

ADMISSION INFORMATION

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 (Both Parents)		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

ADMISSION INFORMATION

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



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



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

31 Parkway Lake Ct.
Richmond, TX 77407

EMERGENCY INFORMATION CARD



(PLEASE PRINT)

CHILD'S NAME _____ M/F

DOB ____/____/____

HOME ADDRESS _____

CITY _____ ZIP CODE _____

PARENT'S NAME _____ M/F

EMPLOYER _____

CELL PHONE _____

WORK PHONE _____

ADDRESS _____

EMAIL (PRINT) _____ @

PARENT'S NAME _____ M/F

EMPLOYER _____

CELL PHONE _____

WORK PHONE _____

ADDRESS _____

EMAIL (PRINT) _____ @

ALLERGIES TO MEDICINE _____

ALLERGIES TO FOOD _____

PARENT/GUARDIAN SIGNATURE

START DATE _____

SUITE TO START: _____

HUB / BENT / MCNEIL / ADOLPH / HARM

CURRICULUM _____

B/A AFTER BEFORE

REGISTRATION _____

(PLEASE PRINT)

LIST OF PEOPLE TO PICK UP, BESIDES PARENTS OR GUARDIANS)

1ST CONTACT _____

4TH CONTACT _____

RELATION _____

RELATION _____

PHONE _____

PHONE _____

2ND CONTACT _____

5TH CONTACT _____

RELATION _____

RELATION _____

PHONE _____

PHONE _____

3RD CONTACT _____

6TH CONTACT _____

RELATION _____

RELATION _____

PHONE _____

PHONE _____

Rising Star Orientation

Name Facility: **Kids R Kids Bella Terra**

Parent/Guardian Name Printed: _____

I have received information on the following:

- ☐ Introduction to the staff
- ☐ Parent visit with the classroom or Zoom tour
- ☐ Overview of the Parent Handbook
- ☐ Policy for arrivals and late arrivals
- ☐ The significance of consistent arrival time, including
 - ☐ Before the educational portion of the school begins
 - ☐ Impact of disrupting another child's learning
 - ☐ The importance of consistent routines in preparing children for the transition to kindergarten
- ☐ An explanation of the Texas Rising Star Program
- ☐ Family Support Resources and activities in the community
- ☐ Child development and developmental milestones
- ☐ Information of children
 - ☐ Living arrangements (single family home, grandparents, divorced parents, etc.)
 - ☐ Medications (as needed, daily, or prescribed; ex: ADHD, ADD, etc.)
 - ☐ Speech, Physical or other concerns by a doctor (in order to help or guide parents to the appropriate resources)
- ☐ Expectations of families
- ☐ Statement reflecting the role influence of families
- ☐ Limiting technology use on site to improve communication between staff, children and families

I acknowledge receipt of the above information

Parent/Guardian Signature

Date

Manager Signature

Date



31 Parkway Lake Ct.

Richmond, TX 77407

New Parent Orientation/ Parent Handbook Acknowledgment

Medication

Medication is given at 10 AM and 2 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 and not be expired. Any non-prescription medicine must have a doctor's note. If your doctor's note states 'Tylenol', the medicine provided must be 'Tylenol'. The doctor may use the generic names such as acetaminophen.

Illness

To assist us in maintaining the health and safety of all children, children who have diarrhea, vomiting and/or fever (100.4° or higher), are not allowed into the center. They may return when they are symptom 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.

Attendance, Registration, and our Payment Policies are located under Tuition, Payment and Fee Policy.

Parent Handbook Acknowledgement

I have read and understand the Parent Handbook. Any questions that I had were answered and explained by on of the management team members.

Child's Name Printed

Parent/Guardian Signature

Date

Email Correspondence

At Kids 'R' Kids we like to keep our families informed of all the exciting events that happen throughout our school and classrooms, weather related events related to closures and any emergencies that may come up. We will only use your email address for correspondence about your child and the school. Your email address will not be sold or shared with any persons that is not part of the management team. Thank you for allowing us to keep you updated.

Parent's Name Printed

Email Address Printed

@

Parent's Name Printed

Email Address Printed

@

Phone 281-232-9333

Tuition, Payment and Fee Policies

1. **Tuition is paid in advance and due on Friday for the following week.** Tuition is charged every week. Any balance that remains unpaid after the close of the following Tuesday, will incur a late payment fee of \$50.00. If tuition is still unpaid by the next Tuesday, your child will not be allowed to return until account is paid in full.
2. **A late pick-up fee** will be assessed beginning 5 minutes after school closing at the rate of \$1.00 per minute, plus an additional \$10.00 late charge after 6:30 PM.
3. Tuition payments can be made in any amount if it is equal to or over the amount of the one week's tuition charges. We accept credit or debit, check, money order and cash for payments. Credit or debit will have a 2% fee added to the total.
4. **If your child attends one day**, that constitutes a full week. School closures, vacation, or illness are not eligible for a prorates out of the week. If your child is out ALL week, you will be credited to half of your child's tuition. These policies insure your child's enrollment in the class.
5. School-age children in attendance for early release school days such as: teacher in-service days, holidays are billed an **additional up-charge for extended care**.
6. **A non-refundable registration fee** of \$100.00 will be charge at the time of enrollment.
7. 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 1st child, \$50 for the 2nd, and \$25 for each additional child. This fee will be charged every January unless you enrolled 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 signature

Date

Permission/ Waivers

Nut-free & Fish Allergies

We are a NUT-FREE and FISH FREE facility. Please do not send any nut products to school with your child. This includes any hazelnut items. Thank you for helping us prevent any serious situation for some of our students.

Sunscreen/ Insect Spray

If you will be bringing sunscreen or insect repellent, please sign our Topical Ointment paper. This must be signed before we can administer it. Each item brought must have your child's first and last name on it, and not expired.

Photo Waiver

Permission to photograph your child and to have his/ her image included in advertisements that are circulated in the community, posted on our front lobby area, and are Facebook page (without names posted).

Employee Waiver

Kids 'R' Kids Bella Terra will not be held liable for any action or inaction by an employee rendering services off of the premises.

Parent/ Guardian Signature

Date

Health Policy

At Kids 'R' Kids #6, we have specific guidelines for parents to reference regarding health. These policies are intended to be noticeably 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 the following guidelines.

- Do not send your child ill to the school. Small children are prone to infection because their immune systems are not fully developed. One sick child places all other children at risk.
- A child with a fever of 100.4° or greater will be sent home. We ask that you child be kept out of school until he/she has been fever free for 24 hours WITHOUT medication.
- Your child will be sent home if any of the following symptoms are seen at school:
 - Continuous runny nose with yellow or green color
 - Diarrhea or vomiting (three times in 24 hours)
 - Deep or hacking cough
 - A rash that has not been diagnosed by a physician
 - Undiagnosed and untreated pink, swollen, matted, or runny eyes
 - Lice
- A child may return to school when any of the following occur:
 - Fever free for a minimum of 24 hours WITHOUT medication
 - Active sign of illness (diarrhea or vomiting) have been of gone for 24 hours
 - Child's physician releases the child to return to school
- A child sent home for contagious illness MUST have a return to school release from physician indicating the child is no longer contagious.
- Medication is given at 10 AM and 2 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 and not be expired. Any **non-prescription** medicine **must** have a doctor's note. If your doctor's note states 'Tylenol', the medicine provided must be 'Tylenol'. The doctor may use the generic names such as acetaminophen.

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

Parent/ Guardian Signature

Date

Discipline and Guidance Policy

Discipline must be:

1. Individualized and consistent for each child
2. Appropriate to the child's level of understanding; and
3. Directed toward teaching the child acceptable behavior and self-control

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior
2. Reminding a child of behavior expectations daily using clear, positive statements
3. Redirecting behavior using positive statements; and
4. Using brief supervised separation or time out from the group. When appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

1. Corporal punishment or threats of corporal punishment
2. Punishment associated with food, naps, or toilet training
3. Pinching, shaking, or biting a child
4. Hitting a child with a hand or instrument
5. Putting anything in or on a child's mouth
6. Humiliating, ridiculing, rejecting, or yelling at a child
7. Subjecting a child to harsh, abusive, or profane language
8. Placing a child in a locked or dark room, bathroom, closet with the door closed' and
9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

☐

Parent

☐

Employee/Caregiver

☐

Household member of child home

Transportation Agreement

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 # 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

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			

ROUTING
NUMBER

ACCOUNT
NUMBER

CHECK
NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

800.338.3884 • procaresoftware.com

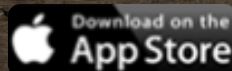
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Your
child's day
at your
fingertips

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.

www.zonoservices.com



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