Enrollment Application for

Kids 'R' Kids of _____

Childs First Name: _____ Last Name: _____

Age: _____ Grade: _____ Gender: _____ Birth date: _____ Today's Date: _____

Home Address: Street: _____ Preferred Enrollment Date: _____

City: _____ Zip: _____ Actual Enrollment Date: _____

Home Phone #: _____ Child's SSN: _____

Days in Care (Check all that apply): ☐ M ☐ Tu ☐ W ☐ Th ☐ F

Child's Legal Guardian: ☐ Both Parents ☐ Mother ☐ Father ☐ Other

Parents Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Child Lives With: _____

Mother's First Name: _____ Last Name: _____

Mother's Address: Street: _____ Mother's Home Phone #: _____

City: _____ Zip Code: _____ Mother's Work Phone #: _____

Mother's email address: _____ Mother's Cell Phone #: _____

Mother's Employer: _____ Other Phone # for Mother: _____

Employer's Address: Street: _____ Suite: _____ City: _____ Zip: _____

Mother's SSN: _____ Mother's Driver's License #: _____ State: _____

Father's First Name: _____ Last Name: _____

Father's Address: Street: _____ Father's Home Phone #: _____

City: _____ Zip Code: _____ Father's Work Phone #: _____

Father's email address: _____ Father's Cell Phone #: _____

Father's Employer: _____ Other Phone # for Father: _____

Employer's Address: Street: _____ Suite: _____ City: _____ Zip: _____

Father's SSN: _____ Father's Driver's License #: _____ State: _____

The Following person(s) may be contacted in the event of an emergency and the parents cannot be contacted. My child has my permission to leave the facility with them.

Name: _____ Phone #: _____ Relationship: _____

Address: _____

Name: _____ Phone #: _____ Relationship: _____

Address: _____

PERMISSIONS -- CHECK ALL THAT APPLY:

1. TRANSPORTATION: I hereby ☐ GIVE ☐ DO NOT GIVE
my consent for my child to be transported and supervised by Kids R Kids # _____ TX employees for:
☐ Emergency Care ☐ to and from school

2. WATER ACTIVITIES: I hereby ☐ GIVE ☐ DO NOT GIVE
my consent for my child to participate in the following water activities:
☐ sprinkler play ☐ water table play

3. FIELD TRIPS: I hereby ☐ GIVE ☐ DO NOT GIVE
my consent for my child to participate in Field Trips.

Parent's Comments

SCHOOL AGE CHILDREN:

My child attends the following school: School Address:

☐ His/her immunization record is on file at the school and all immunizations and tuberculosis test are current. Current Vision and Hearing screening records are also on file.

School Phone #:

List any special problems that your child may have, such as allergies, dietary preferences, existing illness, previous serious illness, injuries during the past 12 months, mental health disorders, mental retardation, developmental disabilities, any medication prescribed for long-term continuous use, and any other information which staff should
be aware of:

Name of party responsible for weekly tuition payments will be:

RECEIPT OF PARENT HANDBOOK

I acknowledge receipt of the operational policies including those for discipline and guidance.

Parent/Guardian Signature Date

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

For Frisco: Baylor Medical Center
5601 Warren Parkway, Frisco Tx 75034
(214) 407-5322

For Humble: Kingwood Medical Center
22999 US-59 N, Kingwood, TX 77339
(281) 348-8000

I give consent for this facility to secure any and all necessary emergency medical care for my child.

Parent/Guardian Signature Date

ADMISSION REQUIREMENT: Child's Name: _____

A current copy of immunizations, hearing screening and vision screening is required by the State of Texas and must be presented when your child (under the age of 5 years) is admitted to the day care facility .

Also, one of the following must be presented. Choose the option you prefer:

☐ **HEALTH CARE PROFESSIONAL'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.

Healthcare Professional's Signature: **Date:**

OR

☐ A copy of the medical screening form of the Early and periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated.

OR

☐ A form of written statement from a health service or clinic stating that he/she is physically able to take part in the day care program.

NOTE: If you do not have any of the above

☐ **PARENT'S STATEMENT:** My child has been examined within the past year by a healthcare professional and is able to participate in the day care program.

Name of Healthcare Professional _____ Address _____

AND

☐ Within one week of admission, I will obtain a healthcare professional's statement and will submit it to the day care facility.

OR

☐ My child has an appointment for a physical examination. Appointment Date _____

Name of Healthcare Professional _____ Address _____

AND

☐ I will submit the statement, from a healthcare professional to the child-care facility following the examination.

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