



Center #52 • 3036 Old Atlanta Road • Cumming, GA • Tel: 678-648-3175 • Fax: 678-648-6993

GEORGIA STUDENT ENROLLMENT APPLICATION

Entrance Date: ____/____/____	Withdrawal Date: ____/____/____
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Childs Name: _____	Age: _____ Sex: _____	Birth Date: ____/____/____
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Child's Address: (City, State, Zip) _____	Home Telephone: () _____ - _____
Father's Name: _____ Home Address: _____	Home Phone: _____ Cell: _____ Email: _____ Social Security # ____ - ____ - ____
Father's Place of Employment: _____ Address: _____	Hours of Employment: From: _____ To: _____ Business Phone: () _____
Mother's Name: _____ Home Address: _____	Home Phone: _____ Cell: _____ Email: _____ Social Security # ____ - ____ - ____
Mother's Place of Employment: _____ Address: _____	Hours of Employment: From: _____ To: _____ Business Phone: () _____

Marital Status:

☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Single

Child's Primary Guardian(s)

☐ Both Parents ☐ Mother ☐ Father ☐ Other

Child's Living Arrangements:

☐ Both Parents ☐ Mother ☐ Father ☐ Other



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PARENTAL AGREEMENT WITH CHILD CARE CENTER

1. The Kids 'R' Kids #52GA Child Care Center agrees to provide childcare for

_____ (Name child is called) on **M-T-W-T-F** (*Circle Days*) from the
hours of: _____ until _____. (specific time period).

2. The child may be released to the person(s) signing this agreement, or to the following:

NAME	ADDRESS	CONTACT NUMBER
Relationship to Student:		
NAME	ADDRESS	CONTACT NUMBER
Relationship to Student:		
NAME	ADDRESS	CONTACT NUMBER
Relationship to Student:		

3. I agree to pay the total weekly fee of \$_____ on Friday for the upcoming week.

4. I agree to provide the center with all necessary information (current date, original prescription bottle, and doctors note to administer) pertaining to administering medicine to my child.

5. I understand my child will be provided with all snacks and lunch served daily during their hours of attendance.

6. I understand that it is my responsibility to escort my child into and out of, and to sign my child in and out of the center. I understand that a staff member will escort my child into the center when being transported from school, by county, or KRK transportation.

7. If my child wears diapers, I understand I will provide whatever disposable diapers are necessary for my child. I understand that only disposable diapers are permitted in the center.

8. I understand I am totally responsible for any special diet required by my child. Special diets must be accompanied by a doctor's note. If my child's diet consists of formula taken from a bottle, I understand I will provide Kids 'R' Kids with the appropriate number of bottles containing prepared formula necessary for my child each day. Each bottle will be clearly labeled with my child's name and dated, as per state regulations.



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9. Transportation is provided to and from school and on planned field trips with parental permission. A separate form and signature are required for this service. A school transportation form can be signed once for each school year. A field trip form must be signed before each trip.

10. Should my child become ill during the time that he or she is in the care of Kids 'R' Kids #52GA, or suffer an accident of any nature, the center will contact me immediately and shall be authorized to secure such medical attention and care for the child as may be necessary. (The parent will assume responsibility for payment). I agree to keep the center informed as to changes in telephone numbers, etc., where I may be reached.

11. My child has the following special need(s)

12. The following special accommodation(s) may be required to most effectively meet my child's needs while at this center:

13. My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

14. 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°, severe headache, upset stomach, or diarrhea, he or she cannot be accepted into the center 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 center.

Kids 'R' Kids will notify parents if a notifiable disease has been introduced into the center.

15. I understand that Kids 'R' Kids #52GA, Cumming, Georgia, while a Kids 'R' Kids franchise, is independently owned and operated and that neither Kids 'R' Kids International, 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.



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16. Emergency contact and release when parents cannot be reached:

NAME

ADDRESS

TELEPHONE

Relation to child: _____

17. **Physician** to be contacted when parents cannot be reached:

NAME

ADDRESS

TELEPHONE

18. If child is of school age, what school does he/she attend? _____

19. If I have not picked up my child by 7:00 p.m., and all attempts to contact me and all emergency contacts fail, Kids 'R' Kids will call Family and Children Services and Police.

20. I understand that it is my responsibility to keep the center advised on changes of addresses, phone numbers, etc.

I agree to abide by all policies and procedures of Kids 'R' Kids as outlined in this agreement and the Parent Handbook. I have read and understand the above statements.

Signed: _____ Date: _____

Parent or Guardian

Signed: _____ Date: _____

Director/Assistant Director



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Child Profile

Child Name: _____ **Birth Date:** ____/____/____

This profile will stay with your child. As your child grows and develops, changes should be noted or added to this form to keep your child's teachers in touch with the growth and development your child has made. We need your input on any changes taking place outside of school that may have an effect on your child while in our care. Thank you for your cooperation. *Note: Please write in "N/A" where the question does not apply to your child.*

1. Has your child had previous preschool experiences: Yes _____ No _____

Explain:

2. What would you like most for your child to experience with us?

3. What does your child most enjoy doing?

4. Does your child have any fears?

5. Do you consider your child shy or outgoing?

6. By what name does your child like to be called?



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7. What are your child's favorite toys?

8. About what things does your child express the most curiosity?

9. Does your child play with other children? Yes _____ No _____

10. List the names and ages of other children in your family.

11. What words are spoken in your home for toileting?

12. Does your child take a nap? Yes _____ No _____ how long? _____

13. Does your child need a favorite item (such as a blanket or stuffed animal) for a nap?

Yes _____ No _____

14. How many hours of sleep does your child usually receive at night? _____

15. Does your child have allergies? Yes _____ No _____

Explain:

16. Does your child have any special medical or physical needs? Yes _____ No _____

Explain:

17. Do you have a special interest or hobby you would like to share with the children?



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18. Are you available to help us with field trips or other special events?

Yes ____ No ____

19. Does anyone else care for your children? Yes ____ No ____ (Grandparents, Neighbors, etc.) Who?

20. What language is spoken in your home?

21. Authorized persons to pick up your child:

1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

Parents Signature: _____ **Date:** _____

Parents Signature: _____ **Date:** _____

Additional Notes:



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HEALTH AND EMERGENCY PERMISSION RECORD

Child's Name: _____ Birth Date: _____

Child's Primary Address: _____

Phone Number where child primarily stays: _____

Child's Physician: _____ Phone _____

Does the child have physical problems, mental health disorders, or developmental disabilities, which would limit the child's participation in the program and activities?

Yes _____ No _____

Specify: _____

Does the child have allergies? (foods, medications, insects, etc.)

Yes _____ No _____

Specify: _____

Is your child currently on any medication?

Yes _____ No _____

Specify: _____

Are there any special procedures that are required in caring for the child?

Yes _____ No _____

Specify Emergency Contacts in priority order:

Contact #	Name	Relationship to child	Best Contact Number	2 nd Contact Number
1				
2				
3				



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CONCENT TO EMERGENCY CARE TREATMENT

I, _____ give my permission for Kids 'R' Kids #52GA to seek medical attention for my child's (full name), _____, in the event of an emergency if I cannot be reached, and to hold harmless and release Kids 'R' Kids #52GA and Kids 'R' International, Inc., from all liability. I further agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached.

Parent's **Print** Name: _____ Date: ____/____/____

Parent's **signature** _____ Date: ____/____/____

Kids 'R' Kids #52GA emergency medical procedure will be:

1. Contact parent
2. Contact person listed as emergency contact
3. Call emergency medical team, if necessary
4. Have emergency medical team transport to nearest hospital
5. Will seek medical attention from:

Doctor: *The doctor on call from the hospital, and the phone number of the hospital stated below:*

Hospital this center uses is:

Northside Forsyth Hospital
1200 Northside Forsyth Dr. Cumming, Ga. 30041
Phone: 770-884-3246



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Photo Release

I hereby assign and grant to the photographer, or those for whom the photographer is acting as indicated above, the right and permission to copyright and/or use and/or publish, and republish, photographic pictures and portraits of the minor named below in which said minor may be included in whole or in part, in color or black and white, made through any media by the photographer at his studio or elsewhere, including the use of any printed matter in conjunction with such photographs.

I hereby waive my right to inspect and/or approve the finished photograph or advertising copy or printed matter that may be used in conjunction with such photographs, or to the eventual use that it might be applied.

I hereby release and discharge the above, its assigns, and all persons acting under its permission or authority or those for whom it is acting, from and against any liability as a result of any distortion, blurring, alteration, or optical illusion that may occur in the taking of the picture, or processing or reproduction of finished product.

I hereby warrant that I am of full age and competent to contract for the minor named below in so far as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents thereof.

Minor's Name

(Parent) or (Guardian) Circle one

PRINTED NAME

PRINTED NAME



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TRANSPORTATION AGREEMENT

I, _____, agree to allow the transportation of
(Parent full name)

my child; _____ to be transported
(Child's full name)

by **Kids 'R' Kids #52GA**. This consent agreement covers the following transportation activities:

☐ **Field Trips**

☐ **To and from child's School**

☐ **Emergency**

To be completed by KRK Management

My child is to be transported from KRK #52GA at _____.
(time)

My child is to be delivered to _____ at _____.
(School) (time)

My child is to be picked up from _____ at _____.
(School) (time)

My child is to be delivered to KRK #52GA at _____.
(time)

TRANSPORTATION GUIDELINES

1. In the event the designated location is unable to receive children they will be returned to **KRK #52GA**
2. Children will not be left unattended on any vehicle used for transportation.
3. Children will wear seat belts.
4. It is **vital** that **KRK #52GA** be notified of any changes in the above scheduled transportation.
5. **KRK #52GA** will assume the above schedule of transportation will be followed unless we receive different instructions from parents (instructions should be received by **KRK #52GA** at the earliest possible time.)

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

YOU WILL RECEIVE A COPY OF THE RULES THAT CHILDREN ARE EXPECTED TO FOLLOW WHILE IN THE VEHICLE. WE ASK THAT YOU REVIEW THESE RULES WITH YOUR CHILD/CHILDREN.

IT IS OUR GOAL TO PROVIDE A SAFE ENVIRONMENT FOR EACH CHILD WHILE IN THE VEHICLE.



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PARENT/GUARDIAN AGREEMENT

I have read and understand the contents of the Parent's Handbook and agree to abide by the stated policies/procedures.

Child's Name (Print)

Child's Name (Print)

Child's Name (Print)

Parent's Name (Print) Signature

Date: ____/____/____

Parent's Name (Print) and Signature

Parent's Name (Print) and Signature



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Infant Information Sheet

Child's Name: _____ Date: _____ Birth Date: _____

	Yes	No	Does your child eat:	Yes	No
Does your child take a bottle?	_____	_____	Strained Foods	_____	_____
Is the bottle warmed?	_____	_____	Baby Foods	_____	_____
Does your child hold the bottle?	_____	_____	Formula	_____	_____
Can your child feed him/herself?	_____	_____	Whole Milk	_____	_____
Does your child take a pacifier?	_____	_____	Table Foods	_____	_____
			Juice	_____	_____
			Other:		

What type of formula used?	_____	Date:	_____
Amount of formula to be given:	_____	Date:	_____
Updated amounts of formula:	_____	Date:	_____
	_____	Date:	_____
	_____	Date:	_____

Food Likes:	_____	Food Dislikes:	_____
	_____		_____

Food Allergies:

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- If any creams, ointments, or lotions are needed, a medication form will be necessary.
- Bottles must be premixed, labeled, dated, and ready to serve.
- **Kids 'R' Kids follows the recommendations of the SIDS Alliance sleeping practices for infants.**

Instructions for introducing solid foods:

Child's Schedule	Approximate Time	Types and Approximate Amounts of Food
Breakfast		
Lunch		
Dinner		
Morning Nap		
Afternoon Nap		

Additional Instructions

I understand it is my responsibility to keep Kids 'R' Kids Schools of Quality Learning updated, in writing, as my child's needs change.

Please update every 30 days or as any of the above information changes.

Date: / /

Parents: – *Print name*

Sign,

Date



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Media 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 #52 and its affiliates, franchisees, nominees, licensees, successors and assigns and those acting under their permission (hereinafter "KRK"), 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 KRK
 - 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 KRK and that KRK 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 KRK 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 KRK and contains the entire understanding between myself and KRK 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.

Print Child's Full Name

Print Parent/Guardian Name

Parent Signature

____/____/_____
Date

KRK/106/REV/06/11



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Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give Kids "R" Kids #52 permission to apply one or more of the following

topical ointments/preparations to my child, _____ | _____
(Child's First name) (Child's Last Name)

in accordance with the directions on the label of the container.

- _____ Baby Wipes
- _____ Band-Aids
- _____ Neosporin or similar ointment
- _____ Bactine or similar first aid spray
- _____ Sunscreen
- _____ Insect Repellent
- _____ Non-Prescription ointment (such as A & D, Destin, Vaseline, Chap Stick etc)
- _____ Other (please specify) _____

(Parent/Guardian Signature) _____ (Date) (upon enrollment)

(Parent/Guardian Signature) _____ (Date) (6 month update)

(Parent/Guardian Signature) _____ (Date) (6 month update)

**center will maintain a copy of this in the child's file and in the classroom binder*



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Preschool 2 Me – Enrollment Form

Preschool 2 Me is a Email and text messaging system that provides the KRK#52 with the ability to send daily reports, special notifications, and alerts to parents who have enrolled in this service. This is a NO CHARGE service we highly encourage parents to enroll in. It provides us with critical notification capability via TEXT message as well as the ability to send special pictures and messages to parents directly from teachers caring for your child throughout the day.

Student FIRST Name

Student LAST Name

Classroom: _____

Mom's **FIRST** Name

Mom's **LAST** Name

Email Address: _____

Cell Phone: (_____) _____ - _____

Dad's **FIRST** Name

Dad's **LAST** Name

Email Address: _____

Cell Phone: (_____) _____ - _____

Optional Third Person **First** Name

LAST Name

Email Address: _____

Cell Phone: (_____) _____ - _____