



1820 Pearland Parkway

Pearland, TX 77581

281-412-4777

Enrollment Packet

Welcome to your child's New
School!

Please fill out this packet,
and return to the front desk.
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: _____ Cell Phone Provider _____

Father's Name: _____ Work Phone Number _____

Father's Driver's License Number _____ Cell Phone Number: _____

Place of Employment: _____ Cell Phone Provider. _____

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: _____

Water Activities: I give _____ do not give _____ permission for my child to participate in the splash park.

Photograph/Social Media/Website: I give, Kids' R' Kids- Highland Glen, permission to be included my child on
_____ Social Media _____ Newsletters. (Y= Yes N= No)

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-Highland Glen 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 _____



1820 Pearland Parkway
Pearland, TX 77581
281-412-4777
281-412-4345 (fax)

The following Emergency Preparedness Plan has been written to advise all parents, guardians, caregivers, and volunteers as to the procedures that will be followed in the event of an emergency.

In the event of a tornado watch or warning, children are to be relocated to the cafeteria if in the classrooms with excessive glass. All other classrooms will take shelter in the class restroom.

In the event of a fire, the children will exit the building and relocate approximately 100-200 yards away from the building.

In the event of a chemical spill and other environmental emergencies, the children will be taken to our alternate location of 2850 Pearland Parkway, Pearland, TX 77581 (LA Fitness). Parents will be notified by phone/email once the alternate shelter has been reached and we are certain that the children are safe.

Staff members will be responsible for carrying their classroom tablets with the rosters on them to the relocation site. The management team will be responsible for carrying the parent & emergency contact numbers for each child and also the authorization for emergency care for each child. Management will also be responsible for communicating with the local authorities.

In case of a medical emergency or communicable disease outbreak, the parent will be advised to pick up their children at Kids 'R' Kids #44.

Please sign below acknowledging that you have read the information provided.

Signature

Date



HEALTH REQUIREMENTS

Child's Name

Date of Birth

Please Bring in a
copy of the
Immunization
Records

NOTE: You may submit a copy of an immunization record signed or stamped by a physician or health professional

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.



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 the Vision and
Hearing results.

Child's Name _____

Parent
Signature _____

Date _____

_____ a copy of test is enclosed

_____ will be tested within the next 30 days



Medical Release Form

I, _____, authorize _____,

Name

Doctor's Name

to release the requested documents regarding:

Child's Name

DOB

____ Immunizations

____ Health Statement

____ Vision and Hearing Screening

To Kids 'R' Kids-Highland Glen, at 1820 Pearland Parkway, Pearland, TX, 77581

Signature

Date



TRANSPORTATION AGREEMENT

Child Name _____

School Name: _____

I am in need of:

_____ AM drop off to school Only

_____ PM Pick Up from School Only

_____ AM Drop off to school and PM Pick Up from school

Days Needed Pick Up: (Please Check) _____ M _____ T _____ W _____ Th _____ F

ALL STUDENTS RIDING THE BUS SHOULD FOLLOW THE FOLLOWING GUIDELINES TO ENSURE THE SAFETY OF ALL STUDENTS WHEN RIDING THE KIDS 'R' KIDS VEHICLES

1. While getting on and off the bus, please stay in line, watch your step, and board one student at a time.
2. Remain seated with seatbelt on until vehicle is parked and comes to a complete stop.
3. Please keep feet and belongings out of the walkway.
4. Students are not allowed to change seats after bus is moving.
5. Be nice to all riders, and allow others to sit with you.
6. If necessary, the driver may assign seats. Please sit in your assigned seat if you are given one.
7. Please use low voices, and refrain from yelling or calling out. This can cause distractions to the driver.
8. No fighting, rough play, and/or bad language allowed. NO EXCEPTIONS.
9. Do not throw objects inside the bus or out of the windows or doors.
10. Keep all body parts in the bus and not out the window.
11. Ensure you have all personal belongings before leaving the bus.
12. Don not touch, pull, or lean on the RED emergency handles. The emergency handles should only be touched during an emergency, when asked by the driver and/or teachers.
13. No food or drink allowed on the bus, unless approved by Kids 'R' Kids management.
14. Never pick up anything you drop around the bus, ALWAYS ask for help.
15. **PARENTS:** Please inform Kids 'R' Kids if our services will not be needed for pick up from school.
16. **Please have your child at the center no later than 7:15 A.M.**

Your child's safety and the safety of the other children on the bus is our number one concern. Parents please review these rules with your child to ensure that they understand the importance of these rules.

PARENT'S SIGNATURE _____ DATE _____

STUDENT 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: _____



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 encourages, however, does not require employees to follow vaccination guidelines.
4. 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.
5. 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 KRK transportation.
6. 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.
7. Kids 'R' Kids #44 will provide, breakfast (served until 7:30), AM snack, lunch, and a PM snack.
8. I understand that I am responsible for any special diet required for my child.
9. 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.
10. 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.
11. 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.)
12. I agree to keep the center informed as to changes in telephone numbers, addresses, etc. where I may be reached.
13. 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.
14. 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.
15. 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.chidcaresearch.org.
16. 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.
17. 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.
18. Kid 'R' Kids has an open-door policy. You may visit anytime during operating hours without notification.



Center Policies (Continued)

19. 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
20. 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
23. In the event of an emergency, or school closure, you will be notified via text, email, social media. If your child is in our care at the time of the emergency, you will be contacted by phone when we have arrived at the evacuation site.

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 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 on Friday, for the upcoming week.
2. Tuition that remains unpaid after the close of school Friday at 6:30 pm, will incur a **late charge of \$20 on Monday**. Accounts that remain unpaid
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



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: _____

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. Camera Access will be 100 minutes a day, per user. You have the option to register online to view your child(ren). To register:

1. Log on to 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.



Allergies/ Medical Conditions

Please indicate any allergy, medical condition, and care required for symptoms

Allergy/ Medical Conditions: _____

Symptoms: _____

CareRequired: _____

Required Medication- Yes or No (Circle One)

Medication: _____

.....

Allergy/ Medical Conditions: _____

Symptoms: _____

CareRequired: _____

Required Medication- Yes or No (Circle One)

Medication: _____

.....

Allergy/ Medical Conditions: _____

Symptoms: _____

CareRequired: _____

Required Medication- Yes or No (Circle One)

Medication: _____

.....

Allergy/ Medical Conditions: _____

Symptoms: _____

CareRequired: _____

Required Medication- Yes or No (Circle One)

Medication: _____

.....

Signature: _____

Date: _____

Child's Name: _____



HOURS OF OPERATION

6:00am - 6:30pm

Monday-Friday

NEW YEAR'S EVE

CLOSE @ 3:00PM

NEW YEAR'S DAY

CLOSED

GOOD FRIDAY

CLOSE @ 3:00PM

MEMORIAL DAY

CLOSED

FOURTH OF JULY

CLOSED

****If the 4th of July falls on a weekend will be observed the Friday before or the Monday after****

LABOR DAY

CLOSED

DAY BEFORE THANKSGIVING

CLOSE @ 3:00PM

THANKSGIVING DAY

CLOSED

FRIDAY AFTER

CLOSED

CHRISTMAS EVE & DAY

CLOSED

SIGNATURE _____

DATE _____

**Distribution**

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

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 Repellant

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



Extra Resources to Help Children Reach Developmental Milestones

- RiverKids Pediatric Home Health 281-997-8509
- Circle of Care Pediatric Home Health 1-877-434-4317
- Customize Learning Solutions: A tutoring and Supplemental Education Company 832-871-2105
- Trumpet Behavioral Health (Pearland) 281-258-4447
- Texas Behavioral Health 281-819-1438
- Early Childhood Intervention 713-970-4800
- Pearland ISD ages 3 and up 281-485-3203
- Therapy at the Zone Occupational, Physical, and Speech Therapy



Please download the Procure Connect!
You can receive updates through email,
texts, messages and push notifications.
Just open your welcome letter in your
email to register.

Parent/Guardian Name and e-mail:

Name: _____

Email: _____

Parent/Guardian Name and e-mail:

Name: _____

Email: _____