



Start Date \_\_\_\_\_  
Rate \_\_\_\_\_  
Reg. Fee \_\_\_\_\_  
Discount \_\_\_\_\_  
Full/Part Time \_\_\_\_\_

# School Age & Summer Camp Enrollment Packet

## Contact Info:

3271 Beaumont Centre Circle / Lexington / KY / 40513

859-224-3210

<http://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

<b>Child</b>			
Child's Full Name _____	Age _____	Gender _____	Date of Birth ____/____/____
Child's Home Address _____		Home Phone _____	
<b>Parent/Guardian(s)</b>			
Parent/Guardian Name _____		Phone 1: _____	Phone 2: _____
Parent/Guardian Name _____		Phone 1: _____	Phone 2: _____
<b>Medical Information</b>			
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: _____			
<b>Emergency Contacts</b>			
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:

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\_\_\_ 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 \_\_\_\_\_





## School Ager Profile

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

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

This profile will help your child's teacher get to know your child better. The more the teacher understands your child's personality and family dynamics, the more she/he will be able to meet your child's needs. Your input will also help with your child's adjustment to the new classroom.

Does your child have any allergies -- especially food allergies? Yes  No  If yes, please list:

1. List any nicknames your child may have. \_\_\_\_\_

2. Has your child had previous group care experiences? Yes  No

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

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4. List activities your child enjoys.

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5. Does your child have any fears?

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6. Do you consider your child shy or outgoing?

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7. Does your child participate in any organized sports and if so what?

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## School Ager Profile

8. List the names and ages of siblings.

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

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

11. What language(s) is spoken in your home?

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12. Would you be willing to volunteer with field trips, special events or by sharing a hobby?

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

Date

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



Distribution  
 • Child's File  
 • Transportation Log

**Transportation Agreement**  
 The following information is required by Kids 'R' Kids annually

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

Kids 'R' Kids # \_\_\_\_\_ emergency transportation/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.

Emergency Medical Facility the center uses: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

**For School Age Use Only: If the child relocates to another school or the hours change, this form must be updated**

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

- In the event the designated location is unable to receive children they will be returned to Kids 'R' Kids # \_\_\_\_\_.
- It is vital that Kids 'R' Kids # \_\_\_\_\_ be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids # \_\_\_\_\_ will assume the above schedule of transportation will be followed unless we receive different instructions from parents. Instructions should be received at Kids 'R' Kids # \_\_\_\_\_ by the earliest possible time.

I, \_\_\_\_\_ agree for my child to be transported by Kids 'R' Kids # \_\_\_\_\_

To school at: \_\_\_\_\_ (am/pm)

From school at: \_\_\_\_\_ (am/pm)

On the following days: Monday Tuesday Wednesday Thursday Friday

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Owner/Director Signature

\_\_\_\_\_  
 Date



- Distribution**
- Infant/Toddler Classroom Log
  - Preschool/School-Age Classroom Log
  - Kitchen Log
  - Child's File
  - Laminated Signs

### Child Allergy Profile

(place child's picture here)

Child's Full Name: \_\_\_\_\_ Suite: \_\_\_\_\_

Allergy: \_\_\_\_\_

Symptoms of Allergic Reaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Care Plan:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Owner/Director Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
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 # \_\_\_\_\_, and its affiliates, franchisees, nominees, licensees, successors and assigns and those acting under their permission (hereinafter "KRRK"), 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 KRRK

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 KRRK and that KRRK 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 KRRK 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 KRRK and contains the entire understanding between myself and KRRK 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



3271 Beaumont Centre Circle  
Lexington, KY 40513  
859-224-3210

## Sunscreen Consent

Kids 'R' Kids requires that everyone throughout the center use the same sunscreen. This reduces the amount of time the children are waiting for the sunscreen application. If your child has an allergy and must use a specific brand you will need to provide us with a note from his/her doctor and we will attach it to the signed permission form. **We will not apply a different sunscreen without a note from the physician.** ALL sunscreen bottles will be given to your child's teacher and will become community property. The sunscreen will be shared among the students in their classroom. The children are not allowed to carry it in their bags, as it is considered a medication and must be kept out of their reach at all times.

The sunscreen is **Coppertone Water Babies SPF 50** and/or the generic form of this brand. It is in a pink bottle and can be purchased at Wal-Mart, Walgreens, Kroger, etc.... This is the #1 pediatrician recommended brand and is waterproof for up to 80 minutes in the water.

I hereby give permission for **Coppertone Water Babies SPF 50** and/or the generic form of this brand sunscreen to be applied as needed to my child \_\_\_\_\_ from April 1, 2022 - October 28<sup>th</sup>, 2022 during any outdoor activities.

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



**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



# 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
	<input type="checkbox"/> Checking <input type="checkbox"/> 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