

# ***Instructions for Online Enrollment Packet***

**EVERY LINE MUST BE FILLED IN.**

**Sign every sheet by typing your name.  
(This will be your electronic signature.)**

## **Options for Delivery:**

**1. Print and return to Kids 'R' Kids**

**2. E-mail to:**

**christi@kidsrkidspearland.com**



1820 Pearland Parkway  
Pearland, TX 77581  
281-412-4777

Welcome to your child's  
New School

Please fill out this entire packet,  
and return to the front desk on or  
before your child's first day.

Thank You!



## Enrollment Application

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Ph#: \_\_\_\_\_ Days and hours in care: M T W TH F (Please circle) From \_\_\_\_\_ to \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Mother's Driver's License Number \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Father's Driver's License Number \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Parent's Marital Status: S \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ W \_\_\_\_\_ Child lives with: \_\_\_\_\_

The Child may be released to the following people with proper identification:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

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

HOW DID YOU HEAR ABOUT US?? \_\_\_\_\_

### AUTHORIZATION for EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached, I authorize management to call 911 and have my child transported to:

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_

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

Name of Hospital or Clinic: **Memorial Hermann Southeast Hospital** Phone: **281-929-6100**

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Transportation: I give \_\_\_\_\_ do not give \_\_\_\_\_ permission for my child to be transported on:

(please check) Field Trips \_\_\_\_\_ To and from school \_\_\_\_\_

Water Activities: I give \_\_\_\_\_ do not give \_\_\_\_\_ permission for my child to participate in:

(please check) Splash Park \_\_\_\_\_

Photograph/Social Media/Website: I give \_\_\_\_\_ do not give \_\_\_\_\_ permission to be included

**SCHOOL AGE CHILDREN:** My child attends: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

My child's current immunizations are on file at the school: Yes No

Director's name: **Tasha Watts**

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Vehicle Emergency Medical Information

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

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Hm. Ph# \_\_\_\_\_ Wk. Ph# \_\_\_\_\_

Mother's Name \_\_\_\_\_ Hm. Ph# \_\_\_\_\_ Wk. Ph# \_\_\_\_\_

In an emergency and parents cannot be reached:

Name \_\_\_\_\_ Hm. Phone \_\_\_\_\_ Wk. Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Hm. Phone \_\_\_\_\_ Wk. Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone# \_\_\_\_\_

Medical Facility this center uses: **Memorial Hermann Southeast Hospital** Phone #: **281-929-6100**

Address: **11800 Astoria Blvd. Houston, TX 77089**

Child Allergies \_\_\_\_\_

Current Prescribed Medication: \_\_\_\_\_

Child's Special Medical Needs and Condition: \_\_\_\_\_

In the event of an emergency involving my child, and if Kids R kids 44tx cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expense incurred during the treatment of my child and to hold harmless and release Kids R Kids International, Inc., from all liability.

In the event of an evacuation from our school, all children will be transported to LA Fitness located at 2850 Pearland Parkway Pearland, TX 77581. The phone number is 281-971-1555.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witnessed By \_\_\_\_\_ Date \_\_\_\_\_

## Discipline and Guidance Policy for \_\_\_\_\_

Name of Operation

- ◆ Discipline must be:
  - (1) Individualized and consistent for each child;
  - (2) Appropriate to the child's level of understanding; and
  - (3) 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:
  - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
  - (3) Redirecting behavior using positive statements; and
  - (4) Using brief supervised separation or time out 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:
  - (1) Corporal punishment or threats of corporal punishment;
  - (2) Punishment associated with food, naps, or toilet training;
  - (3) Pinching, shaking, or biting a child;
  - (4) Hitting a child with a hand or instrument;
  - (5) Putting anything in or on a child's mouth;
  - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
  - (7) Subjecting a child to harsh, abusive, or profane language;
  - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;and
  - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check one please:

☐ parent      ☐ employee/caregiver      ☐ household member of child-care home



### *Policies Regarding Payments of Tuition and Fees*

Please understand that the standard we have set for the care and education of our children makes it vitally important that parents have a clear understanding of what our policies are regarding the payment of tuition fees. Not unlike your family's own personal budget, our school also operates on a budget that is based on payments of tuition. You will find that our tuition fees are "all inclusive", meaning that, all services and programs that we provide for your children are taken care of in their tuition, and the center shares all student related costs. There are a very limited number of reasons for any up-charges or additions to a student's tuition, with the exception of any outside offered services such as dance and exercise, computer classes, class pictures, book sales, etc. We would also like to mention that any commissions earned from outside services, by our center, are returned directly into the school's budget with no exceptions.

If you have any questions about our policies regarding tuition fees, please do not hesitate to ask.

I agree to pay \$\_\_\_\_\_ each Friday for tuition for my child(ren).

1. Tuition is paid in advance and due of Friday, for the upcoming week.
2. Tuition that remains unpaid after the close of school the following Monday will incur a **late charge of \$50**. Account balances that remain into the next week are accessed the same fee again, until the account is brought to a zero balance.
3. Late fees are assessed unless prior arrangements have been made with Kids R Kids owners/managers.
4. Late pick-up fees are assessed beginning 5 minutes after school closing time at the rate of \$5.00 for every 5 minutes thereafter.
5. Payments for tuition can be made in any amount, as long as it is over the amount of one week's program charges. Parents are welcome to pay tuition weekly, bi-monthly, monthly, etc.
6. There is a \$25 charge for returned checks.
7. One day's attendance constitutes a full week. Illness days or vacation days are not prorated out of that week. Children out the entire week due to illness or vacations pay one-half of their tuition. These policies insure your child's enrollment in that class.
8. Families are entitled to one tuition-free vacation week after one year of continuous enrollment. (This only applies if your child does not attend.)
9. A \$100 Registration Fee will be paid upon each enrollment and at the beginning of each new school year (August) or upon each child's re-enrollment throughout the year.
10. Enrollment fees are NON-REFUNDABLE.
11. Tuition can be paid by check, money order or cash. You may set up automatic bill pay with your bank, use either your child's name as the account number or in memo section.

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

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

\_\_\_\_\_  
Date



## Center Policies

1. The Special Senses and Communication Disorders Act, Texas Health and Safety Code, Chapter 36, requires a screening or professional examination for possible vision and hearing problems for all children enrolled in programs who are four years of age by September 1 of each year.
2. Please do not bring peanut items to Kids R Kids #44. We are a PEANUT FREE SCHOOL.
3. Kids 'R' Kids #44 is a GANG free, DRUG free, GUN free and BULLY free zone.
4. Kids R Kids #44 encourages, however, does not require employees to follow vaccination guidelines.
5. I understand that I am not to dress my child in family heirlooms or fancy clothing. I understand that while my child is learning they might get dirty. Kids R Kids #44 is not responsible for any stained or ruined clothes.
6. I understand that it is my responsibility to escort my child into and out of the building, and to sign him or 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 county or KKR transportation.
7. 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.
8. Kids 'R' Kids #44 will provide, breakfast (served until 7:30), AM snack, lunch, and a PM snack.
9. I understand that I am responsible for any special diet required for my child.
10. 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. Each bottle shall be clearly labeled with my child's full name and the date the bottle was filled.
11. 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. Field trip forms must be signed for each trip. I give my consent for my child to be transported in case of an emergency.
12. Should my child become ill or suffer a serious injury during the time he/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 the payment.)
13. I agree to keep the center informed as to changes in telephone numbers, addresses, etc. where I may be reached.
14. I understand that KIDS R KIDS #44, while a KIDS R KIDS franchise, is independently owned and operated. I further understand that neither KIDS R KIDS International, Inc. nor any KIDS R KIDS center other than this one is responsible for the actions or obligations of this center.
15. I understand that if my child has not been picked up by the close of business, I may be charged a late pick-up fee. I further understand that if my child has not been picked up by 7:30pm and all attempts to reach me and all of my emergency contacts fail, KIDS R KIDS will call Family and Children Services and Police.
16. A copy of the Minimum Standards Rules for Licensed Child-Care Centers is available for you to review at this facility. You can also request a copy of these standards from your local Child Care Licensing office by calling them at 281-940-3009 or logging on to [www.tx.childcaresearch.org](http://www.tx.childcaresearch.org).
17. All staff is required to report any suspected child abuse. We provide contact information Child Protective Services, 1-800-252-5400, Poison Control can be reached 1-800-764-7661.
18. All staff receives annual training on signs and symptoms related to Child Abuse & Neglect. We provide contact information and or training for any parent who suspects a child is a victim of abuse or neglect upon request.
19. Kid R Kids has an open-door policy. You may visit anytime during operating hours without notification.



### Center Policies (Continued)

20. Kids R Kids #44 encourages, however does not require employees to follow vaccination guidelines. If ill employees showing signs of fever of 100.4 degrees will be sent home. We ask that the employees be out of school until he/she has been fever free for 24 hours without fever relieving medicine. Should a staff show signs of the following symptoms he/she will be sent home.
- Diarrhea or vomiting (twice in 24 hours)
  - Deep or Hacking cough or sore throat
  - Continuous runny nose
  - Any suspicious rash that has not diagnosed by a physician
  - Undiagnosed and untreated pink, swollen, matted, or runny eyes
21. Employees may return to school when any of the following occur:
- Temperature has been normal for 24 hours
  - Active signs of illness (diarrhea or vomiting) have been gone for 24 hours
  - The employee's physician releases the employee to return to school
  - (Please note: An employee may linger for several weeks without the employee being contagious.)
21. Procedure for parents to discuss concerns with the director: Call 281-412-4777 or see in person at any time
22. Procedure for parental notification: 1) by phone, 2) other contacts, 3) e-mail

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 in the Parent handbook.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 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 health 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 other children at risk.
- A child with a fever of 100.4 degrees will be sent home. We ask that the child be kept out of school until he/she has been fever free for 24 hrs without fever relieving medicine.
- A child showing signs of the following symptoms will be sent home:
  - Diarrhea or vomiting (twice in 24 hrs)
  - Continuous runny noses with a yellow or green color
  - Any suspicious rash that has not been diagnosed by a physician
  - Undiagnosed and untreated pink, swollen, matted or runny eyes
- A child may return to school when any of the following occur:
  - Temperature has been normal for 24 hrs without medication
  - Active signs of illness (diarrhea or vomiting) have been gone for 24 hrs
  - Provide a physician's written release stating the child may return to school, and is not contagious
- A child that is taking prescription medications **MUST** have label containing child's name and administration instructions.
- Over-the-counter medication **MUST** have a written release from the physician. The release must state child's name, medication, how often, the dosage, and indication for administration.
- ALL medications must have a medical form filled out by the parent and be in its original container; expired medicines will be returned to parents for disposal.
- Parent must keep the child current on immunizations as per the Texas Department of Health and a copy must be supplied to the center.

**Medicine is given at 11am & 3pm daily. To ensure your child is included, please coordinate your child's morning dose with these dosage times.**

I have read and fully understand the policies regarding health at Kids R Kids #44.

Parent/ Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_



### INTERNET REQUESTS

By signing, you agree that only the people who register online will have access to their codes. This list should be limited to immediate family members such as parents, grandparents, aunts and uncles.

By signing, for security reasons, you agree not to manufacture, take, reproduce, print or save in any way, pictures or videos from "Watch Me Grow."

Violation of the above agreement will terminate usage of your personal code.

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

\_\_\_\_\_  
Print child's name

\*Parent's E-mail address: \_\_\_\_\_  
\_\_\_\_\_

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Today's technology through computers, video and the Internet has given Kids R Kids the opportunity to offer a unique way for parents to be at "peace of mind" about their child(ren) while at work. Kids R Kids is very excited about being able to bring this new technology and service to our parents.

However, for our children's protection there are some very serious issues that must be addressed and understood. While the video images are protected and security safeguards and access codes are in place to protect our children, it is important to realize that this system works through the Internet, and is only as secure as you the parent allow it to be. You have the option to register online to view your child(ren).  
To register:

1. Log on to [www.kidsrkidspearland.com](http://www.kidsrkidspearland.com)
2. Select Parent Area
3. Select Online Parent Viewing
4. Click Sign-up "Watch Me Grow"
5. Fill in your information
6. Click Create My Account

Congratulations, you have now completed the registration portion. A member of the management team will now confirm access as it appears. Also, please inform the center of any family members that have registered for access.



## HOURS OF OPERATION

6:00 a.m. – 6:30 p.m. M-F

NEW YEAR'S EVE	CLOSE @ 3:00 p.m.
NEW YEAR'S DAY	CLOSED
MEMORIAL DAY	CLOSED
FOURTH OF JULY	CLOSED (Will observe the day before or the day after if it falls on a weekend)
LABOR DAY	CLOSED
THANKSGIVING DAY	CLOSED
FRIDAY AFTER	CLOSED
CHRISTMAS EVE & DAY	CLOSED

Signature\_\_\_\_\_

Date\_\_\_\_\_



## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

### Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

**Part 3. (Applies only to parents/guardians with children enrolled in a day care home)** If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

Check here if no eligibility number ☐

### Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List <b>only</b> household members with income) (Example) Jane Smith	B. Gross income and how often it was received <b>Note:</b> Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$200/bi-monthly _____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

### Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_ ☐ I do not have a Social Security Number



## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

### Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian  
☐ White  
☐ Black or African American  
☐ American Indian or Alaska Native  
☐ Native Hawaiian or Other Pacific Islander

### Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- ☐ I do elect to allow my household information to be disclosed.  
☐ I do not elect to allow my household information to be disclosed.

### Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_ Reduced \_\_\_\_ Denied \_\_\_\_ Tier I \_\_\_\_ Tier II \_\_\_\_

Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

### Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;  
(2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



If you would like instant updates on your child's day, and/or any school notifications, please download the kids reports app!

You can receive updates through e-mail, text messages and push notifications. Just open your welcome letter to get your user name and password.

Parent/Guardian Name and e-mail:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name and e-mail:

Name: \_\_\_\_\_

Email: \_\_\_\_\_



## Suite 400 Child Profile

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

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This profile will be updated with your child's promotion to the next class. However, 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 affect on your child while in our care. Thank you for your cooperation.

1. Does your child have allergies to foods? Yes \_\_\_\_ No \_\_\_\_  
Explain: \_\_\_\_\_
2. Does your child have any allergies to anything other than food? Yes \_\_\_\_ No \_\_\_\_  
Explain: \_\_\_\_\_
3. Will you be providing any additional meals or snacks for your child: Yes \_\_\_\_ No \_\_\_\_  
Explain: \_\_\_\_\_
4. Does your child have any special medical or physical needs? Yes \_\_\_\_ No \_\_\_\_  
Explain: \_\_\_\_\_
5. Has your child had previous preschool experiences: Yes \_\_\_\_ No \_\_\_\_  
Explain: \_\_\_\_\_
6. What would you like most for your child to experience with us? \_\_\_\_\_  
\_\_\_\_\_
7. What does your child most enjoy playing with? \_\_\_\_\_  
\_\_\_\_\_
8. Does your child have any particular fears? \_\_\_\_\_
9. Does your child play with other children outside of school? Yes \_\_\_\_ No \_\_\_\_
10. List the names and ages of other children in your family? \_\_\_\_\_  
\_\_\_\_\_
11. Does your child take a nap? Yes \_\_\_\_ No \_\_\_\_ How long? \_\_\_\_\_
12. Is your child potty trained? Yes \_\_\_\_ No \_\_\_\_

13. Does your child serve/feed themselves? Yes \_\_\_\_ No \_\_\_\_

14. Can your child recognize their name? Yes \_\_\_\_ No \_\_\_\_

15. How does your child hold crayons/pencils? \_\_\_\_\_

16. What is the marital status of the child's parents? (M) \_\_\_\_ (S) \_\_\_\_ (D) \_\_\_\_ (W) \_\_\_\_ (O) \_\_\_\_

17. Who else besides the immediate family resides in the home? \_\_\_\_\_

18. Does anyone else care for your children? (ex: grandparents, neighbors, etc.) Yes \_\_\_\_ No \_\_\_\_  
Who? \_\_\_\_\_

19. What language is spoken in your home? Primary \_\_\_\_\_ Secondary \_\_\_\_\_

20. Authorized persons to pick up your child:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_

Additional notes or comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Distribution**

- Front Desk Forms
- Infant/Toddler Classroom Log
- Preschool/School-Age Classroom Log

**Topical Ointment and Cream Authorization**

All topical ointments and creams must be current, in its original container and labeled with the child's full name. Follow state guidelines for new authorization. If guidelines are not stipulated, all authorizations must be updated every six months.

Child's Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Classroom: \_\_\_\_\_

Dates: Start \_\_\_\_\_

End \_\_\_\_\_

\_\_\_\_\_ Sunscreen/Insect Repellent

Product Name: Bullfrog Mosquito Coast

Expiration Date: \_\_\_\_\_

\_\_\_\_\_ Sunscreen

Product Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_\_\_ Insect Repellent

Product Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_\_\_ Non-Prescription ointment (such as Diaper Cream)

Product Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Product Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_\_\_ Other (Please specify)

Product Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Product Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Specific Terms of Use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

## **Health Requirements for Enrollment**

- 1. Health Requirements must be signed by your child's doctor within one week of enrollment.**
- 2. Immunizations: A copy of shot records must be brought in on the first day of enrollment or before.**
- 3. Medical Release Form: Please sign if you would like us to obtain your child's shot records, vision and hearing, or doctor's statement of health.**
- 4. Vision and Hearing results must be provided for all children 4-5 years of age upon enrollment.**



## HEALTH REQUIREMENTS

Child's Name

Date of Birth

Please bring in a copy  
of the Immunization  
Records

Vision & Hearing Test: To be completed at the child's four year old check-up per Texas Department of Health.

Results: **Vision:** \_\_\_\_ / \_\_\_\_ ☐ Pass ☐ Fail Corrective Lenses ☐ Yes ☐ No

**Hearing:** Right Ear: ☐ Pass ☐ Fail Left Ear: ☐ Pass ☐ Fail

Referred to a specialist? Vision: ☐ Yes ☐ No Hearing: ☐ Yes ☐ No

Signature (or stamp)-Physician or Health  
Professional

Date

Signature- Staff Making Handwritten  
Copy of Record

Date

**ADMISSION REQUIREMENT:** One of the following must be presented when your pre-school age child is admitted to the day care facility or within one week of admission. Check to indicate the option you select:

- ☐ Doctor's Statement: I have examined the above-named child within the past year and find that he/she is physically able to take part in the day care program.

Physician's Signature

Date

- ☐ A form or written statement from health service or clinic.

If you do not have any of the above:

- ☐ My child has an appointment for a physical examination:

Date

Name and Address of Physician OR Address of EPSDT Screening Site

I will submit physician's statement, EPSDT form, or health service or clinic form to the day care facility following examination

Signature-Parent or Legal Guardian

Date

Note: If medical diagnosis and treatment and TB testing conflict with your religious beliefs, you must sign an affidavit to that affect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family you must obtain a certificate (signed by a physician) to that affect and attach it to this form.



## Medical Release Form

I \_\_\_\_\_, authorize \_\_\_\_\_,

Name

Doctor Name

to release the requested documents regarding:

\_\_\_\_\_

\_\_\_\_\_

Childs Name

DOB

\_\_\_\_\_ Immunizations

\_\_\_\_\_ Health Statement

\_\_\_\_\_ Vision and Hearing

To Kids R Kids Highland Glen at 1820 Pearland Parkway, Pearland, Texas 77581.

\_\_\_\_\_

\_\_\_\_\_

Signature

Date



## Parents

If your child is four years old upon entering this facility, according to the State of Texas, you must provide us with a copy of vision and hearing tests.

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

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐

A copy of test is enclosed.

☐

Will be tested within the next 30 days.