



Afterschool 2019-2020 Admission Application

Registration Fee Collected on: _____

Operation Name <i>Kids 'R' Kids of Castle Hills</i>		Director's Name <i>Ms. Samantha Skiles, MEd</i>	
Child's Full Name	Child's Date of Birth	Female or Male	Date of Admission (1 st Day)
Child's Home Address			
With Whom Does the Child Live? (Mother, Father, Both, Guardian (Specify))			
Parent/Guardian Information			
Mother's Name	Address (if different from child's address)		
Mother's Cell Phone Number	Mother's Work Phone Number	Mother's Email Address	
Mother's Employer/ Occupation	Employer's Address		
Father's Name	Address (if different from child's address)		
Father's Cell Phone Number	Father's Work Phone Number	Father's Email Address	
Father's Employer/ Occupation	Employer's Address		
<p>_____ Check here if one parent is NOT authorized to pick up the child. Name of Parent: _____ A copy of the court record is required to be effective. In the event of any changes, new documentation needs to be provided.</p>			

Parental Agreement With Kids 'R' Kids of Castle Hills

Please Read The Following and Initial:

_____ 1. The Kids 'R' Kids of Castle Hills Child Care Center agrees to provide child care for _____ (name of child) on M-T-W-TH-F from _____ to _____ (specify hours).

_____ 2. I understand that tuition is due for the following week by the close of business on Friday. I understand that if payment is made after Tuesday by 12 noon, I will incur a \$10 late fee for each day payment is late. Kids 'R' Kids of Castle Hills also maintains the right to disenroll my family if tuition is not received in a timely manner.

_____ 3. I understand that I must give a written two week notice if I decide to dis-enroll my child. If a two week notice isn't given, I agree to pay for the final two weeks of tuition for my child.

_____ 4. I understand that the hours of operation are 6:30am to 6:30pm Monday through Friday. I will incur late fees for the time my child spends at the center past 6:35pm. If I have not picked up my child by 7:00pm and all attempts to contact me and all my emergency contacts fail, Kids 'R' Kids of Castle Hills will call Child Protective Services and the Police Department.

_____ 5. I agree to provide the center with all necessary information (date, prescription number, etc.) pertaining to administering medication to my child.

_____ 6. I understand that if my child is ill, including, but not limited to, a severe cough, sore throat, undetermined rash or spots, head lice, discharge from the eyes or severe redness, temperature over 100.1 degrees, severe headache, upset stomach, vomiting or diarrhea; he or she cannot be accepted in the center. My child may return to the center when he/she has been free of symptoms noted above for a 24 hour period. In the event my child has a notifiable disease, a release from the medical source is required before my child re-enters the center. Kids 'R' Kids will notify parents if a notifiable disease has been introduced into the center.

_____ 7. I understand my child will be provided with all breakfast, lunch, and snacks served daily during their hours of attendance. I understand that I will not send any food with my child. I acknowledge that we are a NUT FREE FACILITY.

_____ 8. I understand that if I choose to provide lunch and snacks for my child, the center is not responsible for its nutritional value or for meeting the child's daily food needs. I also understand that if I am providing food from home, that I have filled out the form provided to me in the enrollment paperwork stating that I am providing my child's food.

_____ 9. I understand that it is my responsibility to escort my child into and out of their classroom, and to sign my child in and out of the center using the kiosks at the front desk.

_____ 10. I give my child permission to participate in the water playground (splash pad) at the center and understand that I must provide swimsuit/trunks, towel, and closed toe water shoes in order for my child to participate. I also understand that my child may receive minor scrapes on legs/hands if my child were to fall down.

_____ 11. I give my child permission to participate in water play tables in the classrooms and playgrounds, and water play with The Gym Station throughout the year at Kids 'R' Kids of Castle Hills.

_____ 12. I understand that Kids 'R' Kids of Castle Hills #58TX, while a Kids 'R' Kids franchise, is independently owned and operated, and that neither Kids 'R' Kids International, Inc. nor any Kids 'R' Kids center other than the one whose name appears at the heading of this form is responsible for the actions or obligations of this center.

.....
I acknowledge that I have read the above statements and the attached Parent Handbook for Kids 'R' Kids of Castle Hills #58TX. I agree to abide by all policies and procedures of Kids 'R' Kids as outlined in this agreement and the Parent Handbook.

Parent of Guardian's Signature

Date



Before/After School 2019-2020 Transportation Agreement

My child attends the following school (please circle one):

Castle Hills Elementary
1025 Holy Grail Drive
Lewisville, TX 75056
469-713-5952

Independence Elementary
2511 Windhaven Pkwy
Lewisville, TX 75056
469-713-5212

Hebron Valley Elementary
4108 Creek Valley Blvd.
Carrollton, TX 75010
469-713-5182

Polser Elementary
1520 Polser Road
Carrollton, TX 75010
469-713-5978

Homestead Elementary
1830 E Branch Hollow Drive
Carrollton, TX 75007
469-713-5181

Coyote Ridge Elementary
4520 Maumee Drive
Carrollton, TX 75010
469-713-5994

Child's Full Name	Date
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I, _____, agree for my child, _____, to ride on the bus provided by Kids 'R' Kids of Castle Hills Child Care Center #58.

My child is in _____ grade.

My child will be riding the bus: (Please Circle)

AM ONLY (Coyote Ridge Elementary ONLY)

PM ONLY

BOTH WAYS

Mother's Name	Mother's Cell Number	Mother's Work Number
Father's Name	Father's Cell Number	Father's Work Number

In the event that I can't be reached to make arrangements for emergency medical care for my child at the time of a sudden illness/accident, or time will not permit to notify me first, I give my permission for Kids 'R' Kids of Castle Hills #58 to transport my child to the nearest medical facility. I hereby give consent for necessary emergency treatment when my child is in the care of a licensed Physician, Emergency Room, or Hospital.

Parent or Guardian's Signature

Date

Health and Emergency Permission Record & Annual Admission Information Update 2019-2020

Child's Full Name	Date of Birth	
Child's Home Address		
Mother's Name	Mother's Cell Number Permission to Text: Yes No	Mother's Work Number
Father's Name	Father's Cell Number Permission to Text: Yes No	Father's Work Number

Authorized Persons for Pick Up

Required by Texas Department of Family and Protective Services (DFPS): at least one emergency contact who is authorized to pick up your child in the event that neither parent/guardian can be reached. Your child will not be released to anyone who is not listed on this page without your permission and verification of their ID will be required.

"I hereby authorize Kids 'R' Kids of Castle Hills to allow my child to leave with the following people:"

Name	Relationship to Child	Phone Number

Emergency Information

In case of illness or injury, please first contact: Mother Father Other (please specify: _____)

Other persons to contact in the event of an emergency or illness:
(Complete name and contact information are required by DFPS.)

Name	Relationship to Child	Phone Number

"In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize an employee of Kids 'R' Kids of Castle Hills or Emergency Medical Service Personnel to take my child to the following physician or hospital/clinic, and I give my consent for necessary emergency care for my child."

Parent of Guardian's Signature

Date

Name of Physician	Address	Phone Number
Name of Hospital or Emergency Clinic	Address	Phone Number

In accordance with the Minimum Standards and Guidelines from DFPS, please list special problems or needs, including known allergies, existing illnesses, previous serious illnesses and injuries, and disabilities, any hospitalizations during the past twelve months, and medication prescribed for long-term, continuous use, and any other information of which the staff should be aware.

If there are allergies, please provide a doctor's note starting the allergen. If none, please write "NONE".

Health & Admission Requirements 2019-2020

Child's Name	Date of Birth
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SCHOOL AGE CHILDREN:	
<input type="checkbox"/> My child attends the following school. Current immunization record and hearing and vision screening are on file at the school	
Name of School and Address	School Phone #

Allergy and/or Dietary Restriction Form

Health Disclosure: (please check one)			
<input type="checkbox"/> No Known Allergy	<input type="checkbox"/> Allergy*	<input type="checkbox"/> Dietary Restriction*	<input type="checkbox"/> Religious Preference*
Description of child's special dietary restriction:			
<hr style="border-top: 1px dashed black;"/> <p style="font-size: small; color: magenta;">*I am choosing to provide my child's meals and /or snacks from home due to allergies and /or religious reasons. I understand Kids 'R' Kids of Castle Hills is not responsible for its nutritional value or for meeting my child's daily food needs.</p>			
Parent or Guardian's Signature		Date	

*** If your child has a known allergy, please have your healthcare provider complete the highlighted sections below.**

Description of Allergy/Condition	
Date of last reaction	Action Taken
Please circle all allergy symptoms child has ever experienced	
Mouth	Itching and swelling of lips, tongue or mouth
Throat	Itching and/or sense of tightness in the throat; hoarseness; hacking cough
Skin	Hives; itchy rash and/or swelling around the face, arms, or legs
Stomach	Nausea, abdominal cramps, vomiting, diarrhea
Lung	Shortness of breath; repetitive coughing; wheezing
Heart	"Thready" pulse; passing out
Treatment Plan	
Name of Medicine _____	
Prescription # _____	Expiration Date _____
Dosage Instructions _____	
Comments _____	
Emergency Calls	
Call 911 – State that an allergic reaction has been treated, and additional emergency may be needed.	

Physician's Signature (required)	Date
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I hereby request Kids 'R' Kids of Castle Hills, through its designated authority, to administer medication according to the above instruction. I release the school and any school employee from any liability for administering this medication.

_____	_____
Parent or Guardian's Signature	Date

Kids 'R' Kids of Castle Hills Photo/Video Release Policy 2019-2020

Technology has allowed Kids 'R' Kids of Castle Hills to give parents the opportunity to monitor their child's classroom through computers, video and the Internet. By enrolling your child in Kids R Kids TX#58, you agree to allow your child's image to be on the Internet.

To access this service certain standards must be maintained at all times:

1. Access Codes (issued to those parents wishing to avail themselves of this service) are used to limit access to the images of our children, but you should realize that this system works through the Internet. Authorized access permits access by that person to the images of all children within the field of view of the camera, including your child, whose image cannot be excluded, even if you choose not to utilize this internet service.
2. You agree not to (or permit any other person to) divulge, reproduce, print or save, in any way or on any medium, any images, prints or video images of any portion of the Center's premises or any of the Center's children without prior consent of the Center. This involves security of the Center and the children and should always be observed.
3. Unauthorized access to the image of your child could occur as a result of a breach of the Internet or a breach of security by holders of Access Codes. Although all available measures are taken to prevent any unauthorized access, this is beyond the Center's control, and we do not guarantee against such unauthorized access.
4. You agree that our method of assigning Access Codes and maintaining the confidentiality of such codes, so long as conducted in a manner consistent with usual, ordinary and reasonable business practices, shall be all that is required of the Center in safeguarding your children's video images, and that no other or different safeguards of internet video images of the children or the premises shall be expected or required of the Center.
5. You agree that only those persons, if any, listed below shall be given an Access Code. You agree that it is solely your responsibility to instruct each such person regarding the provisions of this Agreement and to take from each such person their express agreement to:
 - a. not divulge the Access Code to any other person
 - b. abide by all the provisions of this agreement.
6. Your signature below constitutes affirmation of your full and voluntary understanding and acceptance of these conditions with respect to your children, your express waiver of all Rights of Privacy in connection therewith, as well as your agreement that you expressly assume all risks involved in furnishing such images, and your release of the Center from any and all liability for any damage of any nature arising or resulting from its furnishing of this service, whether negligent or not. This also includes photos that KRK may post on the Facebook page of Kids R Kids. Kids R Kids will not tag or identify children by name in these photos.
7. Other parents may not photograph children at the center.
8. Photographs may also be posted within the center. I give my permission for my child to be photographed. (If you don't agree to have your child photographed, you must let the front desk know when submitting paperwork.)
9. I also release pictures taken by KRK to Kids R Kids TX #58 for the internal or external promotional use of KRK (i.e.: field trip photo may appear on a summer camp flyer).

By signing below and checking an option, I agree that I understand the above policies of the technology and photo release for Kid 'R' Kids of Castle Hills.

_____ I **DO** give permission for my child's picture to be taken and used for school purposes and to be placed on the Kids 'R' Kids social media websites.

_____ I **DO NOT** give permission for my child's picture to be taken and used for school purposes and to be placed on the Kids 'R' Kids social media websites.

Child's Name

Parent or Guardian's Signature

Date

Tadpoles Enrollment Form 2019-2020 School Year

Tadpoles is used by all classrooms to track your child's progress throughout the day. The daily report will be emailed via Tadpoles once your child is checked out from Kids 'R' Kids of Castle Hills at the end of each day. Please fill out the information below to give family members access to your child's Tadpoles Daily Report. You may add up to 4 family members including child's parents or guardians.

Child's Full Name:		Child's Date of Birth:	
Child's Schedule: Monday Tuesday Wednesday Thursday Friday		Child's Classroom:	
1. Primary Account Holder's Name	Relationship to Child	Email Address	Phone Number
Tadpoles Communication <input type="checkbox"/> All Notifications <input type="checkbox"/> Daily Reports and Pictures <input type="checkbox"/> Pictures Only <input type="checkbox"/> None			
2. Account Holder's Name	Relationship to Child	Email Address	Phone Number
Tadpoles Communication <input type="checkbox"/> All Notifications <input type="checkbox"/> Daily Reports and Pictures <input type="checkbox"/> Pictures Only <input type="checkbox"/> None			
3. Account Holder's Name	Relationship to Child	Email Address	Phone Number
Tadpoles Communication <input type="checkbox"/> All Notifications <input type="checkbox"/> Daily Reports and Pictures <input type="checkbox"/> Pictures Only <input type="checkbox"/> None			
4. Account Holder's Name	Relationship to Child	Email Address	Phone Number
<div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border-top: 1px solid black; width: 45%;"></div> <div style="border-top: 1px solid black; width: 45%;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Parent or Guardian's Signature Date </div>			

Discipline and Guidance Policy 2019-2020 School Year

Discipline must be:

- Individualized and consistent for each child;
- Appropriate to the child’s level of understanding;
- 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:

- Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- Reminding a child of behavior expectations daily by using clear, positive statements;
- Redirecting behavior using positive statements;
- Using brief supervised separation or “time away” 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:

- Corporal punishment or threats of corporal punishment;
- Punishment associated with food, naps, or toilet training;
- Pinching, shaking, or biting a child;
- Hitting a child with a hand or instrument;
- Putting anything in or on a child’s mouth;
- Humiliating, ridiculing, rejecting or yelling at a child;
- Subjecting a child to harsh, abusive, or profane language;
- Placing a child in a locked or dark room, bathroom, or closet with the door closed;
- Requiring a child to remain silent or inactive for inappropriately long period of time for the child’s age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

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

Parent/Guardian Signature

Date



Tuition Policy and Payments 2019-2020 School Year

Tuition payments for Kids 'R' Kids of Castle Hills are due the Friday before the week of care. Accounts with an outstanding balance as of 12:00pm Tuesday will be assessed a late fee of \$10.00 per day until the balance is paid in full.

Please select a payment option below by initialing the appropriate line:

_____ Weekly/Biweekly/Monthly ACH drafts through provided banking information.
(Please complete attached form)

_____ Weekly/Biweekly/Monthly Credit Card payments via Monster Payments.
(Please see the front desk for online enrollment information)

_____ Weekly Check or Money Order payment turned into the front desk. I acknowledge that late payment fees will be assessed if I do not submit a timely payment.

Child's Name: _____

Parent/Guardian Name: _____

Parent/ Guardian Signature: _____

Date: _____



AUTHORIZATION FOR RECURRING DIRECT PAYMENTS (ACH DEBITS)

I, _____ hereby authorize **Kids R Kids of Castle Hills (TX#58)** to ACH debit the account listed below for payment related to Childcare Services.

Bank Name _____

Bank Account Type (please circle one) Checking Business Checking Savings

Bank Account Number _____

Bank Account Routing Number _____

I understand the terms of the payment schedule to be as follows and that if applicable I will receive a notice only if the payment amount is more than the amount listed below or outside of the designated range listed below.

Recurring Payment

Recurring Payment Start Date _____

Recurring Payment Frequency: Weekly Bi-Weekly Monthly

Recurring Payment Amount _____

Designated Allowable Recurring Payment Range \$ _____ to \$ _____

One Time Payments

One Time Payment for Non Refundable Deposit: _____ on date _____.

One Time Payment for (other, please specify) _____, in the amount of \$ _____ on date _____.

This payment authorization is valid and will remain in effect unless I, _____ notify **Kids R Kids Castle Hills (Tx#58)** of its cancellation within 2 weeks which will allow **Kids R Kids of Castle Hills (Tx#58)** a reasonable opportunity to act upon such cancellation prior to the next scheduled payment.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. I agree to notify **Kids R Kids Castle Hills (Tx#58)** of any change to the payment account designated about from which the funds are to be debited within 2 weeks from the effective date of such change. I understand that failure to do so may delay receipt of funds to **Kids R Kids Castle Hills (Tx#58)** and that I will be responsible for any late fees or returned item fees.

Signature: _____ Date: _____

Topical Ointment and Cream Authorization

(Form only required if child has ointment or sunscreen onsite)

I give Kids 'R' Kids #58, Texas ^{#, State} permission to apply one or more of the following topical ointments and/or creams to _____ in accordance with the directions on the label of the container from ___/___/___ to ___/___/___.
Child's Name

_____ Sunscreen
Product Name: _____

Expiration Date: _____

_____ Insect Repellent
Product Name: _____

Expiration Date: _____

All topical ointments / creams must be current, in original container and labeled with the child's full name. Follow state guidelines for new authorization. All authorizations must be updated **annually** or at time of expiration.

Parent or Guardian's Signature

Date

Procare Enrollment Form

Procare is used to keep track of who is dropping off and picking up each day. Please fill out the information below to give family members access to check your child in and out. This will be used at the front desk kiosks.

Everyone who is permitted to pick up will need to have a log in. This consists of a 4 digit ID and a 4 digit password. Numbers have to be different from each other and cannot be shared with another family member.

Family Member's Name:	Relationship to Child	4 Digit ID number:	4 Digit Password:
Family Member's Name:	Relationship to Child	4 Digit ID number:	4 Digit Password:
Family Member's Name:	Relationship to Child	4 Digit ID number:	4 Digit Password:
Family Member's Name:	Relationship to Child	4 Digit ID number:	4 Digit Password:
Family Member's Name:	Relationship to Child	4 Digit ID number:	4 Digit Password:
Family Member's Name:	Relationship to Child	4 Digit ID number:	4 Digit Password:

Parent or Guardian's Signature

Date