



Kids 'R' Kids 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)
Parent/Guardian Name: _____ Email: _____ Home Address: _____ Cell Phone: _____ DL #: _____ Place of Employment: _____ Work Phone: _____ Parent/Guardian Name: _____ Email _____ Home Address: _____ Cell Phone: _____ DL #: _____ Place of Employment: _____ Work Phone: _____ Marital Status: Married Separated Divorced Widowed Other: _____ Child lives with: _____ Days and hours in care: M T W TH F (Please Check) From: _____ o'clock To: _____ o'clock
School Age Children: My child attends _____ elementary. Phone: _____ My child's current immunizations are on file at the school: Yes _____ No _____
AUTHORIZATION for EMERGENCY MEDICAL ATTENTION
In the event that I cannot be reached, I authorize the management or teacher of Kids R Kids #26TX to take my child to: Name of Physician: _____ Address: _____ Phone: _____ Name of Hospital or Clinic: _____ Phone: _____ Parent/Guardian Signature: _____ Date: _____
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): Name: _____ Phone: _____ Relation: _____ Name: _____ Phone: _____ Relation: _____ Name: _____ Phone: _____ Relation: _____

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.

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

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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?



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Infant Child Profile
For children ages 6 weeks- 12 months

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 the new classroom.

Child's Full Name: _____ Date of Birth: ____/____/____

Parent/Guardian's Name: _____

1. Has your child had previous group care experiences? Yes No
2. What language(s) is spoken in your home? _____
3. List the names and ages of siblings.

4. Do you have pets at home? Yes No If yes, please list type of pet and name.

5. What milestone(s) has your child reached? (I.e. rolling over or crawling)

6. Does your child take a pacifier? Yes No When? _____
7. How often and how long does your child nap? _____
8. How many hours does your child sleep at night? _____
9. List any additional care plan instructions, i.e. diapering or sleeping _____

Parent/Guardian Signature

____/____/____
Date



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General Information and Policies

- HOURS: 6:00am to 6:30pm
OWNERS: Monica Sundbeck, who is on-site daily, owns the center along with her husband, Chad Sundbeck who is involved in many operations of the center.
CURRICULUM: Age appropriate curriculum is provided for every age group, during the school year and summer. Educational programs are designed and administered by a certified center administrator and owners.
SECURITY: The entire center is monitored 24 hours a day by a video surveillance system for the parents' piece of mind.
TUITION: Tuition stated is based on a weekly schedule unless otherwise noted. Parents may set a payment schedule that best suits their needs.
PAYMENT: A registration fee and first week's tuition is required before the first day of attendance.
ILLNESS: Although our focus is to keep parents at work when a child does not feel well, state regulations do not allow us to keep sick children if the following conditions exist.
HOLIDAYS: The Center is closed on the following holidays: New Years Day, Good Friday, Memorial Day, Columbus Day, Presidents Day, Independence Day, Labor Day, Thanksgiving Day and the day after, and Christmas Day.

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.

INFANT FEEDING POLICIES:

1. If my child's diet consists of formula or breast milk that is taken from a bottle, **I understand that I will provide Kids R Kids with the appropriate number of bottles containing formula or breast milk needed for each day.**
2. Kids R Kids infant room staff may not mix formula or whole milk with food or solids without written permission from the child's health-care provider. Such permission must contain a medical reason for this practice.
3. I understand that formula and human milk are discarded after one hour including any formula that is served but not completely consumed or is not refrigerated.
4. All bottles are warmed by use of a crock pot.
5. Accommodations are provided to parents wishing to breast feed while at our facility.
6. All children are held while feeding, bottles are not ever propped.
7. Solid food is fed from disposable containers, not from the manufacturer's packaging.
8. Children must be at least six months old before solid food will be offered unless permissions is given by the child's health care practitioner.

I have read and fully understand the above policies and agree to abide by all policies outlined in this agreement, the Health policies, the Tuition policies, and the Parent Handbook.

Parent/Guardian Signature: _____ 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** of 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.

I have read and understand the above policies.

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
- 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)

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): _____