

Summer Camp 2020 Admission Application



Date of Admission / / 2020		Operation Name Kids R Kids of Castle Hills TX #58		Director's Name Samantha Skiles	
Child's Full Name			Date of Birth	Public School/ Grade Entering for 2020-2021 school year	
Child's Home Address					
Mother's Name			Father's Name		
Mother's Email			Father's Email		
Address			Address		
Mother's Cell Phone #		Mother's Work Phone #		Father's Cell Phone #	
Father's Work Phone #					
Name of Emergency Contact / Relationship		Address		Phone #	

I hereby authorize the childcare operation to allow my child to leave the childcare operation **ONLY** with the following persons. *Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

My child has permission to be released to sibling(s) who are under 18 years

Name	Phone Number

I hereby acknowledge that current immunization record and hearing and vision screening are on file at the following school:

School Name	
School Address	
School Phone Number	
Parent Name	Parent Signature

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Transportation / Health & Emergency Permission



Child's Full Name	Date of Birth	
Child's Home Address		
Mother's Name	Mother's Cell Number	Mother's Work Number
Father's Name	Father's Cell Number	Father's Work Number

Transportation

I hereby give consent for my child to be transported and supervised by the operation's employees

Parent or Guardian's Name

Parent or Guardians Signature

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:

(Contact name and contact information are required by DFPS.)

Name	Relationship to Child	Phone Number
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 nearest emergency facility, and I give my consent for necessary emergency care for my child."

Parent of Guardian's Signature

Date

Name of Physician	Address	Phone Number
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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 stating the allergen. If none, please write "NONE".

Summer Camp 2020 Parental Agreement



Please Read the Following and Initial:

_____ 1. I give permission for my child to participate in field trips and to be transported by the Kids 'R' Kids buses.

_____ 2. I give my child permission to participate in all water activities including the water playground (splash pad) at the center and understand that **I MUST** provide swimsuit, towel, and closed toe water shoes in order for my child to participate.

_____ 3. 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 dis-enroll my family if tuition is not received in a timely manner.

_____ 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 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.

_____ 6. I understand my child will be provided with all breakfast, lunch, and snacks served daily during their hours of attendance. I acknowledge that we are a NUT FREE FACILITY.

_____ 7. 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.

_____ 8. I understand that Kids 'R' Kids of Castle Hills is not liable for any toys, electronics, or cell phones that my child brings into the facility.

_____ 9. I acknowledge the receipt of the facility's operational policies including those for discipline and guidance, and have read the summer camp welcome packet.

I acknowledge that I have read the above statements and the attached Parent Letter 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

Summer Camp 2020 Commitment Schedule

Child's Name: _____ Grade: _____ (For Office Use Only) Date Received: _____

Week	Date Range	Theme	Description	Attending
1	May 25-29 (Closed May 25)		Week 1 – Campers will be introduced to camp traditions their parents likely enjoyed whole blending in a more modern take on "roughing it" with survivor games, building self-confidence along the way.	1 Yes No
2	June 1-5		Week 2 – As we delve into what makes a hero SUPER, our campers will explore their own strengths, learn ways to bully-proof themselves, and be inspired to become a force for good by being a hero to others.	2 Yes No
3	June 8-12		Week 3 – Inspired by live-action game craze that challenges contestants to follow clues, solve puzzles, and race to freedom for the ultimate quest, this week combines quick thinking, communication, and teamwork to win the game!	3 Yes No
4	June 15-19		Week 4 – Everything from writing and performing skits to stop-motion animation will be in the spotlight this week. Campers will discover new forms expression and see how fun it is to be a part of a performance team where everyone's uniqueness shines on center stage.	4 Yes No
5	June 22-26		Week 5 – Campers will design a small business venture and create a path for launching a product or service. By the end of the week, they will gain the leadership skills to showcase their concept	5 Yes No
6	June 29- July 3 (Closed July 3)		Week 6 – This week is all about expanding horizons to discover parts of America that are weird and wacky, but 100% real! Campers will pack their imaginary bags to explore attractions that are off the beaten path and create fun memories along the way.	6 Yes No
7	July 6-10		Week 7 – Campers will be challenged to find resources from their everyday world, devise an original concept and create something COOL. From flying solo to working in teams, campers will combine components of science, engineering, and art to design a ground-breaking invention or craft their own treasures.	7 Yes No
8	July 13-17		Week 8 – This week campers will spend the week exploring nature from both a big picture panorama to a microscopic view. By empowering component of science and applying their own ingenuity, campers will conduct exciting experiments and work together to protect the planet.	8 Yes No
9	July 20-24		Week 9 – This week, campers will use the elements of art and tools of design to unleash their inner artist and capture the energy of new-found passions. Campers will explore a variety of art techniques and a little art history while learning that creativity is for everyone and a fun skill to practice.	9 Yes No
10	July 27-31		Week 10 – It's a race against time to pack in as much fun as possible into this gold-medal celebration of the Tokyo 2020 Olympic games. We will participate in friendly competitions and learn what it means to be a vulnerable teammate. Campers will share unforgettable experiences where everybody wins the best prize of all- friends!	10 Yes No
11	August 3-7		Week 11 – Spirit Week brings Summer Camp 2020 full circle with a week-long celebration of memories, achievements and friendships. Each day involves a fun theme that presents everyone with countless ways to express themselves- whether it's crazy socks or fabulous costumes. Last Full Week of Summer Camp!	11 Yes No
12	Monday August 10		Monday, August 10 – If you are enrolled in our afterschool program you will only pay the \$25 dollar rate today. If you aren't enrolled in our afterschool program, you will be charged the \$50 drop in rate for today.	12 Yes No
	Tuesday August 11		Tuesday, August 11 - If you are enrolled in our afterschool program you will only pay the \$25 dollar rate today. If you aren't enrolled in our afterschool program, you will be charged the \$50 drop in rate for today.	12 Yes No

LISD First Day of School is Wednesday, August 12th, 2020

I understand that KRK is allowing me the opportunity to choose my weeks of summer camp. Therefore, I agree to the following schedule as completed above for my child. **I agree that if I sign up for a week and do not attend, I will be billed in full for that week.** If I do not sign up for a week and later wish to add that week, I may or may not have a space depending on enrollment. I agree to the above terms and dates.

Parent Signature _____ Date _____

Allergy and/or Dietary Restriction Form

Child's Name
Date of Birth

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="background-color: #ffff00; padding: 5px;">*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 ne</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 Stamp	
Physician's Signature (required)	Date

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's Signature	Date
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Form must be updated annually or anytime information verified by a physician changes.

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Photo/ Video Release Policy



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

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Tadpoles Enrollment



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;"> Parent or Guardian's Signature Date </div>			

Summer Camp 2020 Texting Communication



_____ I give permission for KRK to send text messages for announcements and emergency alerts.

Mother's Cell Phone Number: _____

Mother's Cell Phone Provider: _____
(Example: ATT, Sprint, Etc.)

Dad's Cell Phone Number: _____

Dad's Cell Phone Provider: _____
(Example: ATT, Sprint, Etc.)

_____ I do not give permission

Summer Camp 2020 Procure Enrollment



Procure 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

Discipline and Guidance Policy

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

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 _____

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 (Please circle one) 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 _____.

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: _____