Security deposit will be credited to each camp attended. Failure to provide 14-day notice of cancellation for any enrolled camp will result in forfeiture of security deposit. Initial \_\_\_\_\_
- Invoiced tuition must be **received** by Sherwood PRIOR to the start of each camp. Initial \_\_\_\_\_
- A 10% late payment fee will be assessed to all tuition payments NOT received **prior to the start of each camp**. Initial \_\_\_\_\_
- A \$35.00 returned-check fee will be assessed for all returned checks. Initial \_\_\_\_\_
- A **14-day written notice of withdrawal is required**. Your account balance, including any outstanding fees and 14-day notice balance will be due in full at the time of withdrawal. Initial \_\_\_\_\_

Security deposit paid \_\_\_\_\_ Date \_\_\_\_\_ Application Approved \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**IV. AUTHORIZATION & INFORMATION FOR EMERGENCY MEDICAL ATTENTION**

**\*List any medical needs that your child may have, such as environmental allergies, food intolerances, existing illnesses, previous serious illnesses, injuries and hospitalizations during the last 12 months, any medication prescribed for long-term continuous use, and other pertinent information which the staff of The Sherwood Academy should be aware of. If your child has ANY diagnosed food allergies an allergy action plan signed by both the parent and physician must be on file along with necessary medications BEFORE the first day of school. If there are no diagnosed food allergies, please complete the designated spaces with N/A.**

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**Does your child have any diagnosed food allergies?**

**Allergy Action Plan submitted on.**

If I cannot be reached in the event of an emergency, I authorize the facility director or the person in charge to take my child to:

**Name of Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Hospital:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**\*I give consent for this facility (The Sherwood Academy) to secure any and all necessary emergency medical care for my child.**

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**IV: ACKNOWLEDGMENT OF POLICIES**

Please read all information carefully and **initial then sign where indicated below.**

\_\_\_\_\_ I give permission for photos of my child to appear in advertising materials such as news ads, brochures, website, and social media promotions. Names are never used in conjunction with photos. The Sherwood Academy reserves the right to choose what photos will be posted for advertising purposes.

\_\_\_\_\_ I agree to provide a snack (all students) and lunch each day for my child. I agree that by providing my child's food, The Sherwood Academy is not responsible for the nutritional content. I agree to provide a **FILLED**, labelled refillable cup or water bottle (spill proof), **and a refill bottle** for my child each day.

\_\_\_\_\_ I understand that should my child fall ill while at camp, I must arrange for pickup within 35 minutes from the time I am contacted by The Sherwood Academy. I understand that I may incur a late pickup fee beyond the 35 minutes.

\_\_\_\_\_ I acknowledge that I am responsible to maintain current and up to date contact information on file at The Sherwood Academy. Up to date and current contact information is crucial in the event of an emergency.

\_\_\_\_\_ I understand that I am responsible for providing all necessary medical and school records for my child **PRIOR** to the start of camp. I understand that I am responsible for providing updated copies as needed. I understand that my child will not be allowed to attend class until records are complete. I understand that I am still responsible for tuition payments during the file completion process.

\_\_\_\_\_ I acknowledge that sensory play activities provided by The Sherwood Academy may include water table play. I give permission for my child to participate in water table play activities.

\_\_\_\_\_ I acknowledge the policy of "no outside toys" at The Sherwood Academy and agree to not send outside toys to camp with my child.

\_\_\_\_\_ I acknowledge the footwear policy of closed toe and closed heel shoes for students at The Sherwood Academy and agree to abide by this policy for the safety of my child.

\_\_\_\_\_ I have **read** and agree to abide by the policies and guidelines set forth by The Sherwood Academy.

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**V. IDENTIFICATION REQUIRMENTS**

For each child enrolled we require:

- A photocopy of child's birth certificate.
- A photocopy of each parent's photo identification
- If parents are separated or divorced or if a person other that the child's biological parent is acting as guardian, we are **required by law** to have related court documents on file. A student may not attend until these documents are on file.

**Custody Documents on File:** \_\_\_\_\_

These items will remain in the child's file for the duration of their enrollment and are used for identification purposes only.

**VI. PRIOR SCHOOLING, SPECIAL ACCOMODATIONS AND CONSIDERATIONS**

What is your child's previous schooling experience? \_\_\_\_\_

What school, preschool or daycare did they attend? \_\_\_\_\_

Were there any behavioral concerns or academic delays expressed by the previous school?  
\_\_\_\_\_

Are there any current or past family situations that my affect your child's ability to learn?  
\_\_\_\_\_

Please describe any religious or cultural preferences you would like us to be aware of.  
\_\_\_\_\_

Does your child have any diagnosed delays, learning disorders or psychiatric disorders? (This does not exclude a child from acceptance to the program, however, may be used in their placement decisions and allow staff to be properly prepared to provide the best service possible beginning on the first day of school).  
\_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**VII: HEALTH REQUIREMENTS**

***By June 1st, 2025, the following documents must be submitted and updated annually. Failure to provide these documents by June 1st, 2025, may result in forfeiture of placement and security deposit.***

- A current, SIGNED and up to date copy of your child's vaccination records or an original, current, and notarized affidavit of vaccination exemption. Screen shots and photo images will not be accepted. All records must be signed by a physician and must be clear and legible copies.
- A vision and hearing screen (ages four and up only). The Vision and Hearing Program, Chapter 36 of the Health and Safety Code requires that all children enrolled for the first time in any private school or in a Department of Health and Human Services licensed childcare center, must be screened or have a professional examination for possible vision and hearing problems. The requirements for Vision and Hearing Screening applies each year for children enrolled in any licensed childcare center/private school of the ages or grades listed: ***4 years old by September 1<sup>st</sup>, all Kindergarteners, any other 1<sup>st</sup> time entrants 4 years through 12<sup>th</sup> grade, all 1<sup>st</sup> graders, 3<sup>rd</sup> graders, 5<sup>th</sup> graders, 7<sup>th</sup> graders, 8<sup>th</sup> graders, and 9<sup>th</sup> graders.***
- A doctor's statement of health that a child has been examined, is healthy and cleared to participate in all school and childcare activities.
- My child is a currently enrolled student at \_\_\_\_\_ and all health records are up to date and on file at their regular school year school.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CARLINE WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

Please provide appropriate responses in all blank spaces.

Date: \_\_\_\_\_ Guardian/Parent Name: \_\_\_\_\_

Minor's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number \_\_\_\_\_

In consideration for the use of carline from The Sherwood Academy, I, on behalf of my minor child, hereby acknowledge and agree to the following:

- A. I understand and acknowledge the state laws regarding child safety seats and seatbelts. I understand and acknowledge that by accepting the service of "carline" I assume the responsibility of the proper buckling and restraint of children in my vehicle prior to exiting the property of The Sherwood Academy.
- B. I understand that faculty members of The Sherwood Academy are not responsible for the proper restraint and buckling of children loaded into my vehicle.
- C. I acknowledge that faculty members may assist with the buckling of children, however I assume all responsibility of verifying proper restraint prior to exiting the property of The Sherwood Academy.
- D. The Sherwood Academy reserves the right to refuse carline services for vehicles with child restraints in violation of the law.

1. Notwithstanding the risks associated with improper buckling and restraint which I readily acknowledge, I, on behalf of my minor child, hereby willingly choose to utilize carline services from The Sherwood Academy. I, on behalf of my minor child, assume any and all risks associated with this decision.

2. I, on behalf of my minor child, acknowledge and fully assume the risk of injury or death related to improper buckling or restraint arising from my use of carline services on The Sherwood Academy premises and receiving services provided by The Sherwood Academy, and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE (on behalf of myself and any minor children from whom I have the capacity contract) The Sherwood Academy, their owners, officers, directors, agents, employees, and assigns (the "RELEASEES") from any liability related to the use of carline services which might occur as a result of me accepting carline services rendered by The Sherwood Academy.

3. I shall indemnify, defend, and hold harmless the RELEASEES from and against all claims, demands, suits, judgments, losses, or expenses of any nature whatsoever (including, without limitation, attorneys' fees, costs, and disbursements, whether of in-house or outside counsel and whether an action is brought on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the use of carline services.

4. It is my express intent that this Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE The Sherwood Academy and RELEASEES. This Agreement and the provisions contained herein shall be construed, interpreted, and controlled according to the laws of the State of Texas. I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND UTILIZE CARLINE SERVICES.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed, no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate, and complete consideration fully intending to be bound by same. I am executing this Agreement for myself and on behalf of my minor child who will be receiving carline services to be rendered by The Sherwood Academy.

Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_

Student's Name \_\_\_\_\_

DOB \_\_\_\_\_

Student's Name \_\_\_\_\_

DOB \_\_\_\_\_