



Kids 'R' Kids Learning Academy of Fairfield  
 20151 Cypresswood Dr.  
 Cypress, TX 77433  
 Phone: 281-304-5437 Fax: 281-256-0009

## Enrollment Application

Child
Child's Full Name: _____ Age ____ Gender _____ Date of Birth ____/____/____ Child's Home Address: _____ Enrollment Date: ____/____/____
Parent/Guardian(s)
<b>Parent/Guardian Name:</b> _____ <b>Email:</b> _____ <b>Home Address:</b> _____ <b>Cell Phone:</b> _____ <b>DL #:</b> _____ <b>Place of Employment:</b> _____ <b>Work Phone:</b> _____ <b>Parent/Guardian Name:</b> _____ <b>Email:</b> _____ <b>Home Address:</b> _____ <b>Cell Phone:</b> _____ <b>DL #:</b> _____ <b>Place of Employment:</b> _____ <b>Work Phone:</b> _____ <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other: _____ <b>Child lives with:</b> _____ <b>Days and hours in care:</b> M T W TH F (Please Circle) From: _____ o'clock To: _____ o'clock
<b>School Age Children:</b> My child attends _____ elementary. Phone: _____ My child's current immunizations are on file at the school: Yes _____ No _____
AUTHORIZATION for EMERGENCY MEDICAL ATTENTION
<p style="text-align: center;"><b>In the event that I cannot be reached, I authorize the management or teacher of Kids R Kids #26TX to take my child to:</b></p> <b>Name of Physician:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Name of Hospital or Clinic:</b> _____ <b>Phone:</b> _____ <b>Parent/Guardian Signature:</b> _____ <b>Date:</b> _____
<p style="text-align: center;"><b>The following person(s) may be contacted in the event of an emergency if parents cannot be reached.            They have my permission to pick up my child(ren):</b></p> <b>Name:</b> _____ <b>Phone:</b> _____ <b>Relation:</b> _____ <b>Name:</b> _____ <b>Phone:</b> _____ <b>Relation:</b> _____ <b>Name:</b> _____ <b>Phone:</b> _____ <b>Relation:</b> _____

List any allergies or special needs your child may have: \_\_\_\_\_

List any serious illness, injuries, physical problems, mental health disorders, mental retardation of development disabilities, which would limit the child's participation: \_\_\_\_\_

I have received a copy of the "Parents Guide To Daycare", "Crisis Response Plan" Yes \_\_\_ No \_\_\_ **Director's Name: Elizabeth Solano**

**Transportation:** I give \_\_\_ do not give: \_\_\_ Permission for my child to be transported on: (Please check all that apply) Field Trips: \_\_\_  
 To and From School: \_\_\_ Emergencies: \_\_\_

**Water Activities:** I give: \_\_\_ do not give: \_\_\_ permission for my child to participate in: Splash Pad: \_\_\_ Sprinklers: \_\_\_ Water Table: \_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



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## Health Requirements

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**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 Kids R Kids of Fairfield 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 and Hearing required for all children 4 years and older who do not attend pre-kindergarten or school away from the child-care operation and are currently enrolled at Kids R Kids of Fairfield.

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE: _____		DATE: _____	
<b>HEARING</b>	1000 Hz	2000 Hz	4000 Hz
R			
L			
<b>Health Care Professional's Signature:</b> _____		<b>Date:</b> _____	

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## Health and Emergency Permission

### Child

Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_

### Parent/Guardian(s)

Parent/Guardian Name \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

### Medical Information

Doctor to be contacted when parents cannot be reached:

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist:

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Health Insurance Provider:

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Does your child have special needs affecting participation in school activities?  Yes  No

Specify: \_\_\_\_\_

Does your child have allergies?  Yes  No

Specify: \_\_\_\_\_

Actions Taken: \_\_\_\_\_

### Emergency Contacts

The child may be released to the person(s) signing this agreement or to the following with photo ID:

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency contact(s) when parents cannot be reached:

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Management Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



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Transportation Agreement

The following information is required by Kids 'R' Kids annually

Child's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Kids 'R' Kids # 26 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: Memorial Hermann Cypress Hospital

Address: 27700 Northwest Freeway Phone: 346.231.4200

I, \_\_\_\_\_ give permission for Kids 'R' Kids #26 to seek medical attention and /or transport my child \_\_\_\_\_, in the event of an 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: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

- In the event the designated location is unable to receive children they will be returned to Kids 'R' Kids #26.
• It is vital that Kids 'R' Kids #26 be notified of any changes in the above scheduled transportation.
• Kids 'R' Kids #26 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 #26 by the earliest possible time.

I, \_\_\_\_\_ agree for my child to be transported by Kids 'R' Kids #26

- To school
From school
Field Trips
Emergency medical care

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent/Guardian Signature

Date



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### Child Profile

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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.

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 enjoy doing?

\_\_\_\_\_

\_\_\_\_\_

4. Does your child have any fears?

\_\_\_\_\_

\_\_\_\_\_

5. Do you consider your child shy or outgoing?

\_\_\_\_\_

\_\_\_\_\_

6. What are you child's favorite toys?

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

8. Does your child play with other children? Yes\_\_\_ No\_\_\_

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

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

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11. Does your child take a nap? Yes\_\_\_ No \_\_\_How long? \_\_\_

12. Does your child need a favorite item (such as a blanket or stuffed animal) for a nap? Yes\_\_\_ No \_\_\_

13. How many hours of sleep does your child usually sleep at night? \_\_\_\_\_

14. Does your child have allergies? Yes\_\_\_ No \_\_\_

Explain:

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15. Does your child have any special medical or physical needs? Yes\_\_\_ No \_\_\_

Explain:

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

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17. Are you available to help us with field trips or other special events? Yes\_\_\_ No \_\_\_

18. Does anyone else care for your children? (Grandparents, Neighbors, etc.) Who?

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19. What language is spoken in your home?

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Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Notes:

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### General Information

Center Hours: 6:00am - 6:30pm

If your child is picked up after 6:35pm, there will be a charge of \$5 per minute.

Owners: Chad & Monica Sundbeck

Meals: Breakfast is from 6:30am - 8:00am. If you choose to drop your child off after 8:00am, you must dine with them in the café. Morning snack and lunch will be served in the café for Suites 250 - 550. Afternoon snack will be served in the classroom.

Curriculum: Kids 'R' Kids International provides each franchise with an excellent curriculum that includes Brain Waves, STEAM and Technology related activities.

A family supply fee is due every February 1<sup>st</sup> and August 1<sup>st</sup>.

Security: Our entry door is always locked, and keypad operated. We ask that parents accompany ALL children inside the building and clock them in so that our attendance records are accurate per licensing.

Tuition: Tuition is due each Monday for that week. Payments can be made in any increment with cash, check or ACH. Accounts with a remaining balance at the close of business on Friday will incur a \$50 late fee.

One day of attendance constitutes a full week and full tuition is due. Sick or vacation days missed are not prorated. Children who are absent the entire week will pay one-half of their weekly tuition. This ensures your child's enrollment in that class.

After one year of attendance a full missed week with no tuition will be granted.

Enrollment: A one-time, non-refundable registration fee is due prior to the first day of attendance. Current immunizations are required upon enrollment and hearing/vision testing is required for all 3 to 5 year-olds.

Closures: The Center will be closed for the following holidays: New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving, Black Friday and Christmas Day. We will alert you if we will be closed additional days before or after New Year's or Christmas.

We will also be closed for teacher in-service days on Presidents Day and Columbus Day.

If CFISD is closed due to inclement weather or national emergency, we will also be closed.

Tuition will not be prorated on any of these weeks.

School-aged children who are in attendance for full days during an ISD holiday will incur an extra charge. See the front desk for more information.

Illness: Although it is a priority to keep parents at work when a child doesn't feel well, state regulations require that we send children home who: have a temperature of 100.0, have been diagnosed with a communicable disease, have been vomiting or had diarrhea consistently. Children may only return with a doctor's note or when they have been symptom-free for 24 hours.

**I have read the policies regarding payment of tuition fees and understand the policies as stated above.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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### Center Policies

1. I agree to provide the center with all information pertaining to medications for my child.
2. I understand that my child will be provided with breakfast, all snacks and a nutritious lunch served daily during their hours of attendance if a full-time student.
3. I understand that it is my responsibility to escort my child into and out of the building, and to sign him/her in and out on the computer each day. I understand that a staff member will escort my child into and out of the center when being transported by KRK transportation.
4. If my child wears diapers, I understand that it is my responsibility to provide the center with the necessary amount of disposable diapers for my child each day/week.
5. I understand that I am responsible for ANY special diet required for my child. Special Diets include but aren't limited to allergies, vegetarian, and any religious preferences. (To prevent allergic reaction to newly introduced foods for infants, we ask that parents provide the center with baby food that has already been tried by the child at home. Each jar is to be unopened and labeled with the child's full name.) I further understand that should I provide my child's own lunches and food for any reason, that Kids R Kids is not responsible for their nutritional value. (Peanut butter products are not allowed in the building under any circumstances.)
6. Transportation is provided to and from school and on planned field trips with parental permission. A separate form and signature will be required for this service. School transportation agreements can be signed once each school year. I give my consent for my child to be transported in case of an emergency.
7. Should my child become ill or suffer a serious injury during the time he or she is in care at Kids R Kids the center shall undertake to contact me immediately. The center shall be authorized to secure such medical attention and care for my child as may be necessary. (The parent will assume responsibility for payment.)
8. I agree to keep the center informed as to changes in telephone numbers, addresses, etc. where I may be reached.
9. I understand that Kids 'R' Kids #26TX, while a Kids 'R' Kids franchise, is independently owned and operated, I further understand that if my child has not been picked up by 7:00pm and all attempts to reach me and all of my emergency contacts fail Kids 'R' Kids Will Call Family and Children Services and the police.
10. I understand the Kids 'R' Kids #26 TX is not responsible for ANY Personal Items that are left, lost, damaged, and or stolen. This includes but is not limited to clothes, toys, backpacks, and etc.
11. Should my child have any allergies or special needs, I understand and agree that a picture will be displayed in the allergy area of the classroom and kitchen in order to help substitutes and teachers identify and child for safety reasons.

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Signature

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Date





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### Policies Regarding Health

In our center, we have very specific guidelines for parents to reference regarding health. These policies are intended to be very clear on what issues make it necessary for your child to be kept out of school. It is our hope that these policies address all concerns from parents and staff. Administered correctly and fairly, they should protect the best interest of **ALL** our children, well and ill, as well as our staff. In order to keep the children healthy and maintain a safe environment, we ask for your help with the following guidelines.

- 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 the other children at risk.
- A child with a fever of 100.0 degrees or higher will be sent home. It is required that the child be kept out of school until he/she has been fever-free for 24 hours.
- A child showing signs of the following symptoms will be sent home:
  - Diarrhea or vomiting (you will be called to pick up on the **3rd** episode)
  - Deep or hacking cough, or a sore throat
  - Continuous runny nose with a yellow or green color
  - Any suspicious rash that has **NOT** been diagnosed by a physician
  - Undiagnosed and untreated pink, swollen, or matted eyes
- A child may return to school when any of the following occur:
  - Temperature has been normal for 24 hours without fever reducer.
  - Active signs of illness (diarrhea, vomiting, rash etc.) have been gone for 24 hours.
- Return to school release form from the physician stating he/she is **NOT** contagious.

*(Please note: Your child **MUST** be picked up within **one hour** after being contacted. A child may return to school with secondary symptoms from colds and flu, as they may linger for several weeks without the child being contagious)*

- All over the counter medication **MUST** be in its original container labeled with the child's full name. Over the counter medications can **ONLY** be administered in amounts according to the label directions and **MUST** have a return to school release form from the physician that says he/she is not contagious.
- All medicine **MUST** have a Medication Authorization form filled out with the dosage amounts, times to be given, and the parent's signature. Authorization form to dispense over the counter medication expires **2 weeks** from signature date.
- Medications will be administered at 11:00am and 3:00pm each day. Please try to coordinate your child's morning dose with these dosage times.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Playground Rules

1. Always follow the teacher's instruction.
2. PLAY SYSTEM:
  - a. Never run or play games on top portion of the play systems
  - b. Always go up the ladder, down the slides
  - c. Never jump from the top of the play systems
3. Keep our playground clean, always place trash in proper containers.
4. Do not write or draw on the building
5. No climbing the fence
6. No jumping or doing flips from the swings. Do not throw swing over the top of bar. Always keep clear when others are on the swing.
7. Always be in the clear view from your teacher. No hiding from your teacher.
8. Disputes shall be handled by your teacher or director.
9. NO FIGHTING!!! If you see other children fighting, you should report them to your teacher. Any incident of fighting can be cause for suspension from Kids R Kids.

I have read the above rules with my child(ren).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

My child is an infant/toddler, but I have read and understand the rules that my child will be responsible for.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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### Photo Release

I hereby assign and grant to the photographer, or those for whom the photographer is acting as indicating 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 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 improve the finished 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/Guardian Signature

\_\_\_\_\_  
Date

### Photo Posting Permissions

I hereby give specific permission to post my child's picture (check applicable boxes):

- On the Kids 'R' Kids of Fairfield Facebook, Instagram or Twitter sites
- On the Kids 'R' Kids of Fairfield Website
- I do not wish for my child's picture to be posted on Kids 'R' Kids of Fairfield Social Media Pages and Website

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Movie Release

Kids R Kids #26 periodically shows movies that are theme related to the curriculum. We may also have a "movie day" for entertainment purposes for our 2-year old's and older on inclement weather days. (check applicable boxes):

- My child has my permission to watch PG-rated movies while at Kids R Kids # 26.
- My child does not have my permission to watch PG-rated movies while at Kids R Kids # 26.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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## Discipline and Behavior Management Policy

Praise, positive reinforcement, and redirection are effective methods for behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy taken from Kids 'R' Kids Parent Handbook and the NAEYC Code of Ethics.

At Kids 'R' Kids we use a method of 'redirection' to guide children toward appropriate behavior. If a child is engaged in behavior that is not conducive to a safe and happy learning environment, the teacher will "redirect" the child toward appropriate behavior.

"Above all, we shall not harm children. We will not participate in practices that are disrespectful, degrading, dangerous, exploitative, intimidating, emotionally damaging, or physically harmful to children." (NAEYC Code of Ethics - Principle 1.1)

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I, the undersigned parent or guardian of \_\_\_\_\_ (print child's full name), do hereby state that I have received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director (or the other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

\_\_\_\_\_  
Date of Child's Enrollment

\_\_\_\_\_  
Signature of Parents or Guardian

\_\_\_\_\_  
Signature of Director (or designated staff member)