



**Kids R Kids of Alpharetta**

3455 Webb Bridge Road · Alpharetta, GA 30005 Office: (770) 442-3400 Fax: (770) 442-1656  
Hours: 6:30 am to 7:00 pm Monday – Friday · [www.kidsrkids28alpharetta.com](http://www.kidsrkids28alpharetta.com)

## Enrollment Checklist:

### Fill Out and Sign:

- Enrollment Application
- Parental/Guardian Agreement
- Child Profile
- Health and Emergency Permission
- Authorization to Dispense External Preparations
- Transportation Agreement
- Vehicle Emergency Medical Information
- Media Release
- Tuition Policies
- Security Agreement
- Discipline and Behavior Management Policy

### Security Documents:

- A copy of Parent/ Guardian Driver's License
- A copy of Parent/ Guardian Social Security Card or Credit Card



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**Enrollment Application**

Child's Information:

Entrance Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_  
Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Child's Address: \_\_\_\_\_

Parent/Guardian Information:

Father's Name: \_\_\_\_\_ Father's Home Phone: \_\_\_\_\_  
Father's Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Father's Employer: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Father's Social Security Number: \_\_\_\_\_  
Father's Driver License Number: \_\_\_\_\_ Cell Phone Carrier (Ex: Verizon) \_\_\_\_\_

**Email Address (ALL CAPITAL LETTERS)** \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Home Phone: \_\_\_\_\_  
Mother's Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Mother's Employer: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Mother's Social Security Number: \_\_\_\_\_  
Mother's Driver License Number: \_\_\_\_\_ Cell Phone Carrier (Ex: Verizon) \_\_\_\_\_

**Email Address (ALL CAPITAL LETTERS)** \_\_\_\_\_

Marital Status: (Please Select One)  
Married    Separated    Divorced    Widowed    Single

Child's Legal Guardian(s): (Please Select One)  
Both Parents    Mother    Father    Other

Child Lives With: (Please Select One)  
Both Parents    Mother    Father    Other

Other person(s) child can be released to: (MUST SHOW PHOTO ID)

Name:                      Address:                      Phone #:                      Relationship to Child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



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**Child Profile**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ (Please Print)

This profile will stay with your child. As your child grows and develops, changes should be noted or added to this form to keep your child's teachers in touch with the growth and development your child has made. We need your input on any changes taking place outside of school that may have an effect on your child while in our care. Thank you!

1. Has your child had previous preschool experiences? Yes  No

Explain: \_\_\_\_\_

2. What would you like most for your child to experience with Kids 'R' Kids?  
\_\_\_\_\_

3. What does your child most enjoy doing?  
\_\_\_\_\_

4. Does your child have any fears?  
\_\_\_\_\_

5. Do you consider your child shy or outgoing?  
\_\_\_\_\_

6. What are your child's favorite toys?  
\_\_\_\_\_

7. About what things does your child express the most curiosity?  
\_\_\_\_\_

8. Does your child play with other children? Yes  No

9. List the names and ages of other children in your family.  
\_\_\_\_\_

10. What words are spoken in your home for toileting?  
\_\_\_\_\_

11. Does your child take a nap? Yes  No  How long? \_\_\_\_\_



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12. Does your child need a favorite item (such as a blanket or stuffed animal) for naptime?  
Yes  No  If yes, please describe:

13. How many hours of sleep does your child usually receive at night? \_\_\_\_\_

14. Does your child have allergies? Yes  No  If yes, what do you not want them to eat?

15. Does your child have any special medical or physical needs? Yes  No   
If so, please explain:

16. Do you have a special interest or hobby you would like to share with the children?

17. Are you available to help with field trips or other special events? Yes  No

18. Does anyone else care for your children? (Grandparents, Neighbors, etc.) Yes  No   
If so, who?

19. What language(s) is (are) spoken in your home? \_\_\_\_\_

20. Authorized persons to pick up your child:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_

21. Is there anything else that you would like us to know about your child or the care of your child?

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



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**Parental/Guardian Agreement with Kids 'R' Kids of Alpharetta**

1. Kids 'R' Kids #28 agrees to provide child care for \_\_\_\_\_ (child's full name).
2. I agree to pay the tuition fee of \$\_\_\_\_\_ as designated by the school. Payment will be due on Fridays.
3. I agree to provide the school with all necessary information pertaining to the administering of medication. I.e. date, prescription #, doctor's notes, direction, medication in original pharmaceutical container, etc.
4. I agree to follow all requirements of the school's medical policy.
5. I understand my child will be provided with all snacks and lunch served daily during his/her hours of attendance.
6. I understand that it is my responsibility to escort my child into and out of the school. And to sign my child in and out of the school. I understand that a staff member will escort my child into the school when being transported from school by county or Kids 'R' Kids transportation.
7. If my child wears diapers, I understand I will provide whatever disposable diapers are necessary for my child. I understand that only disposable diapers are permitted in the school.
8. I understand I am totally responsible for any special diet required by my child. If my child's diet consists of formula taken from a bottle, I understand I will provide Kids 'R' Kids with the appropriate number of bottles containing formula necessary for my child each day. Each bottle will be clearly labeled with my child's name and current date.
9. If child is of school age, he/she attends: \_\_\_\_\_
10. Transportation is provided to and from school and on planned field trips with parental/guardian permission. A separate form and signature are required for this service. A school transportation form must be signed each school year. A field trip form must be signed before each trip.
11. Should my child become ill during the time he or she is in the care of Kids 'R' Kids or suffer an accident of any nature, the school will contact me immediately and is authorized to secure such medical attention and care for my child as necessary. (The parent/guardian will assume responsibility for payment). I agree to keep the school informed of changes to my contact information.
12. My child has the following special need(s): \_\_\_\_\_
13. The following special accommodation(s) may be required to most effectively meet my child's needs while at this school: \_\_\_\_\_
14. My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_
15. 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 degrees; severe headaches, upset stomach or diarrhea, he or she cannot be accepted into the school until 24 hours without symptoms. In the event my child has a notifiable disease, a release form from a medical source may be required before my child re-enters the school. Kids 'R' Kids will notify parents if a notifiable disease has been introduced into the school.
16. I understand that Kids 'R' Kids #28 a Kids 'R' Kids franchise is independently owned and operated and that neither Kids 'R' Kids International, nor any other Kids 'R' Kids is responsible for the actions or obligations of this school.
17. 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.
18. I understand that it is my responsibility to keep the school advised of any changes to the information provided in this application.

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Director Signature \_\_\_\_\_



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**Health and Emergency Permission**

Child's Full Name:		Date of Birth:    /    /	
Street Address:		Phone:	
City:	State:	Zip:	
Parent/Guardian:	Phone 1:	Phone 2:	
Parent/Guardian:	Phone 1:	Phone 2:	
Doctor's Name:		Phone:	
Dentist's Name:		Phone:	
Health Insurance Provider:		Phone:	

Does your child have physical problems, mental health disorders or developmental disabilities affecting participation in school activities? Yes \_\_\_ No \_\_\_  
 Specify: \_\_\_\_\_

Does your child have allergies or any nutritional specifications? (foods, medications, insects, etc.)? Yes \_\_\_ No \_\_\_  
 Specify: \_\_\_\_\_

Are there any special procedures required in caring for your child? Yes \_\_\_ No \_\_\_  
 Specify: \_\_\_\_\_

**Emergency Contacts:** (if parent/guardian cannot be reached)

1.	Relationship:	Phone 1:	Phone 2:
2.	Relationship:	Phone 1:	Phone 2:

Kids 'R' Kids #28 emergency medical procedure:

1. Call emergency medical team, if necessary.
2. Call parent/guardian.
3. Call alternate emergency contact, if necessary.
4. Emergency medical team transports child to hospital, if necessary.
5. Kids 'R' Kids representative will accompany child to hospital.

Hospital the center uses: North Fulton Regional Hospital

Hospital Address: 3000 Hospital Blvd., Roswell, GA 30076

I, \_\_\_\_\_ give permission for Kids 'R' Kids #28 to seek medical attention and/or transport my child \_\_\_\_\_, in the event of an emergency if I cannot be reached. I further agree to hold harmless and release Kids 'R' Kids #28 and Kids 'R' Kids International, Inc., from all liability and to keep the facility informed of any changes in the information stated above.

Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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**Authorization to Dispense External Preparations**

590-1-1-.20(1)

Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give permission to apply one or more of the following topical ointments/preparations to my child, \_\_\_\_\_, in accordance with the directions on the label of the container:

- \_\_\_\_\_ Band-aids
- \_\_\_\_\_ Neosporin or similar ointment
- \_\_\_\_\_ Bactine or similar ointment
- \_\_\_\_\_ Sunscreen
- \_\_\_\_\_ Insect Repellent (Must contain Deet)
- \_\_\_\_\_ Non-Prescription ointment (Desitin, A&D, Vaseline)
- \_\_\_\_\_ Baby Powder or Lotion
- \_\_\_\_\_ Other (Please specify \_\_\_\_\_)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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**TRANSPORTATION AGREEMENT**

This form is to certify that I agree for my child, \_\_\_\_\_ to be transported by Kids R Kids #28:

(Check and circle all that apply)

To school:	On:	Monday	Tuesday	Wednesday	Thursday	Friday
From school:	On:	Monday	Tuesday	Wednesday	Thursday	Friday
Emergencies only:	On:	Monday	Tuesday	Wednesday	Thursday	Friday

Name of School: \_\_\_\_\_  
 School Address: \_\_\_\_\_  
 Time of AM drop-off: \_\_\_\_\_  
 Time of PM pick-up: \_\_\_\_\_

**TRANSPORTATION GUIDELINES**

- In the event the designated location is unable to receive children they will be returned to Kids R Kids #28
- Children will not be left unattended in any vehicle used for transportation.
- Children will wear seat belts.
- It is vital that K'R'K #28 be notified of any changes in the above scheduled transportation.
- K'R'K #28 will assume the above schedule of transportation will be followed unless we receive different instructions from parents (instructions should be received by K'R'K #28 at the earliest possible time.)
- Your child must be at the center no later than 7:10 AM to be transported to school in the mornings.

Kids 'R' Kids #28 emergency medical procedure:

1. Call emergency medical team, if necessary.
2. Call parent/guardian.
3. Call alternate emergency contact, if necessary.
4. Emergency medical team transports child to hospital, if necessary.
5. Kids 'R' Kids representative will accompany child to hospital.

Hospital the center uses: North Fulton Regional Hospital Address: 3000 Hospital Blvd., Roswell, GA 30076

I, \_\_\_\_\_ give permission for Kids 'R' Kids #28 to seek medical attention and/or transport my child \_\_\_\_\_, in the event of an emergency if I cannot be reached. I further agree to hold harmless and release Kids 'R' Kids #28 and Kids 'R' Kids International, Inc., from all liability and to keep the facility informed of any changes in the information stated above.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_





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**Vehicle Emergency Medical Information**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person to notify in an emergency and parents cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Allergies and/or nutritional specifications: \_\_\_\_\_

\_\_\_\_\_

Current prescribed medication: \_\_\_\_\_

Hospital the center uses: North Fulton Regional Hospital

Address: 3000 Hospital Blvd., Roswell, GA 30076

I, \_\_\_\_\_ give permission for Kids 'R' Kids #28 to seek medical attention and/or transport my child \_\_\_\_\_, in the event of an emergency if I cannot be reached. I further agree to hold harmless and release Kids 'R' Kids #28 and Kids 'R' Kids International, Inc., from all liability and to keep the facility informed of any changes in the information stated above.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



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## Media Release Agree

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 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 of Alpharetta, and its affiliates, franchisees, successors and assigns and those acting under their permission (hereinafter "KRK"), the unrestricted, absolute, perpetual, worldwide right to:

- a. use me 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, me 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 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 or YouTube, 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 me 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 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.

6. This Release constitutes an Agreement between myself and KRK and contains the entire understand between myself and KRK regarding the subject matter hereof. This Release cannot be modified except in writing signed by all parties hereto, and shall be governed in accordance with the law of the State of Georgia.

\_\_\_\_\_ (Child's Name)      \_\_\_\_\_ ( Parent Guardian Signature)

I do not want my child on any media: \_\_\_\_\_ ( Parent Guardian Signature)



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**"PG" Movie Agreement**

As part of our educational program, Kids R Kids #28 occasionally shows movies or videos to our school-age children. Our movies are always directed toward children, and we feel that many Parental Guidance (PG) movies deal with subjects and issues that pertain to our children-not only entertaining, but educational.

Kids R Kids #28 will announce the intended movie at least 3 days in advance of the showing. If I prefer that my child not view a particular movie, I will let my child's teacher as well as the management at Kids R Kids know. My child will be given an alternate activity in which to participate.

I, \_\_\_\_\_ (Parent's name), agree for my child \_\_\_\_\_  
to watch PG-rated movies at Kids R Kids #28 as per the arrangements above.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please initial that you read the policy: \_\_\_\_\_



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**Probation/Termination Notice**

**Only items checked below pertain to your child:**

**Behavior:**

- Aggressive Behavior
- Biting
- Hitting Others
- Kicking / Pinching

**Health & Wellness:**

- Child has colds
- Child Complaints \_\_\_\_\_ hurt often
- Child has had excessive (3) loose stools
- Child has had a fever over 100 degrees must be picked up and fever free for 24 hours

**Recommendations:**

\_\_\_\_\_ 2 week termination notice is hereby given starting \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Probation period: You child will be placed on a probation period starting \_\_\_\_\_ to \_\_\_\_\_

**Explanation:**

We feel at this time that preschool is to stressful for your child. It is our hope that over the next two weeks your child will make the final adjustment. However, If not then it is recommended that you find a preschool with smaller group, or provide a nanny for your child and try a group situation again in a few months when your child is a little older and may be emotionally ready for it.

**Recommendation:** Your child will be on a two weeks probation. If the situation does not change by the end of the two weeks then at that time we will make a final evaluation. If no progress has been made then we give the standard termination notice at that time to find adequate childcare. It is our hope that your child will make progress over the next couple of weeks.

Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please initial that you read the policy: \_\_\_\_\_



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**Kids R Kids #28**

**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 for 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 School of Quality Learning 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 Ethic – Principle- 1.1)

I, the undersigned parent or guardian of \_\_\_\_\_ (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.

Signature of Parent or Guardian: \_\_\_\_\_

Signature of Director: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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## Authorization Agreement for Automatic Withdrawal

New Set-Up     Change in Account Number/Bank     Change in Existing Deduction

Parent Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Child Name: \_\_\_\_\_

(Please print)

I hereby authorize Kids R Kids of Alpharetta, hereinafter called COMPANY, to draft for services/dues and initiate credit entries or such adjusting entries, either Debits or Credits which are necessary for correction, to the account and bank I have listed below.

To:	Bank Name	City, State, Zip	Routing Number	Account Number
1.)	_____	_____	_____	_____
	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings Account		
2)	_____	_____	_____	_____
	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings Account		

This authorization is to remain in full force and effect until the COMPANY has received a new agreement from me of its termination in such manner as to afford the COMPANY a reasonable opportunity to act on it.

Signature: \_\_\_\_\_

[

**Attach a voided check here**

]



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**Payment Policies and Fees**

**Tuition:** Payable in advance. We accept cash, checks, credit card, money orders or tuition express.

**Family Discount:** We offer a 10% discount on the oldest child if more than one child attends.

**Registration Fee:** A \$100.00 registration fee per child and \$125.00 per family (Non-Refundable).

**Classroom supply fee of \$100.00/ \$150 per family with multiple children is charged yearly on September 1<sup>st</sup>**  
*(Any and all discounts are for a 12 month period)*

Breakfast is served until 8:30am.

Classroom	5 days/week/Month	3 days/week/month	2 days/week	1 day/Drop-in
Infants.....	\$325.00 / 1340	N/A	N/A	N/A
Toddlers.....	\$315.00 / 1300	\$250.00/ 1015	\$200.00	\$80.00
Twos.....	\$305.00/1250	\$240.00 / 975	\$185.00	\$70.00
Threes.....	\$295.00/ 1210	\$230.00/ 930	\$175.00	\$70.00
Fours.....	N/A	N/A	N/A	N/A

<b>Private Pre-K</b>	\$250.00...all inclusive; meals and aftercare included			
<b>Georgia Pre-K Meals</b>	\$40.00 per week, billed monthly & due by the first of each month			
<b>Georgia Pre-K Extended Care</b>		\$130.00 Before/After	\$105.00 After Only	
<b>School-Age</b>		\$130.00 Before/After	\$105.00 After Only	\$85.00 before Only
<b>Summer Camp</b>		Registration \$100.00	Tuition \$210.00	

**Parents Morning Out (8:30 a.m. – 12:30 p.m.)**

Twos – Fours .....	\$205.00	\$195.00	\$165.00
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**Payment Policies:**

- **Tuition is due each Friday** in full for the upcoming week.
- Monthly payments in advance are accepted and encouraged (based upon the number of Mondays in a month).
- If tuition is not paid by Friday; 7pm a **\$30.00 penalty** will be added to the balance due. If this balance is not paid by Monday evening, an **additional \$20.00 penalty** will be added to the new balance. If we do not receive the balance due and full tuition by Monday evening, your child **will not be allowed in the center on Tuesday.**
- Tuition is based on your child's calendar age NOT classroom placement.
- **Attendance of one day to five days counts as a full week and full weekly tuition is due.** A reduction of 25% will be given only **Once** if your child is absent for an entire week due to illness or personal reasons; however, to receive credit, you must inform the management in advance of the absence for the week.
- After one year of continuous enrollment one vacation credit of the weekly tuition will be given. You must give one-week notice to receive the credit. Your child must be absent for the entire week.
- A fee of \$40.00 will be billed for any returned check. After two returned checks, payments can only be paid by Money Order.
- A fee of \$10.00 will be assessed to the account if we do not receive notice that your child will not be picked up for after care.
- **A minimum two-week written notice before disenrollment from our program is required.** The two weeks begins at the time that we actually receive the written notice as determined by Kids 'R' Kids and parents are responsible for payment of those two weeks.
- **After 7:00 p.m. the late fee is \$20.00; an additional \$10.00 will be charged for each 5-minute interval thereafter.**
- **If your school-age child is absent** from the afternoon bus and the center is not notified in advance, a **\$20.00 notification fee will be charged.**

I/We have read, understand and agree to the above prices and policies.

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_



# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

#### For Official Use Only

Date Received
Employee Signature

