



Infant
Registration
Packet
(Suites 100-150)



Distribution
• Child's File

Enrollment Application

Entrance Date ___/___/___

Withdrawal Date ___/___/___

Child
Child's Full Name _____ Age ___ Gender _____ Date of Birth ___/___/___
Child's Home Address _____ Home Phone _____

Parent/Guardian(s)
Parent/Guardian Name _____ [] Parent [] Guardian
Home Address _____ Home Phone _____
Cell Phone _____
Email _____
Place of Employment _____ Business Phone _____
Employment Address _____
Parent/Guardian Name _____ [] Parent [] Guardian
Home Address _____ Home Phone _____
Cell Phone _____
Email _____
Place of Employment _____ Business Phone _____
Employment Address _____

Marital Status: [] Married [] Separated [] Divorced [] Widowed [] Other _____
Child's Legal Guardian(s): [] Both parents/guardians [] Mother [] Father [] Other _____
Child's Living Arrangements: [] Both parents/guardians [] Mother [] Father [] Other _____

Emergency Contacts
The child may be released to the person(s) signing this agreement or to the following with photo ID:
Name Address Telephone Relationship
Emergency contact(s) when parents cannot be reached: Must Provide 3 Emergency Contacts
Name Address Telephone Relationship
1)
2)
3)
Doctor to be contacted when parents cannot be reached:
Name Address Telephone

Parent/Guardian Signature _____

Date ___/___/___



Distribution
• Child's File

Parental/Guardian Agreement with Kids 'R' Kids of West Allen

Child's Name _____

Date: _____

1. The Kids 'R' Kids Child Care Center agrees to provide childcare for your child on:
M - Tu - W - Th - F (circle days) from _____ (until) _____ (specify hours)

2. I understand tuition is due for the current week by the close of business day on Monday. I understand that if payment is made after Monday, I will incur a \$15 late fee for each day payment is late. Kids 'R' Kids also maintains the right to disenroll my family if tuition is not received in a timely manner, at which time the remaining balance will be charged to the credit card on file. I understand that if I disenroll without a written two-week notice, my remaining balance will be charged to the credit card on file.

3. I agree to provide the center with all necessary information pertaining to the administering of medication (date, prescription #, Allergy Action Plan, etc.).

4. I understand my child will be provided with all breakfast, snacks and lunch served daily during his/her hours of attendance. I acknowledge that thus center is a nut free facility. Breakfast is served from 6:30am to 8:30am.

5. I understand that it is my responsibility to escort my child into and out of class and to sign my child in and our of the center. I understand that a member of management will escort my child into the center when being transported by KRK bus or transportation bus.

6. If my child wears diapers, I understand I will provide disposable diapers that are necessary for my child. I understand that only disposable diapers are permitted in the center and that they will be changed every two hours, or as needed.

7. I understand I am responsible for any special diet required by my child and will provide a doctor's note indicating so. I understand the Center is not responsible for its nutritional value or for meeting the child's daily food needs.

8. I understand that if my child is ill, including, but not limited to, a severe cough or sore throat, undetermined rash or spots, temperature over 100.5 degrees, severe headaches, upset stomach or diarrhea, he or she cannot be accepted into the school until well (24 hours well without symptoms or medication). In the event my child has a notifiable disease, a release form from a medical source may be required before my child can re-enter the school. Kids 'R' Kids will notify parents if a notifiable disease has been introduced into the school and guidelines will be followed per the CDC Chart/Health Dept.

9. I understand that Kids 'R' Kids #55 a Kids 'R' Kids franchise, is independently owned and operated and that neither Kids 'R' Kids International, Inc. nor any other Kids 'R' Kids is responsible for the actions or obligations of this school.

10. I understand the center closes at 6:30pm. I will incur late fees for the time my child spends at the center past 6:30pm. If I have not picked up my child 30 minutes after closing, and all attempts to contact my emergency contacts and me fail, Kids 'R' Kids will call the proper authorities. See Parent Handbook for details.

11. I give my permission for my child to participate in water playground activities at the center and understand that I must provide swimsuit/trunks, towel and water shoes in order for my child to participate. I also understand that my child may receive minor scrapes o legs/hands if my child were to fall down.

12. I hereby give permission to Kids R Kids #55 to photograph or video record pictures of my child and use them in any special projects, and I release Kids R Kids from any liability arising from the use of those pictures.

13. I acknowledge that I have received a copy of the Parent Handbook for Kids R Kids #55. I agree to abide by all policies and procedures of Kids R Kids as outlined in this agreement and the Parent Handbook.

I agree to abide by the policies and procedures of Kids 'R' Kids as outlined in this agreement and the Parent Handbook. I have read and understand the above statements.

Parent/Guardian Signature

_____/_____/_____
Date

Owner/Director Signature

_____/_____/_____
Date

FINANCIAL POLICIES

Please read carefully and initial next to each policy

NOTE: Complete and detailed policies can be found on page 20 of our handbook.

Registration Fees

_____ The registration fee is due at the time of registration and is non-refundable. This fee is \$150 per child or \$200 per family. This fee is an annual fee and must be paid on the anniversary date of your enrollment.

_____ A deposit of final week's tuition is due at the time of registration. We require a two-week written notice if you plan to disenroll your child. At that time, we will move the deposit from escrow to cover your child's last week of tuition. **Deposits can only be refunded to cover tuition. No monetary refunds will be made.**

Paid Waiting Lists

_____ If space is not available at the time of registration, your child will be placed on our waiting list. We will contact you when space becomes available. Registration fee plus one week's tuition is required to be placed on this list.

Tuition and Other Fees

_____ Tuition is paid weekly or monthly in advance with no deductions for absence, holidays, teacher workdays and days the school is closed for inclement weather. Tuition is due Friday for the upcoming week. If the tuition and fees are not paid in full by close of business the following Monday, a late fee will be assessed, and the child will be subject to dismissal. Monthly tuition is calculated by determining the number of Mondays in the month and multiplying by the weekly rate.

_____ When a payment is delinquent for one week, the space can no longer be reserved for your child. Your child will not be permitted to attend School as of Wednesday of any week that tuition is not paid in full

_____ Families will be notified of any changes in tuition within four weeks of the change. We reserve the right to change tuition and/or program fees due to unforeseen increases in expenses. Any additional services such as late pick-up, field trips, etc. must be paid the same day the services are rendered.

_____ No portion of your weekly paid outstanding tuition will be refunded or canceled in the event of absence, withdrawal or dismissal from School. Should it become necessary to withdraw your child for any reason, a two-week written notice must be given to the administration. If the notice ends on a Monday, Tuesday, Wednesday or Thursday, tuition for the entire week is due. We reserve the right to dismiss any student at the discretion of the School's Director or Owner.

Holiday Closings

_____ We will be closed the following holidays: New Year's Day, Good Friday, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, The day after Thanksgiving, Christmas Eve (If it falls on a weekend we will not observe this holiday) and Christmas Day. If one of the above-mentioned holidays is on a Saturday, we will be closed that Friday. If a holiday falls on a Sunday, we will be closed the following Monday. On New Year's Eve we will close early at 12:30.

Inclement Weather

_____ If our School must close due to unexpected circumstances, such as inclement weather, then full payment of tuition is required. We reserve the right to close any additional days needed and full tuition payment is expected.

Parent Signature _____ date _____



Vacation

_____ When your child has attended our school for six consecutive months, you may take four weeks of vacation at 50% off per week. No vacation discounts are permitted before six months of enrollment. 50% of your child's tuition must be paid before you leave for vacation, or you will not qualify for the discount. Vacation is only permitted for full weeks and cannot be broken up into days. Vacation time will only be approved and credited to accounts that are current. Vacation weeks do not accumulate and will not carry over from year to year, (a year is based on an enrollment year). Vacation time must be applied for by written request or email to the Director two weeks in advance. If you have not been in attendance for at least six months and choose to disenroll, you will potentially forfeit your space and will have to re-enroll and repay your registration fee upon your return. Spaces cannot be guaranteed for your return at time of disenrollment. All re-enrollments will be at full-time status.

Tuition Suspension

_____ DURING THE SCHOOL YEAR- No suspension of tuition will be given to any families for time out during the AISD school year.

_____ DURING SUMMER BREAK - suspension is available for periods of planned absence of more than 2 weeks. We require a two-week notice, tuition and accounts must be current before suspension can be activated. When suspension is used, one week's tuition is required to keep your account active. This tuition will go toward your child's first week back from suspension. A return date must be given prior to leaving. If you do not return on the date you submitted, your space cannot be guaranteed upon your return.

Withdrawal

_____ Families are responsible for initiating the child withdrawal process. A two-week written notice is required. If a two-week notice is not submitted, tuition is still due for those two weeks.

Security Agreement Charges

_____ We reserve the right to charge your credit card if any tuition is owed.

ANY UNPAID BALANCE MAY BE SENT TO COLLECTIONS

Parent 1 Name _____ Parent 2 Name _____

Social Security # _____ Social Security # _____

DOB _____ DOB _____

Parent Signature

Parent Signatures

Manager Signature

Date



Kids 'R' Kids of West Allen
1223 North Alma Drive
Allen, Texas
Tel: (214) 667-7777
Fax: (214) 667-7770

Health Requirements

Child's Name _____ Date of Birth _____

I. Admission requirement (check one):

_____ Doctor's Statement—I have examined the above-named child within the past year and find that he/she is physically able to take part in the childcare program.

Doctor's signature _____ date ____/____/____

_____ Parent's Statement: My child has been examined by a doctor within the past year and I will provide a doctor's statement within twelve months of enrollment that states my child is physically able to take part in the childcare program.

Parent's signature _____ date ____/____/____

_____ My child attends public school.

II. Immunizations (check one):

_____ Child's shot record is attached.

_____ Child's Vision & Hearing results are attached.

_____ My child attends public school.

His/her shot records are on file at _____.

His/her Vision & Hearing results are on file at _____.

School Name

Address

Phone Number

I, _____, request this information be released to Kids 'R' Kids of West Allen.

Parent's signature: _____



Date Completed _____
New Form Required Annually

Health and Emergency Permission Record

Child's Name: _____ Date of Birth: _____

Address: _____

Phone: _____

Mother's Name _____

Father's Name _____

Work Number _____

Work Number _____

Cell Number _____

Cell Number _____

Child's Primary Physician/Clinic:

Medical Facility this center uses:

Name: _____

Center: Texas Health Presbyterian Hospital Allen

Address: _____

Address: 1105 N. Central Expwy Allen, Tx 75013

Phone #: _____

Phone #: 972-747-1000

Fax #: _____

Does the child have physical problems, mental health disorders, or developmental disabilities, which would limit the child's participation in the program and activities?

Yes _____ No _____

If yes, please specify: _____

Does the child have allergies? (foods, medications, insects, etc.)

Yes _____ No _____

If yes, please specify: _____

Are there any special procedures that are required in caring for the child?

Yes _____ No _____

If yes, please specify: _____

In an emergency, if parents cannot be reached: Must Provide 3 Emergency Contacts

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

I, _____, give my permission for Kids 'R' Kids 55 to TRANSPORT and/or SEEK any needed medical attention for my child, _____, in the event of an emergency if I cannot be reached, and to hold harmless and release Kids 'R' Kids 55 and Kids 'R' International, Inc., from all liability. I further agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached.

Parent's signature: _____ Date: _____

Witness: _____ Date: _____



Distribution • Child's File • Infant/Toddler Classroom Forms

Infant Child Profile

For children ages 6 weeks-12 months (Suites 100-150)
 A new form is required with each classroom transition

This profile will help your child's teacher get to know your child better. Your input will also help with your child's adjustment to the new classroom.

Child's Full Name: _____ Date of Birth: ___/___/___

Parent/Guardian's Name: _____
(Please Print)

1. Has your child had previous group care experiences? Yes No
2. What language(s) is spoken in your home? _____
3. List the names and ages of siblings.

4. Do you have pets at home? Yes No If yes, please list type of pet and name.

5. What milestone(s) has your child reached? (I.e. rolling over or crawling)

6. Does your child take a pacifier? Yes No When? _____
7. How often and how long does your child nap? _____
8. How many hours does your child sleep at night? _____
9. List any additional care plan instructions, i.e. diapering or sleeping _____

 Parent/Guardian Signature ___/___/___
Date

This form was developed by Kids 'R' Kids International, Inc. It's important to review State Guidelines regularly to ensure compliance.



Distribution
 • Infant/Toddler Classroom Forms
 • Front Desk Forms

(Month) _____

Infant Feeding Plan
 For children ages 6 weeks-12 months

Child's Full Name: _____

Date of Birth: ____/____/____

Instructions to Parents/Guardians:

- Bottles must be pre-mixed (if applicable), labeled with child's full name, current day's date and ready to be served.
- Breast milk must be prepared and stored in a bottle ready for use with the amount of milk for one feeding, labeled with the child's full name, and date of collection.
- Update diet information as needed or every 30 days. Use a new form or initial/date changes on this form.

Introduction of Solid Foods:

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods? Yes No Parent Initials: _____

The child has met the following developmental skills:

- Can hold his/her head steady? Yes No
 Opens mouth/leans forward in anticipation of food offered? Yes No
 Closes lips around a spoon. Yes No
 Transfers food from front of the tongue to the back and swallows? Yes No
 Does child feed self? Yes No

Child's diet includes (check all that apply):

- Formula Juice
 Breast Milk Baby Foods
 Whole Milk Strained Foods
 Water Table Foods

Breast Milk or Formula (brand): _____
 Bottle Amount: _____
 How Often Fed: _____

Food Likes: _____
 Food Dislikes: _____
 Allergies: _____
 Restrictions: _____

Feeding	Time of Day	Type and Approximate Amount of Food

Additional Instructions (i.e. for the introduction of solid foods, dietary changes): _____

I understand it is my responsibility to keep Kids 'R' Kids # _____ updated, in writing, as my child's needs change or **every 30 days**, and that it is Kids 'R' Kids policy that bottles are held, not propped, during feeding & that bottles are discarded within an hour after warmed. Unused breast milk will be sent home. Not discarded.

Parent/Guardian Signature _____

Date ____/____/____

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Distribution
• Child's File

Release

For and in consideration of the opportunity to have my minor child's name, voice, picture, portrait, artwork and/or likeness published and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned, on behalf of myself and my minor child, hereby agree as follows:

1. I hereby grant Kids 'R' Kids International, Inc., Kids 'R' Kids #55, and its affiliates, franchisees, nominees, licensees, successors and assigns and those acting under their permission (hereinafter "Krk"), the unrestricted, absolute, perpetual, worldwide right to:

a. use my and my minor child's name, voice, picture, portrait, artwork and/or likeness, however obtained;

b. reproduce, copy, modify, alter, edit, publish, use, create derivatives in whole or in part, without limitation, my and my minor child's image, picture, portrait, artwork and/or likeness in still and/or video photography, film or tape taken of me or my minor child by or on behalf of Krk.

c. display, exhibit, distribute, transmit or broadcast the above or any part thereof; in any project or medium, whether now or hereafter existing, including, without limitation printed publications, television, radio, the internet, any online service or website, blog or social media, including, without limitation: Twitter, Facebook, Instagram, any number of times and for any purpose, including, without limitation, promotional, advertising and marketing purposes.

2. I agree that any picture, portrait, artwork or other product or material derived there from is wholly owned by Krk and that Krk may copyright any product or material containing same. If I receive any copy thereof, I shall not use it for any purpose nor authorize its use by anyone else.

3. I hereby waive my right to inspect and/or approve the finished product or material, or to the eventual use that it might be applied.

4. I hereby release and discharge Krk from and against any claim or liability arising out of invasion of privacy, right of publicity, defamation, portrayal in a false light, misappropriation, and copyright infringement arising out of or in connection with the use of materials referenced hereunder, including without limitation the use of my or my minor child's name, voice, picture, portrait, artwork and/or likeness in any manner authorized by this Release, whether now known or arising in the future.

5. I hereby warrant that this section serves as receiving prior notice from the center that my child may be viewed in the background of a video that is being inspected for an alleged incident of abuse or neglect.

6. I hereby warrant that I am eighteen years old or older and am the parent and/or legal guardian of the minor child named below and am competent to contract for the minor child named herein as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents hereof. I agree that this Release is intended to be as broad and inclusive as permitted under the laws of the State of Georgia, and that if any portion thereof is held to be invalid, that the balance shall continue in full force and effect.

7. This Release constitutes an Agreement between myself and Krk and contains the entire understanding between myself and Krk regarding the subject matter hereof. This Release cannot be modified except in a writing signed by all parties hereto and shall be governed in accordance with the laws of the State of Texas.

Child's Full Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

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Acknowledgement and Receipt of Family Handbook

The registration of a child is considered an acceptance, on his/her part and on the part of his/her families or guardians, of the terms and conditions of the Family Handbook and all of our School's rules and regulations, including the School's judgment on disciplinary sanctions or dismissal of a child.

The rules and regulations contained in this Handbook are not meant to be comprehensive. Rather, they presuppose the good will and judgment of a child in all circumstances in which he/she may find himself/herself and are subject to the School's ultimate discretion, judgment and interpretation.

Children and families or guardians are asked to familiarize themselves with all of the information contained in this Family Handbook and to sign this form.

We have read, understood and agree to abide by and honor all statements and provisions set forth in the Family Handbook or as they may be changed from time to time by the School.

Child

Age

Date

Family Member or Guardian

Relationship

Date

Acknowledgement and Receipt - Discipline and Behavior Management Policy

Praise, positive reinforcement, and redirection are effective methods for the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy taken from the Kids 'R' Kids Parent Handbook and the NAEYC Code of Ethics.

At Kids 'R' Kids Learning Academy we use a method of 'redirection' to guide children toward appropriate behavior. If a child is engaged in behavior that is not conducive to a safe and happy learning environment, the teacher will "redirect" the child toward appropriate behavior.

"Above all, we shall not harm children. We shall not participate in practices that are disrespectful, degrading, dangerous, exploitative, intimidating, emotionally damaging, or physically harmful to children." (NAEYC Code of Ethics – Principle-1.1)

I, the undersigned parent or guardian of _____ (print child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____

Signature of Director (or designated staff member): _____

Distribution: One copy to parent or guardian, signed copy to be kept with child's facility records



WHAT TO BRING ON YOUR FIRST DAY-

The first day at a new school can be overwhelming, so we have compiled a list of items that you will need to bring. Infant parents may even want to bring in some items the week before to make the first drop off a little easier.

Suites 100-150

- Diapers/Pull-ups (if needed)
- Diaper Rash Ointment (if needed; labeled with completed OTC form)
- Cereal & Baby Food Jars (no glass)
- Bottles (no glass)
- Change of clothing, size, and weather appropriate (2 sets/labeled)
- Sleep Sack (if needed)
- Paci (if needed)
- Infant Feeding Plan
- Infant Profile
- Family Picture

As always, if you have any questions do not hesitate to contact us. We look forward to seeing you on your first day!

ACH Authorization Form

I, _____ hereby authorize Kids 'R' Kids of West Allen to ACH debit the account listed below for payment related to Childcare Services.

Bank Name _____

Bank ABA Routing Number _____

Bank Account Type (please circle one): Checking Business Checking Savings

Bank Account Number _____

I understand the terms of the payment schedule to be as follows and that if applicable I will receive a notice only if the payment amount is more than the amount listed below or outside of the designated range listed below.

Recurring Payment

Recurring Payment Start Date _____

Recurring Payment Frequency: Weekly to occur on Monday.

Recurring Payment Amount _____

Designated Allowable Recurring Payment Range \$ _____ to \$ _____

One Time Payments

One Time Payment for Non Refundable Deposit: _____ on date _____

One Time Payment for (other, please specify) _____, in the amount of _____ on date _____

This payment authorization is valid and will remain in effect unless I, (customer name) notify (merchant name) of its cancellation within (time frame for notification) which will allow (merchant name) a reasonable opportunity to act upon such cancellation prior to the next schedule payment.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S law. I agree to notify (merchant name) of any change to the payment account designated above from which the funds are to be debited within (time frame for notification) from the effective date of such change. I understand that failure to do so may delay receipt of funds to (merchant name) and that I will be responsible for any resulting late fees or returned item fees.

Signature _____ Date _____

PLEASE PROVIDE A VOIDED CHECK