

Operation Name Kids R Kids Bella Terra #6		Director's Name Laura Bonham	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission		Date of Withdrawal	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:	
1. <input type="checkbox"/> TRANSPORTATION:		<input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from school	
2. <input type="checkbox"/> FIELD TRIPS:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:	
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:	
		<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> water table play	
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:			
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

SCHOOL AGE CHILDREN:

My child attends the following school:

☐

Name of School and Address

School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current.
☐ Vision and Hearing screening records are also on file.

My child has permission to: ☐ walk to or from school or home,
☐ ride a bus, and/or ☐ be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s):

IMMUNIZATION RECORD:☐ I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. ☐ HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature

Date

2. ☐ A signed and dated copy of a health care professional's statement is attached.

3. ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

Signature - Parent or Legal Guardian

Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R	_____	_____	_____
L	_____	_____	_____
SIGNATURE _____		DATE _____	

☐ PASS ☐ FAIL

Signature – Parent or Legal Guardian

Date



Infant Child Profile

Indicator 3.06 AdvancED

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 their new classroom.

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

Child's living arrangements: () Both Parents () Mother () Father () Other

What is the primary language spoken in the home? _____

Family Members in the household: _____

Is this your child's first experience in group care? () Yes () No

What milestone(s) has your child reached? _____

Please list any special accommodations needed to most effectively meet your child's needs while at this school:

Parent/Guardian Signature

____/____/____
Date



Child Profile
Indicator 3.06 AdvancED

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 their new classroom.

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

Child's living arrangements: () Both Parents () Mother () Father () Other

Family Members in the household: _____

What is the primary language spoken in the home? _____

Please list any special accommodations needed to most effectively meet your child's needs while at this school:

Parent/Guardian Signature

____/____/____
Date



EMERGENCY INFORMATION CARD

(PLEASE PRINT)

CHILD'S NAME _____ M/F

HOME ADDRESS _____

CITY _____ ZIP CODE _____

PARENTS NAME _____ M/F

CELL PHONE _____

WORK PHONE _____

EMAIL _____ @ _____

(PLEASE PRINT)

PARENT'S NAME _____ M/F

CELL PHONE _____

WORK PHONE _____

EMAIL _____ @ _____

(PLEASE PRINT)

ALLERGIES TO MEDICINE _____

ALLERGIES TO FOOD _____

START DATE: _____

HUB/ BENT/ MCNIEL/ ADOLPH/ HAR

B/A AFTER BEFORE

DOB _____ / _____ / _____

Employer _____

Address _____

Employer _____

Address _____

PARENT/GUARDIAN SIGNATURE

SUITE TO START: _____

CURRICULUM: _____

REGISTRATION: _____

(EMERGENCY CONTACTS OTHER THAN PARENTS ON BACK)

***WILL CALL 1ST RELATION, THEN THE REST IN ORDER*

1ST _____
RELATION _____
PHONE _____

2ND _____
RELATION _____
PHONE _____

3RD _____
RELATION _____
PHONE _____

4th _____
RELATION _____
PHONE _____

5th _____
RELATION _____
PHONE _____

6th _____
RELATION _____
PHONE _____

Transportation Agreement

Child's Full Name: _____

Date of Birth ____/____/____

Kids 'R' Kids # __6__ 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 # __6__ to seek medical attention and /or transport my child _____, in the event of any emergency if I cannot be reached. I further agree to keep the facility informed of any changes in the information below.

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

Name of School: HUBENAK MCNEIL ADOLPHUS HARMONY BENTLEY

School Address: _____

School Phone: _____

- In the event the designated location is unable to receive children they will be returned to Kids 'R' Kids # __6__.
- It is vital that Kids 'R' Kids # __6__ be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids # __6__ 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 # __6__ by the earliest possible time.

I, _____ agree for my child to be transported by Kids 'R' Kids # __6__

☐ To school at _____ (am/pm)

☐ From school at _____ (am/pm)

On the following days: Monday Tuesday Wednesday Thursday Friday

EMERGENCY CONTACT	MOBILE NUMBER	WORK NUMBER	RELATIONSHIP
1			
2			
3			

Parent/Guardian Signature

_____/_____/_____
Date

Owner/Director Signature

_____/_____/_____
Date



Email Correspondence

At Kids 'R' Kids we like to keep our families informed of all the exciting events that happen in the classrooms and throughout the center. To do that, we would like for you to provide us with a current e-mail address. We will not use your e-mail address for anything other than correspondence about your child and we will not share them with anyone other than management. Thank you for allowing us to keep you updated.

Child's Name

Parent's Name (Print)

@

Email Address

Parent's Name (PRINT)

@

Email Address



New Parent Orientation

Child's Name: _____ Suite #: _____

Medication:

Medication is given at 10:00 am and 2:00 pm only and must be signed in at the front desk. Medication must be in the original container and be clearly labeled with your child's first and last name. Any non-prescription medicine must have a doctor's note. If the doctor's note says 'Tylenol' the medicine must be 'Tylenol', preferably use generic names for medicine.

Payments:

Weekly tuition must be paid on Friday for the upcoming week. A late fee of \$50.00 will be charged on the following Tuesday. If tuition is not paid by the end of the week, your child (ren) may not attend the center on the following week.

Attendance Policy:

One day of attendance constitutes a full week. This means that you are responsible for a full week's tuition if your child is in attendance just one day. This is to insure your child's spot has not been filled while he/she is out. If your child is out the entire week your tuition will be credited to half. If the center is closed for holidays and/or bad weather, tuition is still due in full.

Illness:

To assist us in maintaining the health and safety of all children, children who have diarrhea, vomiting and/or fever (100.4 degrees or higher), are not allowed into the center. They may return when they are episode free or after the child is fever free for 24 hours without medication.

Sign In/Out Procedures:

Please use the touch screen computer at the front desk to sign your child (ren) in and out of school.

Registration/Curriculum Fee:

A non-refundable registration and curriculum fee will be charged upon enrollment. The curriculum fee will be charged annually at a rate of \$100 for the 1st child, \$50 for the 2nd child and \$25 each addition child. This fee will be charged every January unless you enroll between October 1st and December 31st. If you enroll between these dates, it will be charged again the following January. These fees insure your child's spot in a classroom for an entire year and that supplies will be readily available throughout the year.

Parent/Guardian Signature: _____ Date: _____



31 Parkway Lake Court
Richmond, Texas 77407
281-232-9333

Policies Regarding Payments of Tuition and Fees

1. Tuition is paid in advance and due on Friday for the upcoming week. Parents are welcome to pay tuition weekly, bi-weekly, or monthly. There is no discount for paying bi-weekly or monthly.
2. Tuition that remains unpaid after the close of school the following Tuesday will incur a late payment fee of \$50.00. If tuition goes unpaid the following Tuesday your child will not be allowed to return until account is paid in full.
3. A late pick up fee will be assessed beginning 5 minutes after school closing at the rate of \$1.00 per minute starting at 6:30pm.
4. Payments for tuition can be made in any amount, as long as it is equal to or over the amount of one week's program charges.
5. One day's attendance constitutes a full week. Illness, vacation, or closure because of weather are not prorated out of the week. Children out the entire week due to illness or vacations pay will be credited to half of child's tuition. These policies insure your child's enrollment in the class.
6. School age children in attendance for early release school days, teacher in-service days, or holidays are billed an additional up-charge for extended care.
7. Tuition payments can be made by check, money order, cash, and credit or debit card. If paying by credit or debit card, there will be a 2% fee added to the total.
8. A non-refundable registration fee of \$100.00 will be charged at the time of enrollment.
9. An initial non-refundable curriculum fee of \$75.00 per child will be charged at the time of enrollment. The curriculum fee will also be charged annually at a rate of \$100 for the 1st child, \$50 for the 2nd child and \$25 for each additional child. This fee will be charged every January unless you enroll between October 1st and December 31st. If you enroll between these dates, it will be charged again the following January.

I have read the Policies of Tuition and Fees and understand the policies stated above.

Parent/Guardian's Signature

Date



31 Parkway Lakes Court
Richmond, Texas 77407
281-232-9333

Permission/Waivers

Peanut & Fish Allergies

Please be aware that we are a PEANUT-FREE and FISH FREE facility. Please do not send any peanut products to school with your child. Thank you for your cooperation in preventing what could become a serious situation for some of our children.

Sunscreen/Insect Spray

For the protection of the kids from the sun and bugs, we would greatly appreciate it if you would provide sunscreen lotion and bug protection for your child. Please label both items with your child's first and last name. Also, please make sure it is not expired.

Photo Waiver

Please sign below for permission to photograph your child and to have his/her image included in advertisements that are circulated in the community, posted on the television in the front lobby and/or our Kids R Kids Facebook.

Employee Waiver

Please sign below to state that you understand and submit that Kids 'R' Kids will not be held liable for any action or inaction by any employee rendering services off of the premises.

Parent/Guardian Signature

Date



31 Parkway Lake Court
Richmond, Texas 77407
281-232-9333

Policies Regarding Health

At Kids 'R' Kids #6 TX, we have very specific guidelines for parents to reference regarding health. These policies are intended to be very clear on what health issues make it necessary for your child to be kept out of school. Administered correctly and fairly, these policies should protect the best interest of all our children and staff. In order to keep the children healthy and maintain a safe environment, we ask that you please read and agree to the following guidelines.

1. Please do not send an ill child to school. Small children are prone to infection because their immune systems are not fully developed. One sick child places all other children at risk.
2. A child with a fever of 100.4 degrees or greater will be sent home. We ask that the child be kept out of school until he/she has been fever free for 24 hours without medication.
3. A child showing signs of the following symptoms will be sent home:
 - a. diarrhea or vomiting (three times in 24 hours)
 - b. deep or hacking cough
 - c. continuous runny nose with yellow or green color
 - d. a rash that has not been diagnosed by a physician
 - e. undiagnosed and untreated pink, swollen, matted, or runny eyes
4. A child may return to school when any of the following occur:
 - a. fever free for a minimum of 24 hours without medication
 - b. active signs of illness (diarrhea or vomiting) have been gone for 24 hours
 - c. the child's physician releases the child to return to school
5. A child sent home for a contagious illness **MUST** have a return to school release from a physician indicating the child is no longer contagious.
6. Only prescription medicine in the original container labeled with the child's name, expiration date, prescribing physician, and directions for administering will be given to the child. Any **non-prescription** medication will be given to the child after a form is filled out at the front desk; the medicine must be in its original container with the child's name on it and **Must** have a note from the doctor
7. Medication will be given at 10:00 am and 2:00 pm each day. Please coordinate your child's morning dose with both dosage times.

I have read and fully understand the policies regarding health at Kids 'R' Kids #6 TX.

Parent/Guardian Signature

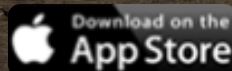
Date










Your
child's day
at your
fingertips

talk2us@preschool2me.com

Download Preschool2me for Parents App for Free



-  View **activity reports** including reminders, diapering, naps and meals
-  View **announcements** from your teachers and directors
-  View **photos (videos coming soon!)** of your child's activities
-  View **meal calendar** for your child's classroom
-  Notify your school of **absences** (out sick or planned absence)
-  Submit **At Drop Off** information for your child
-  **Send messages** to your child's teacher

You will receive your login information when your preschool registers your child with Preschool2me.



WE CARE ENOUGH TO GO BEYOND CLEAN.

This center has installed a ZONO Sanitizing system to help protect your child from harmful bacteria and viruses.

The ZONO Cabinet



The ZONO system kills 99.9% of germs on surfaces that bleach and liquid sanitizers simply cannot reach on most items your child comes in contact with:

- Stuffed animals
- Dress up clothes
- Books
- Crib mattresses, mats, linens, and rugs
- Legos
- Wooden blocks
- Crayons, markers and glue sticks
- Puzzles



The ZONO uses earth-friendly, green technology to safely sanitize without steam, heat or harsh chemicals.

