

ENROLLMENT REGISTRATION FORM



1 TELL US WHO YOU ARE

Child's Name _____ Age _____

Parent/Guardian's Name _____

Parent/Guardian's Name _____

Phone # _____ Email _____

Address _____

Special Requests _____

2 CIRCLE WEEKS TO ATTEND!

Awesome activities are designed around a variety of engaging themes. Circle the weeks you want your child to attend.



Week 1



Week 2



Week 3



Week 4



Week 5



Week 6



Week 7



Week 8



Week 9



Week 10

3 DELIVER TO FRONT DESK

BY May 22nd, 2026



of Lake Conroe

1200 Highland Hollow Dr. Conroe, Tx 77304
kidsrkiDSLakeconroe.com | 936.703.5804

Summer Camp Contract



Kids 'R' Kids Learning Academy agrees to provide summer camp care for _____ (child's name) on M-Tu-W-Th-F from _____am to _____pm. I agree to pay the one-time summer camp registration fee in the amount of \$_____ on _____ (date).

Initial

Tuition is \$_____ due weekly, semi-monthly, monthly (circle one) on the _____ day of week or month (circle one). My first payment is due on _____(date). I agree to pay tuition using ACH, credit card, check, or cash (circle one) on or before the due date. Tuition received after the due date is subject to a late fee in the amount of \$_____.

Initial

Technology

We have designed our camp experience to encourage students to be unplugged, explore their creativity, and build relationships. Electronic devices are allowed to be brought to camp on Fridays. Be sure that your child's device comes with a protective case. Encourage your child to be careful with their electronic device. Kids'R'Kids Learning Academy (school name) will not be responsible for any lost or damaged devices.

Initial

Water Play

Water play days are scheduled for _____ (days of the week). Your student will need swimwear, a towel, and closed-toe shoes suitable for water. Please apply sunscreen in the morning before arriving at school. Our camp staff will assist students in an afternoon application, provided there is an authorization form on file.

Initial

Field Trips

We are dedicated to making sure that all students are included on every field trip. Review the following guidelines for field trips.

1. Authorize your child's attendance for each field trip prior to departure. This is required for each trip. Our staff will do our best to remind you, but any student that does not have written guardian consent, will not be permitted to attend the field trip.
2. Arrive at least one hour prior to the field trip departure time.
3. Dress your child in closed-toe shoes and your KRK field trip shirt.
4. Prepare your child for the day with sunscreen, bug spray, and a water bottle. (Make sure to sign off on a topical ointment form).
5. Remember students must arrive and depart the same way on field trips. For example, if a student rides the bus to a field trip, they must return to the school by riding the bus.

Initial
Family Copy
School Copy

Summer Camp Contract



Bus Etiquette

Bus transportation is something that Kids 'R' Kids Learning Academy takes very seriously. We spend a lot of time training and preparing our teachers to be knowledgeable in all safety guidelines and take proper precautions. It is important to review the following rules with your child. Make sure that they understand that their behavior directly affects the safety of all others on the bus.

1. All students must wear their seat belts in the proper way for the duration of their time on the bus.
2. Students may speak quietly to friends but should refrain from any loud noises that may distract the driver.
3. Students must listen to all KRK staff and follow directions at all times.

Compassion

All students are different and special in their own unique way. We encourage students to be respectful and mindful of others and how their actions and words impact other students. At Kids 'R' Kids Learning Academy, we strive to make sure that all students are celebrated and appreciated in an environment where Kids 'R' Kind. Please review the following expectations with your student:

1. Students will use kind words toward one another.
2. Students will celebrate similarities and differences alike.
3. Students will strive to interact with compassion and empathy.

Child's Full name _____ Age _____ Gender _____

Guardian's name _____ Address _____

Phone# _____ Email _____

Emergency Contact (Relationship) _____ Phone# _____

Doctor (When Guardians Cannot Be Reached) _____ Phone# _____

Special Needs (Medication/Dietary) _____

Parent/Guardian Signature _____ Date ___/___/___

Parent/Guardian Signature _____ Date ___/___/___

Weeks Enrolled (Circle week choices)

1, 2, 3, 4, 5, 6, 7, 8, 9, 10

Cost:

Paid:



Of Lake Conroe

1200 Highland Hollow Dr. Conroe, TX 77304
Kidsrkidslakeconroe.com | 936.703.5804

Family Copy

School Copy

Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information			
Operation's Name:		Director's Name: Kaitlin Charvo	
Child's Full Name:		Child's Date of Birth:	Child Lives With? <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian
Child's Home Address:		Date of Admission:	Date of Withdrawal:
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian <i>(if different from the child's)</i> :	
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? <input type="radio"/> Yes <input type="radio"/> No
In case of an emergency, call:			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	

Consent Information
1. Transportation:
I give consent for my child to be transported and supervised by the operation's employees (Check all that apply). <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
2. Field Trips:
<input type="radio"/> I give consent for my child to participate in field trips. <input type="radio"/> I do not give consent for my child to participate in field trips.
Comments:

3. Water Activities:

I give consent for my child to participate in the following water activities (Check all that apply).

- water table play sprinkler play splashing or wading pools swimming pools aquatic playgrounds

Is your child able to swim without assistance? <input type="radio"/> Yes <input type="radio"/> No	Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? <input type="radio"/> Yes <input type="radio"/> No
--	--

Do you want your child to wear a life jacket while in or near a swimming pool?
 Yes No

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> Discipline and guidance
<input type="checkbox"/> Suspension and expulsion
<input type="checkbox"/> Emergency plans
<input type="checkbox"/> Procedures for conducting health checks
<input type="checkbox"/> Safe sleep
<input type="checkbox"/> Procedures for parents to discuss concerns with the director
<input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
<input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for release of children illness and exclusion criteria
<input type="checkbox"/> Procedures for dispensing medications Immunization requirements for children
<input type="checkbox"/> Meals and food service practices Procedures to visit the center without securing prior approval
<input type="checkbox"/> Procedures for supporting inclusive services
<input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website
<input type="checkbox"/>
<input type="checkbox"/> |
|---|--|

5. Meals:

I understand that the following meals will be served to my child while in care (Check all that apply):

- None Breakfast Morning snack Lunch Afternoon snack Supper Evening snack

6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

 Signature — Parent or Legal Guardian

 Date Signed

8. Child's Special Care Needs (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Reasonable accommodations or modifications |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment (<i>include instructions below</i>) |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations (<i>past 12 months</i>) | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____ | |

Explain any needs selected above:

Does your child have diagnosed food allergies? Yes No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature — Parent or Legal Guardian

Date Signed

9. School Age Children

My child attends the following school:

School Area Code and Phone No.:

My child has permission to (*check all that apply*):

- walk to or from school or home ride a bus be released to the care of his or her sibling under 18 years old

Authorized pick up or drop off locations other than the child's address:

Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone No.
Name of Emergency Care Facility	Address	Phone No.

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

Signature — Parent or Legal Guardian

Date Signed

Varicella (Chickenpox)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about and does not need varicella vaccine.

Signature

Date Signed

Additional Information Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test (If required)

Positive Negative Date: _____

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature

Date Signed



Distribution
• Child's File

Parental/Guardian Agreement with Kids 'R' Kids of Lake Conroe

Kids 'R' Kids RI **Lake Conroe** agrees to provide child care for _____ on M - Tu - W - Th - F from _____ am to _____ pm. Child's Full Name

I agree to pay the tuition fee of \$ _____ as designated by the school. Payment will be due **on Friday's for week ahead**. My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

_____. I agree to provide the school with all necessary information pertaining to the administering of medication (date, prescription #, doctor's notes, direction, medication in original pharmaceutical container, etc.). I agree to follow all requirements of the school's medical policy. My child has the following special needs that may affect participation in school activities: _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at this school: _____

I understand my child will be provided with all snacks and lunch served daily during his/her hours of attendance. I understand I am responsible for any special diet required by my child. If my child's diet consists of breast milk or formula taken from a bottle, I understand I will provide Kids 'R' Kids with the appropriate number of bottles containing formula/ breast milk necessary for my child each day. Each bottle will be clearly labeled with my child's full name and current date.

If my child wears diapers, I understand I will provide whatever disposable diapers are necessary for my child. I understand that only disposable diapers are permitted in the school and that they will be changed every two hours, or as needed.

If child is of school age, what school does he/she attend: _____

Transportation is provided to and from school and on planned field trips with parental/guardian permission. A separate form and signature are required for this service. A School-Age Transportation Agreement form must be signed each school year. A field trip agreement form must be signed before each trip.

Should my child become ill during the time he or she is in the care of Kids 'R' Kids or suffers an accident of any nature, the school will contact me immediately and is authorized to secure such medical attention and care for my child as necessary. (The parent/guardian will assume responsibility for payment).

I understand that if my child is ill, including, but not limited to, a severe cough or sore throat; undetermined rash or spots; temperature over 100 degrees; severe headaches, upset stomach or diarrhea, he or she cannot be accepted into the school until well. In the event my child has a notifiable disease, a release form from a medical source may be required before my child re-enters the school. Kids 'R' Kids will notify parents if a notifiable disease has been introduced into the school and guidelines will be followed per the CDC Chart/Health Dept.

I understand that Kids 'R' Kids RI /DNH &RQURH a Kids 'R' Kids franchise is independently owned and operated and that neither Kids 'R' Kids International, Inc. nor any other Kids 'R' Kids is responsible for the actions or obligations of this school.

I understand that it is my responsibility to escort my child into and out of the school. And to sign my child in and out of the school. I understand that a staff member will escort my child into the school when being transported from school by county or Kids 'R' Kids transportation.

If I have not picked up my child 30 minutes after closing, and all attempts to contact my emergency contacts and me fail, Kids 'R' Kids will call the proper authorities. I understand that it is my responsibility to keep the school advised of any changes to the information provided in this application. 3DUHQWV ZLOO SURYLGH D FRS\ RI FKLOG V VKRW UHFRUGV

I agree to abide by the policies and procedures of Kids 'R' Kids as outlined in this agreement and the Parent Handbook. I have read and understand the above statements.

_____/_____/____ Date
Parent/Guardian Signature

_____/_____/____ Date
Owner/Director Signature

Acknowledgement and Receipt of Family Handbook

The registration of a child is considered an acceptance, on his/her part and on the part of his/her families or guardians, of the terms and conditions of the Family Handbook and all of our School's rules and regulations, including the School's judgment on disciplinary sanctions or dismissal of a child.

The rules and regulations contained in this Handbook are not meant to be comprehensive. Rather, they presuppose the good will and judgment of a child in all circumstances in which he/she may find himself/herself and are subject to the School's ultimate discretion, judgment and interpretation.

Children and families or guardians are asked to familiarize themselves with all of the information contained in this Family Handbook and to sign this form.

We have read, understood and agree to abide by and honor all statements and provisions set forth in the Family Handbook or as they may be changed from time to time by the School.

Child

Age

Date

Family Member or Guardian

Relationship

Date

Acknowledgement and Receipt - Discipline and Behavior Management Policy

Praise, positive reinforcement, and redirection are effective methods for the 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 the Kids 'R' Kids Parent Handbook and the NAEYC Code of Ethics.

At Kids 'R' Kids Learning Academy 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 shall 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 read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: _____

Signature of Parent or Guardian: _____

Signature of Director (or designated staff member): _____

Distribution: One copy to parent or guardian, signed copy to be kept with child's facility records



- Distribution**
- Infant/Toddler Classroom Log
 - Preschool/School-Age Classroom Log
 - Kitchen Log
 - Laminated Signs
 - Child's File

ALLERGY/DIETARY RESTRICTION FORM

**Must attach treatment plan per doctor*

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

Allergy Dietary Restriction Religious Preference

Description of Allergy/ Dietary Restriction/Religious Preference: _____

Please check the following Symptoms of Allergic Reaction:

- Mouth: Itching and swelling of lips, tongue or mouth
- Throat: Itching and/ or sense of tightness in the throat, Hoarseness; hacking cough
- Skin: Hives itchy skin rash and/or swelling around the face, arms, or legs
- Stomach: Nausea, abdominal cramps, vomiting, diarrhea
- Lung: Shortness of breath; repetitive coughing
- Heart: Pale, Blue, faint, weak, pulse, or dizzy
- Other: _____

Treatment Plan: _____

Name of Medicine: _____ (Physician's Office Stamp)

Prescription #: _____ Expiration Date _____

Dosage Instructions: _____

Physician's Signature

____/____/____
Date

Parent/Guardian Signature

____/____/____
Date

Owner/Director Signature

____/____/____
Date



Distribution • Child's File

Release

For and in consideration of the opportunity to have my minor child's name, voice, picture, portrait, artwork and/or likeness published and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned, on behalf of myself and my minor child, hereby agree as follows:

I hereby grant Kids 'R' Kids International, Inc., Kids 'R' Kids RI /DNH &RQURH, and its affiliates, franchisees, nominees, licensees, successors and assigns and those acting under their permission (hereinafter "KRK"), the unrestricted, absolute, perpetual, worldwide right to:

D use my and my minor child's name, voice, picture, portrait, artwork and/or likeness, however obtained;

b. reproduce, copy, modify, alter, edit, publish, use, create derivatives in whole or in part, without limitation, my and my minor child's image, picture, portrait, artwork and/or likeness in still and/or video photography, film or tape taken of me or my minor child by or on behalf of KRK

c. display, exhibit, distribute, transmit or broadcast the above or any part thereof; in any project or medium, whether now or hereafter existing, including, without limitation printed publications, television, radio, the internet, any online service or website, blog or social media, including, without limitation Twitter, Facebook or YouTube, any number of times and for any purpose, including, without limitation, promotional, advertising and marketing purposes.

2. agree that any picture, portrait, artwork or other product or material derived there from is wholly owned by KRK and that KRK may copyright any product or material containing same. If I receive any copy thereof, I shall not use it for any purpose nor authorize its use by anyone else.

3. I hereby waive my right to inspect and/or approve the finished product or material, or to the eventual use that it might be applied.

4. hereby release and discharge KRK from and against any claim or liability arising out of invasion of privacy, right of publicity, defamation, portrayal in a false light, misappropriation, and copyright infringement arising out of or in connection with the use of materials referenced hereunder, including without limitation the use of my or my minor child's name, voice, picture, portrait, artwork and/or likeness in any manner authorized by this Release, whether now known or arising in the future.

5. I hereby warrant that I am eighteen years old or older and am the parent and/or legal guardian of the minor child named below, and am competent to contract for the minor child named herein as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents hereof. I agree that this Release is intended to be as broad and inclusive as permitted under the laws of the State of Georgia, and that if any portion thereof is held to be invalid, that the balance shall continue in full force and effect.

6. This Release constitutes an Agreement between myself and KRK and contains the entire understanding between myself and KRK regarding the subject matter hereof. This Release cannot be modified except in a writing signed by all parties hereto, and shall be governed in accordance with the laws of the State of Georgia.

Child's Full Name

Parent/Guardian Printed Name

Parent/Guardian Signature

____/____/____
Date



Tuition Policy

PLEASE INITIAL EACH POINT

- Tuition is billed on weekly basis and always due Friday before the week of service.
- If your child is absent, full tuition is due.
- A \$50 late payment will be applied to your account with an unpaid balance as of close of business on Monday.
- Full tuition is due on holiday week.
- Families out on vacation, or out for general illness that have not taken care of tuition previously will still be charged the appropriate late fee
- Late fee charges cannot be waived for any reason.
-
- Any account exceeding the amount of two weeks tuition will be suspended. Full balance and future tuition must be paid in advance before service can continue
- Automatic withdraw (ACH) will be charged on Friday mornings
- An annual registration fee of \$130 will be collected in August of each year.
- A two (2) week **written** notice is required **via email to info@kidsrkidslakeconroe.com**. Kids 'R' Kids of Lake Conroe reserves the right to charge for two (2) weeks tuition if you withdraw your child without a **proper written** notice.

Parent Signature: _____

Date: _____

Owner/Director Signature: _____

Date: _____



Center Policies

Kids 'R' Kids of Lake Conroe is open Monday thru Friday from 6:30 a.m. to 6:30 p.m. The School is closed on the following holidays: President's Day, Good Friday, Memorial Day, Juneteenth, Fourth of July, Labor Day, Thanksgiving Day and the day after, Christmas Eve, Christmas Day, New Year's Eve, and New Year's Day. If the holiday falls on a Sunday, we will be closed on the following Monday. If a holiday falls on a Saturday, we will be closed the Friday prior.

We follow ConroeISD policy regarding weather policies and/or delayed opening times.

To ensure safety, the first time a person picks up your child, they must show identification.

Please send your child to school dressed comfortably and prepared to work and play hard. Please provide extra clothes to keep at the school at all times. Label all items with your child's first and last name. **All children must wear closed toe shoes.**

We provide training cups and table food. You will have to provide diapers, wipes, formula, specific baby food, and extra clothes for your child. If you would like to provide your own bedding or bibs, you will be responsible for your laundering. Our infant room has a comfortable place to enable a mother to breastfeed. Parents who provide training cups and are responsible for taking them home every day to clean.

We are required to provide a supervised sleep or rest period after lunch each day, formula, specific baby food, and extra clothes for your child. If you would like to provide your own bedding or bibs, you will be responsible for their laundering. Our infant room has a comfortable place to enable a mother to breastfeed. Parents who provide training cups and are responsible for taking them home every day to clean.

We have separate age-appropriate playgrounds. Children are outside for at least 30 minutes each morning and afternoon, weather permitting. Fresh drinking water is available on each playground. Playground schedules are posted in each classroom. 8. If your child rides the bus in the morning, please have your child at our school by 7:20 a.m. If you plan to pick up your child at the Elementary School, a phone call to Kids R Kids of Lake Conroe is required. No phone call will result in a \$20.00 Fee. 9. When the elementary schools have a holiday, and the children are at Kids 'R' Kids for the entire day, an extra \$35 is charged per day for each child.

10. We cannot accept students after 10 am (without a doctor's note) as it may disrupt the classroom schedule for the remainder of the day.



- 1 We serve breakfast from 7:30 a.m. to 8:30 a.m.
- 2 Parents are required to provide immunization records and update as required.
- 3 If your child has any allergies, please pick up an allergy form at the front desk for the doctor to fill out.
- 4 Hearing and Vision Screening: When your child turns 4 yrs. old, the Health Department in conjunction with the School District requires all children to participate in a Hearing and Vision Screening. You may choose to do this through your Pediatrician or we will be setting up a screening here at the center for your convenience.
15. Children are to not have any medication (prescribed or non-prescribed) in their belongings inside the classroom. **Parents are to fill out medication authorization forms with an end date and must bring the medication home upon that end date. A doctor's note is required for even OTC medication and cannot be given "as needed."**

SIGN-IN & OUT AGREEMENT

Under Section 746.603 of the Texas Department of Family and Protective Services we are required to maintain Sign-in and Sign-out logs. Kids R Kids uses Procure system to maintain these records. This means that every person(s) picking up or dropping off will have to use the computer in the front lobby to sign their children in and out each day. If you are unsure how to use this please ask someone at the front desk to teach you. Also we use Procure Messaging and e-mails to communicate with parents. If you have not submitted your e-mail address please do so today so that we can get distribution list up and going. Thank you very much for your help and cooperation as we strive to improve in the communication department.

Childs Name

Parent/Guardian Name

Signature

Email

Date

Parent #2 Email



Nutritional Release

I _____ understand that Kids 'R' Kids of Lake Conroe will not be held responsible for the nutritional needs of my child if/when I choose to bring meals and snacks from home.

Child's Name _____

Director Signature _____

Date _____

Parent Signature _____

Date _____

*Please note that KRKLC will continue to provide meals and snacks according to proper nutritional guidelines



Distribution • Child's File • Transportation Log

Transportation Agreement

The following information is required to be updated by Kids 'R' Kids annually and when transportation situation changes

Child's Full Name: _____

Date of Birth ___/___/___

Kids 'R' Kids__K_id_s_'R'_k_id_s_o_f_La_k_e_C_o_n_r_o_e__ emergency transportation/medical procedure:

1. Call emergency medical team, if necessary Contact
2. parent/guardian (phone, email, text) Contact alternate
3. emergency contact, if necessary Emergency medical team
4. transports child to hospital.
5. Kids 'R' Kids representative will accompany child to hospital.

Emergency Medical Facility the center uses: _____

Address _____ Phone _____

I, _____ give permission for Kids 'R' Kids _8_2_____ to seek medical attention and /or transport

my child _____, in the event of any emergency. I further agree to hold harmless and release Kids 'R' Kids _8_2_____ and Kids 'R' Kids International, Inc. from all liability. 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 immediately

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_____.
- It is vital that Kids 'R' Kids_____ be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids_____ will assume the above schedule of transportation will be followed unless we receive different instructions from parents in writing. Instructions should be received at Kids 'R' Kids_____ by the earliest possible time before scheduled pickup or drop off.

I, _____ agree for my child to be transported by Kids 'R' Kids_____

To school at _____ (am/pm)

From school at _____ (am/pm)

On the following days: Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Signature

_____/_____/_____
Date

Owner/Director Signature

_____/_____/_____
Date

This form was developed by Kids 'R' Kids International, Inc. It's important to review State Guidelines regularly to ensure compliance.



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date	CVV	
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #		
Address	City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

Authorized Signature	Date
----------------------	------

For Official Use Only

Date Received
Employee Signature





- | |
|--|
| Distribution
• Child's Rle
• Transportation Log
• Reid Trip Log {School-Age Only} |
|--|

Health and Emergency Permission

This form must be completed for all enrolled children annually and as changes occur

Child			
Child's Full Name _____		Age ____	Gender _____
Date of Birth __/__/__		Child's Home Address _____	
Home Phone _____			
Parent/Guardian(s)			
Parent/Guardian _____		Phone _____	Phone 2: _____
Name _____		1: _____	Phone 2: _____
Medical Information			
Name to be contacted when parents cannot be reached:			
Name _____	Full Address _____	Telephone _____	
Dentist:			
Name _____	Full Address _____	Telephone _____	
Health Insurance Provider:			
Name _____	Full Address _____	Telephone _____	
Does your child have special needs affecting participation in school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specify: _____			
Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your child on prescribed medication for illness/allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specify: _____			
Actions Taken: _____			
Weight of Child: _____			
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 __/__/__

Owner/Director Signature

Date _____