



STUDENT RETURN FORM

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Please complete this form for each student that will be returning to Austin Children's Academy.

STUDENT NAME: _____ BIRTHDATE: _____

CLASSROOM: _____ PROGRAM: _____

PARENT AGREEMENT

I, _____, agree to return my child to Austin Children's Academy on
Print Full Name

_____. I have read and understand the new policies and procedures defined on the
Return Date

ACA Website (<https://austinchildrensacademy.org/updated-policies-and-procedures/>).

Please initial beside each of the following statements to confirm your agreement.

_____ The hours of operation will be 8:00am – 5:00pm until further notice.

_____ Health screenings will be conducted for each child on a daily basis.

_____ If my child shows any signs or symptoms, they will need to stay home or picked up from ACA.

_____ My family has not been in contact with anyone who has or shows symptoms of COVID-19.

_____ All adults are required to wear a mask during the curbside drop-off and pick-up.

_____ I will comply to all of the new policies, procedures and guidelines set forth by Austin Children's Academy for the COVID-19 situation.

Parent Name: _____ Relationship: _____

Parent Signature: _____ Date: _____