



Start Date	_____
Rate	_____
Reg. Fee	_____
Discount	_____
Full/Part Time	_____

Infant (6 weeks – 1 year) Enrollment Packet

Contact Info:

3271 Beaumont Centre Circle / Lexington / 40513

859-224-3210

<https://kidsrkids.com/beaumont/>



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 _____

Email _____ Cell Phone _____

Place of Employment _____ Business Phone _____

Employment Address _____

Parent/Guardian Name _____ Parent Guardian

Home Address _____ Home Phone _____

Email _____ Cell Phone _____

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:

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Doctor to be contacted when parents cannot be reached:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature _____

Date ___/___/___

Parent/Guardian Signature _____

Date ___/___/___

Date

**Distribution**

- Child's File
- Transportation Log
- Field Trip Log (School-Age Only)

Health and Emergency Permission

This form must be completed for all enrolled children annually and as changes occur

Child			
Child's Full Name _____		Age _____	Gender _____
Date of Birth ____/____/____		Child's Home Address _____	
Home Phone _____			
Parent/Guardian(s)			
Parent/Guardian Name _____		Phone 1: _____	Phone 2: _____
Parent/Guardian Name _____		Phone 1: _____	Phone 2: _____
Medical Information			
Doctor to be contacted when parents cannot be reached:			
Name _____	Full Address _____	Telephone _____	
Dentist:			
Name _____	Full Address _____	Telephone _____	
Health Insurance Provider:			
Name _____	Full Address _____	Telephone _____	
Does your child have special needs affecting participation in school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specify: _____			
Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your child on prescribed medication for Illness/Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specify: _____			
Actions Taken: _____			

Weight of Child: _____			
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:			
Name _____	Address _____	Telephone _____	Relationship _____

Parent/Guardian Signature

_____/_____/_____
Date

Owner/Director Signature

_____/_____/_____
Date



Parental/Guardian Agreement with Kids 'R' Kids #2 Beaumont, Kentucky

Below is a breakdown of the policies and procedures at our school. Our goal is to create a partnership between our program and your family. We have implemented the following policies and procedures at the school to provide the highest quality early education experience.

The three most important things we need from our families is:

Partnership, Communication and Patience.

These are the highlights of our policies and procedures that we have found come up more often. A full list of our policies and procedures are available in our parent handbook. Please initial each section below to ensure there is a clear understanding.

Child's Name: _____

Date of Birth: _____

General (Please Initial)

___ I understand that Kids 'R' Kids #2 Beaumont Centre, 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.

___ I agree to provide Kids 'R' Kids with all information about my child's needs. If my child has an Individual Education Plan, I will share all paperwork with the school director to ensure that Kids 'R' Kids is able to meet the needs of my child. I understand that Kids 'R' Kids is able to make changes to my child's enrollment at any time.

___ 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 all children must be picked up by a person, 18 years or older. I understand that a staff member will escort my child into the school when being transported to school by Kids 'R' Kids transportation.

___ 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.

___ I understand that it is my responsibility to keep the school advised of any changes to the information provided in this application.

Health and Safety (Please Initial)

___ I agree to follow all requirements of the school's medical policy.

___ My child **IS or IS NOT** (Circle One) on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns. Please list any medications and/or conditions:

_____ .

___ I agree to provide the school with all necessary information pertaining to the administration of medication (date, prescription #, doctor's notes, direction, medication in original pharmaceutical container, etc.).

___ 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 100.4 degrees, severe headaches, upset stomach and/or diarrhea, he or she cannot be accepted into the school until well. 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 and guidelines will be followed per the CDC Chart/Health Dept. Children must be symptom free for 24 hours before returning to school.

___ I understand that when I am notified that my child is sick, I must pick up within 45 minutes.

___ Children must be symptom free for 24 hours unless otherwise recommended by a doctor, before returning to school.

___ In the event that a child is found with living lice or nits, the child will be sent home for treatment. After treatment, the child may return to the school with the understanding that the child will be retreated in 7-10 days of the initial treatment.

___ Should (child's name) _____ (Date of birth) suffer any injury or illness while in the care of Kids 'R' Kids #2 Beaumont, Kentucky and the facility is unable to contact me immediately, it shall be authorized to secure medical attention and care

for the child as may be necessary. I (Parents name) _____, shall be responsible for payment of services.

Financial: (Please Initial)

___ Hours of Operation 7:00 am – 6:00 pm Monday – Friday

___ The current tuition rate of \$ _____ per week will be charged to your account every week until a 2-week notice is submitted. Tuition is due regardless of child's attendance.

___ Registration fee is NON-REFUNDABLE.

___ Tuition payments made after we close on Monday will be assessed a \$35 per day late fee.

___ There will be a \$6 service fee for all credit card transactions.

___ Weekly Supply Fee, \$5 per child

___ Please refrain from using cash for any transaction.

___ A two weeks' written notice via email is required to disenroll your child. Should a two weeks' notice not be provided, your account will be billed accordingly.

___ Any check or Tuition payment returned will be charged a NSF fee of \$50.00.

___ Annual Registration fee of \$125 per child/\$200 family.

___ Late Pick-Up fee per child starting at 6:31pm is \$25.

___ Tuition includes breakfast, snack and lunch

___ Possible charges up to and included to field trips and in-house activities.

___ Meals: Complete IES Form

Holidays: We will be closed on the following holidays: New Years Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Thanksgiving Day and the Friday after Thanksgiving, Christmas Eve, and Christmas Day. We close at 2pm on New Year's Eve. If the Holiday falls on the weekend, we will observe the day prior. Additionally, our school will close two additional days for teacher training.

Vacation Credit: All families will be awarded one half week credit after their first 6 months of continuous enrollment. Families will be awarded two half weeks of credit upon their one- year anniversary.

Parent Signature: _____ **Date:** _____

Vehicle Emergency Medical Information

Child's Name _____ DOB _____

Address _____

Father's Name _____

Home/Cell Phone _____ Work Phone _____

Mother's Name _____

Home/Cell Phone _____ Work Phone _____

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

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical Facility the center uses: Saint Joseph Hospital or _____

Address: One Saint Joseph Drive/Lexington/KY

Child's Allergies _____

Current prescribed medication _____

Child's special needs & conditions _____

In the event of an emergency involving my child, and if Kids 'R' Kids cannot get in touch with me, I give Kids 'R' Kids #2KY permission to seek medical attention and/or transport my child. I further agree to be full responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witnessed By _____ Date _____



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 # ____KY 2____, 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 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 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 Georgia.

Child's Full Name

Parent/Guardian Printed Name

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
- Preschool/School-Age Classroom Forms
- Kitchen Log
- Child's File

Child Allergy Profile

Update annually or as child's information changes

Child's Full Name: _____ Suite: _____

Please list any known allergies:

Symptoms of Allergic Reaction:

Emergency Care Plan:

Parent/Guardian Signature

___/___/___
Date

Owner/Director Signature

___/___/___
Date

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



Distribution
• Front Desk Forms

Medication Authorization

All long and short-term medications must be current, in its original container and labeled with the child's full name. Over the counter medication must be accompanied by written authorization from the child's physician indicating dosage. Follow state guidelines for new authorization. If guidelines are not stipulated for short term medications, all authorizations must be updated every 2 weeks. If guidelines are not stipulated for long-term medications, **all authorizations must be updated every month when medication is changed and when child transitions to the next classroom.**

Child's Full Name: _____ D.O.B. ___/___/___

Classroom: _____

Name of Medication: _____

Prescription #: _____ Expiration Date: ___/___/___

Physician Name: _____ Physician Phone: _____

Dates to administer: Start ___/___/___ End ___/___/___

Dispense medication at: ___ am ___ pm Dosage Amount: _____

Other Directions: _____

Does medication require refrigeration? Yes No

Parent/Guardian Signature

___/___/___
Date

Authorized Person's Signature

___/___/___
Date

Center Use Only:

Record of Dispensation

Date	Time	Dosage	*Adverse Reactions/reason not given	Administered By (Full Signature)

*If noticeable adverse reaction to medication occurs, parents must be notified immediately.

*If child is not given medication at the exact time indicated, list reason here.

Disposal of Leftover Medication:

Returned to Child's Parent/Guardian Date: ___/___/___

Authorized Person's Signature

___/___/___
Date

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



Distribution
 • Front Desk Forms
 • Infant/Toddler Classroom Log
 • Preschool/School-Age Classroom Log

Topical Ointment and Cream Authorization

All topical ointments and creams must be current, in its original container and labeled with the child's full name. Follow state guidelines for new authorization. If guidelines are not stipulated, all authorizations must be updated every six months.

Child's Full Name: _____ D.O.B. ___/___/___

Classroom: _____

Dates: Start ___/___/___ End ___/___/___

_____ Sunscreen

Product Name: _____ Expiration Date: _____

_____ Insect Repellent

Product Name: _____ Expiration Date: _____

_____ Non-Prescription ointment (such as Diaper Cream)

Product Name: _____ Expiration Date: _____

_____ Other (Please specify)

Product Name: _____ Expiration Date: _____

Product Name: _____ Expiration Date: _____

Specific Terms of Use: _____

 Parent/Guardian Signature

 Date

Center Use Only:

Disposal of Leftover Topical Ointment/Cream:

- Returned to Child's Parent/Guardian
- Discarded

 Authorized Person's Signature

 Date



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

Infant Child Profile

For children ages 6 weeks-12 months

A new form is required with each classroom transition and should be updated as information changes.

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



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.
 - Disposable Nurser Bags must be refrigerated or frozen, stored only 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.

Does child feed self? Yes No

- Child's diet includes (check all that apply):
- | | | | |
|-------------|--------------------------|----------------|--------------------------|
| Formula | <input type="checkbox"/> | Juice | <input type="checkbox"/> |
| Breast Milk | <input type="checkbox"/> | Baby Foods | <input type="checkbox"/> |
| Whole Milk | <input type="checkbox"/> | Strained Foods | <input type="checkbox"/> |
| Water | <input type="checkbox"/> | Table Foods | <input type="checkbox"/> |

Formula type: _____
 Bottle's Formula Amount: _____
 Breast Milk Storage: Bottles Disposable Nurser Bags
 Bottle's Breast Milk Amount: _____
 Bag's Breast Milk Amount: _____

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

INFANT ADDENDUM TO ENROLLMENT

Dear Parent:

This child care center participates in the USDA Child & Adult Care Food Program (CACFP). This program provides reimbursement to the center for creditable meals served to your infant while in our care. We want to work with you to provide the very best nutritional care for your baby. Under the CACFP regulations, the center may NOT charge you a separate fee for meals that are claimed for reimbursement.

We use the meal pattern below, which was developed by the USDA for centers participating in the CACFP. The type and amount of foods served vary according to the age of the infant. However, the actual foods we provide will be based on what you tell us about your baby's own food needs.

Age	Breakfast	Lunch and Supper	Snack
Birth through 5 months	4-6 fluid ounces formula or breast milk	4-6 fluid ounces formula or breast milk	4-6 fluid ounces formula or breast milk
6-11 months	6-8 fluid ounces formula or breast milk 0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or 1/2 cup of yogurt; or a combination of the above 0-2 tablespoons vegetable or fruit ³ or a combination of both	6-8 fluid ounces formula or breast milk 0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or 1/2 cup of yogurt; or a combination of the above 0-2 tablespoons vegetable or fruit ³ or a combination of both	2-4 fluid ounces formula or breast milk 0-1/2 slice bread or 0-2 crackers or 0-4 tablespoons infant cereal or ready-to-eat breakfast cereal 0-2 tablespoons vegetable or fruit, or a combination of both

Talk with your health care provider and let us know whether you want to use breast milk or a formula while your child is in the center's care. We also need to know when you will introduce solid foods to your infant. You may choose for us to provide the formula, or you may provide the formula for your infant.

(Name of Daycare Center)

currently provides the following formula(s): _____

Please fill out the form below and return it to help us plan the meals for your infant. If this information changes, you will need to complete a new form.

Sincerely,

Sponsor Representative

Phone Number

Date

MUST BE COMPLETED BY PARENT/GUARDIAN

Infant Name _____

Infant Birthdate ____/____/____

Check all that apply:

- Parent will breast-feed the infant at the day care center or provide expressed breastmilk or iron fortified formula
- Parent will provide additional baby food
- Parent will provide iron fortified formula/breast milk and Center will provide Additional baby food
- Center will furnish all iron fortified infant formula
- Center will furnish all iron fortified infant formula and additional baby food

Parent/Guardian Signature _____

Date _____

PLEASE NOTE: Parents may provide their own infant formula or their choice of one infant food item per meal. Please speak to the Center's Director if you wish to make other arrangements.



Dear Parents,

If you would like to have your infant use a sleep sack while sleeping, we must have written consent from his/her doctor. This change is due to state licensing requirements.

If you have any questions please feel free to contact us.

Thank you so much for your understanding.

Sincerely,

Your Kids 'R' Kids Management Team

859-224-3210



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 _____

Checking Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

For Official Use Only

Date Received

Employee Signature



A service of



procure
SOFTWARE®



Child's Name: _____ Suite: _____

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 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 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 the handbook.

By signing this form, I acknowledge that I have received a copy of the Kids 'R' Kids # 2 handbook and agree to abide by and honor all statements and provisions set forth.

Parent/Guardian Signature

Administrator Signature