

## 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: <b>Kaitlin Charvo</b>	
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
<b>In case of an emergency, call:</b>			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
I authorize the child care operation <b>to release</b> my child to leave the child care operation <b>ONLY</b> 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
<b>1. Transportation:</b>
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
<b>2. Field Trips:</b>
<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

<p>Is your child able to swim without assistance?</p> <p><input type="radio"/> Yes   <input type="radio"/> No</p>	<p>Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?</p> <p><input type="radio"/> Yes   <input type="radio"/> No</p>
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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"/> Procedures for release of children  |
| <input type="checkbox"/> Suspension and expulsion  | <input type="checkbox"/> Illness and exclusion criteria  |
| <input type="checkbox"/> Emergency plans   | <input type="checkbox"/> Procedures for dispensing medications   |
| <input type="checkbox"/> Procedures for conducting health checks   | <input type="checkbox"/> Immunization requirements for children  |
| <input type="checkbox"/> Safe sleep  | <input type="checkbox"/> Meals and food service practices  |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director  | <input type="checkbox"/> Procedures to visit the center without securing prior approval  |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services  |
| <input type="checkbox"/> Procedures for parents to participate in operation activities                                       | <input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website |

**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.:
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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**



### Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

### 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 [date] 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](http://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

- 1. Kids 'R' Kids of Lake Conroe agrees to provide child care for... on M - Tu - W - Th - F from... am to... pm.
2. I agree to pay the tuition fee of \$... as designated by the school. Payment will be due on Friday's for week ahead.
3. 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:
4. I agree to follow all requirements of the school's medical policy.
5. My child has the following special needs that may affect participation in school activities:
6. The following special accommodation(s) may be required to most effectively meet my child's needs while at this school:
7. I understand my child will be provided with all snacks and lunch served daily during his/her hours of attendance.
8. I understand I am responsible for any special diet required by my child.
9. If my child wears diapers, I understand I will provide whatever disposable diapers are necessary for my child.
10. If child is of school age, what school does he/she attend:
11. Transportation is provided to and from school and on planned field trips with parental/guardian permission.
12. 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.
13. 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.
14. I understand that Kids 'R' Kids of Lake Conroe 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.
15. I understand that it is my responsibility to escort my child into and out of the school.
16. 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.
17. I understand that it is my responsibility to keep the school advised of any changes to the information provided in this application.
18. Parents will provide a copy of child's shot records.

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.

Parent/Guardian Signature Date

Owner/Director Signature Date

## 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)

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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:

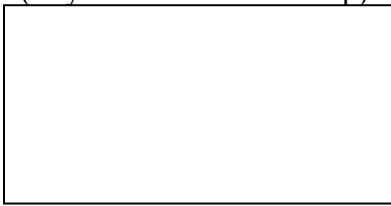
- Mouth: Itching and swelling of lips, tongue or mouth
- Throat: Itching and/ or sense of tightness in the throat, Hoarseness; hacking cough
- Skin: Hives itchy skin rash and/or swelling around the face, arms, or legs
- Stomach: Nausea, abdominal cramps, vomiting, diarrhea
- Lung: Shortness of breath; 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:

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

a. 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. I 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. I 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](mailto: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

1. 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.
2. We follow Conroe ISD policy regarding weather policies and/or delayed opening times.
3. To ensure safety, the first time a person picks up your child, they must show identification.
4. 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.**
5. 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.
6. 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 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.
7. 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.



- 11. We serve breakfast from 7:30 a.m. to 8:30 a.m.
- 12. Parents are required to provide immunization records and update as required.
- 13. If your child has any allergies, please pick up an allergy form at the front desk for the doctor to fill out.
- 14. 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.

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Childs Name

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Parent/Guardian Name

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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** Kids'R'kids of Lake Conroe **emergency transportation/medical procedure:**

1. Call emergency medical team, if necessary
2. Contact parent/guardian (phone, email, text)
3. Contact alternate emergency contact, if necessary
4. Emergency medical team 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 82 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 82 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
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#### For Official Use Only

Date Received
Employee Signature



**Distribution**

- Child's File
- Transportation Log
- Field 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 Name _____	Phone 1: _____	Phone 2: _____	
Parent/Guardian Name _____	Phone 1: _____	Phone 2: _____	
Medical Information			
Doctor 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

## Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards Sections 744.501(7), 746.501(a)(7), and 747.501(5).

**Directions:** Parents will review this policy when enrolling their child. Employees, household members and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

### Section 1 – Discipline and Guidance Policy

**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 on 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) grabbing or pulling a child;
- 4) putting anything in or on a child's mouth;
- 5) humiliating, ridiculing, rejecting or yelling at a child;
- 6) subjecting a child to harsh, abusive or profane language;
- 7) placing a child in a locked or dark room, bathroom or closet;
- 8) placing a child in a restrictive device for time out;
- 9) withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with 746.2803(4)(D); and
- 10) requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

### Section 2 – Additional Discipline and Guidance Measures

Only applies to Before or After School Program (BAP) or School Age Program (SAP) that operates under 26 TAC Chapter 744.

**A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise or proficiency:**

- make sure the measures are considered commonly accepted teaching or training techniques;
- describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) the disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) what behaviors would warrant the use of these measures; and
  - (C) the maximum amount of time the measures would be imposed;
- inform parents that they have the right to ask for more information; and
- make sure that the disciplinary measures used are not considered abuse, neglect or exploitation as specified in Texas Family Code Section 261.001.

### Section 3 – Effective Date, Signature and Role

**This policy is effective on the following date**

**Signed by**

**Role:**  Parent  Caregiver or Employee  Household Member, Chapter 747 only

### Section 4 – Minimum Standards Related to Discipline

- [Title 26, Chapter 744 Subchapter G](#)
- [Title 26, Chapter 746 Subchapter L](#)
- [Title 26, Chapter 747 Subchapter L](#)



## Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

**Directions:** Parents will review these rights upon enrolling their child.

### Rights of Parent or Guardian

**A parent or guardian of a child at a child care facility has the right to:**

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
  - (A) staff training records; and
  - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
  - (A) video recordings of the alleged incident are available;
  - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
  - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian'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 of Parent or Guardian**

\_\_\_\_\_  
**Date**

### Resources

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>

## Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards Sections 746.501(9) and 747.501(6) for the safe sleep policy.

**Directions:** Parents will review this policy upon enrolling their infant at \_\_\_\_\_ and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: <http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

### Safe Sleep Policy

All staff, substitute staff, and volunteers at \_\_\_\_\_ will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2427 and 747.2327].
- Place infants on a firm mattress, with a tight-fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non full-size cribs [Sections 746.2409 and 747.2309].
- For infants who are younger than 12 months old, cribs play yards should be bare except for a tight-fitting sheet and a mattress cover or protector. Items that should not be placed in a crib or play yard include: soft or loose bedding, such as blankets, quilts or comforters; pillows; stuffed toys and animals; soft objects; bumper pads; liners; or sleep positioning devices [Sections 746.2415(b) and 747.2315(b)]. Also, infants must not have their heads, faces or cribs covered at any time by items such as blankets, linens, or clothing [Sections 746.2429 and 747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [Sections 746.2415(b) and 747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [Sections 746.3407(10) and 747.3203(10)].
- If an infant needs extra warmth, use sleep clothing \_\_\_\_\_ (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [Sections 746.2415(b) and 747.2315(b)].
- Place only one infant in a crib to sleep [Sections 746.2405 and 747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [Sections 746.2415(b) and 747.2315(b)] or the infant's clothing by a string, cord or other attaching mechanism that might be a suffocation or strangulation risk [Sections 746.2401(6) and 747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2426 and 747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [Sections 746.3703(d) and 747.3503(d)].
- Actively observe sleeping infants by sight and sound [Sections 746.2403 and 747.2303].
- If an infant can roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [Sections 746.2427 and 747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [Sections 746.2427 and 747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [Sections 746.2428 and 747.2328].

### Privacy Statement

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

**Signatures**

This policy is effective on: \_\_\_\_\_ Child's name: \_\_\_\_\_

\_\_\_\_\_  
Signature — Director or Owner

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature — Staff member

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature — Parent

\_\_\_\_\_  
Date Signed



<b>Distribution</b> • Child's File • Infant/Toddler Classroom Forms
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## Infant Child Profile

For children ages 6 weeks-12 months

A new form is required with each classroom transition and should be updated as information changes.

This profile will help your child's teacher get to know your child better. Your input will also help with your child's adjustment to the new classroom.

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
(Please Print)

1. Has your child had previous group care experiences?  Yes  No
2. What language(s) is spoken in your home? \_\_\_\_\_
3. List the names and ages of siblings.  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Do you have pets at home?  Yes  No If yes, please list type of pet and name.  
 \_\_\_\_\_
5. What milestone(s) has your child reached? (I.e. rolling over or crawling)  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Does your child take a pacifier?  Yes  No When? \_\_\_\_\_
7. How often and how long does your child nap? \_\_\_\_\_
8. How many hours does your child sleep at night? \_\_\_\_\_
9. List any additional care plan instructions, i.e. diapering or sleeping \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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



**Distribution**

- Infant/Toddler Classroom Forms
- Front Desk Forms

\_\_\_\_\_  
(Month)

**Infant Feeding Plan**  
For children ages 6 weeks-12 months

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

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

**Instructions to Parents/Guardians:**

- Bottles must be pre-mixed (if applicable), labeled with child's full name, current day's date and ready to be served.
- Breast milk must be prepared and stored in a bottle ready for use with the amount of milk for one feeding, labeled with the child's full name, and date of collection. \*frozen storage bags are not permitted.
- Update diet information as needed or every 30 days. Use a new form or initial/date changes on this form.

**Introduction of Solid Foods:**

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods?  Yes  No Parent Initials: \_\_\_\_\_

**The child has met the following developmental skills:**

- Can hold his/her head steady?  Yes  No  
 Opens mouth/leans forward in anticipation of food offered?  Yes  No  
 Closes lips around a spoon.  Yes  No  
 Transfers food from front of the tongue to the back and swallows?  Yes  No

Does child feed self?  Yes  No

Child's diet includes (check all that apply):

- Formula  Juice   
 Breast Milk  Baby Foods   
 Whole Milk  Strained Foods   
 Water  Table Foods

Formula type: \_\_\_\_\_  
 Bottle's Formula Amount: \_\_\_\_\_  
 Breast Milk Storage:  Bottles  
 Bottle's Breast Milk Amount: \_\_\_\_\_

Food Likes: \_\_\_\_\_  
 Food Dislikes: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Restrictions: \_\_\_\_\_

Feeding	Time of Day	Type and Approximate Amount of Food

**Additional Instructions** (i.e. for the introduction of solid foods, dietary changes):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand it is my responsibility to keep Kids 'R' Kids # \_\_\_\_\_ updated, in writing, as my child's needs change or **every 30 days**, and that it is Kids 'R' Kids policy that bottles are held, not propped, during feeding & that bottles are discarded within an hour after warmed. Unused breast milk will be sent home. Not discarded.

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

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