



2830 S. Cimarron Road • Las Vegas, NV 89117
Phone: 702.798.3000 • Email: VegasKRRK@outlook.com

Welcome Parents!!

Thank you for choosing Kids 'R' Kids as your learning center. We believe children learn best in a clean, safe, loving and caring environment. To make the transition easier for you and your child, we have organized a list of necessary items:

- **Children 4 years of age and up need:**
 - An extra change of clothes in a plastic bag with their name on it
 - A small blanket and crib-size sheet for nap time
- **Children 2 to 3 years of age need:**
 - Two to three changes of clothes for potty training purposes (including socks)
 - A small blanket and crib size sheet for naptime
 - Diapers or Pull ups if needed
 - Please no sippy cups for these ages
- **Children under 24 months of age need:**
 - Three to four changes of clothes
 - A crib size sheet for naptime
 - Diapers and diaper rash cream if needed
 - Pre-made bottles with the child's full name and date on them or sippy cup with child's full name and date
- **Also, here are some time frames for the features we provide:**
 - On your first day, please stop by the front desk to get registered in the computer and fingerprinted.
 - The child's immunization record, birth certificate, and health statement all must be provided prior to the child being able to attend.
 - Please provide 48 hours to process your internet viewing information. To be approved for viewing we MUST have all completed paperwork. This also includes your child's most current shot record.

Welcome to the Kids 'R' Kids Family!



ATTENTION ALL PARENTS!!!

How would you like to receive a
Week of FREE Tuition???

Take advantage of our Referral Program.

How it Works: If you refer a family, you receive a week worth of free tuition after the family attends for 5 weeks, and so does the family you referred, it's that simple.

Here's an example: Smith Family attends currently; they have an infant (\$210/week) and a four-year-old (\$160/week). They refer the Jones family and they have a one-year-old (\$190/week) and a three-year-old (\$170/week).

On the fifth week of attendance the Smith family will have \$160 credit posted to their account, and the Jones family will have \$170 credit posted to their account.

** In order to receive the credit, the new family must fill out a referral form with their enrollment packet, no exceptions. **

We appreciate your business and the opportunity to show your friends & family what we are all about.

Follow us on Facebook to see what activities your children are up to, and to get the latest school news!





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 Phone: 702.798.3000 • www.VegasKRK.com
 Hours: 6:30a.m. – 6:30p.m. Monday – Friday
 Email: VegasKRK@outlook.com

Weekly Tuition Rates

Infant/Toddler

6 Weeks to 23 Months \$290.00

Early Preschool

Two to Three Year Olds \$275.00

Preschool

Four to Five Year Olds \$255.00

School Age (Includes Transportation)

Before & After School \$130.00

Before School Only \$80.00

After School Only \$100.00

During School Year Breaks Only (Holiday Rate)

1 Day	2 Days	3 Days	4-5 Days
\$65.00	\$130.00	\$160.00	\$175.00

Summer Program	1-3 Days	4-5 Days
	\$165.00	\$195.00

Tuition stays your regular rate during all holiday breaks.

Family Discounts (may only use one)

10% off oldest child for full-time enrolled children only

10% off for Military Families with Parent's Valid ID

Non-Refundable Registration Fees

One Child \$150.00

Families \$200.00

Tuition Includes

Meals: Breakfast, Morning Snack, Lunch and Afternoon Snack.

Internet Service: Each classroom is equipped with cameras so families can view their child through a secure website online called Watch Me Grow.

Includes Wipes and we provide Coconut Milk as an alternative for regular milk.

Potty Training: For ages 18 months to 3 years old.

Center Information

Holiday Schedule:

- We close at 4 pm on New Year's Eve, Thanksgiving Eve & Christmas Eve.
- New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day & the following Friday, and Christmas Day & the following day after Christmas.
- If July 4th, Christmas or New Years Day falls on a weekend the schedule for both days will be as follows: If the holiday falls on a Saturday we will be closed on Friday. If the holiday falls on a Sunday we will be closed on Monday.

Referral Program:

- Please take advantage of our Referral Program. If you refer a family and they enroll, after they have attended and paid for 5 weeks you will receive a free week of tuition for the oldest child. Please see the front desk for more

Fees:

- Tuition is due Friday for the upcoming week. If it is not paid by Monday at 6:30 pm a minimum late fee of \$25.00 will be applied to your account, if your balance exceeds \$250.00 your late fee will be 10% of your balance.
- If your check is returned for any reason a \$35.00 check return fee will be added. We do not accept OUT OF STATE checks.
- Families who sign up only one child will be charged \$125.00 and any additional children enrolled later will pay the \$50.00 difference in the family rate.
- There is a late pickup fee of \$10.00 per child for every minute after 6:30 pm that you are not here.
- Sick/Vacation Weeks: If your child is absent the entire week you will be charged half tuition to reserve your child's space. If you are on Urban League you will be required to pay half of your co-pay. If your child is here just one day out of the week you will be charged full tuition.

Policies & Procedures:

- We require that you provide the front desk with two weeks **written** notice prior to withdrawing your child.
 - We reserve the right to withdraw any child that does not adhere to the Kids 'R' Kids rules and regulations.
- "We Accept Children Without Regard to Race, Color or National Origin"

Date

Printed Name

Signature

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 Las Vegas, NV 89117
 702.798.3000

ENROLLMENT APPLICATION

Child's Information			
Full Name:	Nickname:	Sex:	Date of Birth – Month, Day, Year
Child's Address:	Starting Date:	Check One Full Time Part Time	Starting Room #:

Mother's Information
Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____
Work: () _____
Cell: () _____
Email: _____
Place of Employment: _____
Work Address: _____

Father's Information
Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____
Work: () _____
Cell: () _____
Email: _____
Place of Employment: _____
Work Address: _____

Emergency Contacts – The persons listed below may be contacted in the event of an emergency, and are also authorized to drop off & pick up this child. Please list at least 2 names

Name	Contact Phone Number	Relationship to Child(ren)
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Child's Legal Guardian: Both Parents Mother Father Other _____
 Child's Living Arrangements: Both Parents Mother Father Other _____
 Parent's Marital Status: Married Single Separated Divorced Widowed
 Child's Doctor: _____ Phone: _____ Web-IZ Number: _____
 Child's Allergies, food restrictions, or food requirements: _____

Special medical conditions or prescribed drugs: _____

I authorize Kids 'R: Kids to obtain any and all medical treatment to be performed as deemed necessary by Kids R Kids staff, licensed medical personnel, including emergency personnel, ambulance personnel and doctors and nurses. I understand that Kids R Kids does not provide accident insurance and further agree to be fully responsible for all medical expenses incurred and to hold harmless and release Kids R Kids #4NV and Kids 'R' Kids Int'l from all liability.

Signature _____ **Date** _____

This is to certify that I have read the transportation procedures and give permission for Kids R Kids to transport my child for emergencies.

Signature _____ **Date** _____

1. I agree to pay the weekly tuition fee that is listed on the price sheet which is payable each Friday for the upcoming week. Late fees are applied if not paid by Monday at 6:30 pm for the current week with additional late fees applied daily if still not paid. I understand that I am not able to bring my child after Tuesday if my tuition is not paid in full.
2. I understand that my child will be provided all snacks and lunch served daily during their hours of attendance. Breakfast is served until 8:00 am. If you drop your child off after 8:00 am please make sure that they have been fed breakfast.
3. For infants, I understand I am responsible for any special diet required by my child. I will provide the food and formula daily to the center. All bottles and other containers will be clearly labeled with the Child's full name and dated.
4. I understand that it is my responsibility to escort my child into the center and to the classroom or café and ensure the teacher is aware of the child's arrival or departure.
5. If my child needs diapers, I will provide whatever disposable diapers are required.
6. A clean change of clothes for any child up through the pre-k program must be in the classroom at all times. These clothes must have the child's name on each item.
7. Children at the center may be photographed by other parents and are visible to other parents via the internet. Photographs may also be posted within the center or on the school web site. I give my permission for my child to be photographed or videotaped while in attendance at the center and during any field trip activities.

Signature _____ Date _____

8. I understand that the center has a specific policy regarding the administration of medicine. I agree to provide the center with all required information in accordance with this policy. Medicines including over the counter, are administered only as prescribed by a licensed physician.

Signature _____ Date _____

9. I understand that if my child is ill, including but not limited to a severe cough, undetermined rash or spots, temperature over 101 degrees, severe headaches, upset stomach, pink eye or diarrhea, he or she cannot be accepted into the center until well. In the event my child has a contagious disease, a release form from a medical source may be required before my child re-enters the center.
10. If I have not picked up my child by 7pm, and we are unable to contact the parents and other emergency and pickup contacts, Kids R Kids will contact CPS and the Metro Police Department.
11. I understand it is my responsibility to keep the center advised on changes of address, phone numbers, and contacts.
12. I will provide a current copy of my child's immunization records and birth certificate prior to enrollment and will update as required.
13. I give my permission for the child listed on this application to participate in field trips sponsored by this center. I understand I will need to sign an additional permission slip for each. (older children only)
14. I understand that I must give two weeks written notice to the Director prior to the withdrawal of my child. Tuition continues to be due and payable during this period and billed at full tuition rates.

Signature _____ Date _____

15. If my child is part of the after school program, I must notify the school 2 hours prior to pick up or drop off time if he/she will not be riding the bus for that day. Failure to notify us will result in delays as we attempt to locate your child and will result in a \$35 fee.
16. I understand that this facility uses chemical air fresheners, and they have a pest control company that comes out once a month to spray (a chemical that is safe for children) for insects and bugs.

I have read all of these policies and understand any changes to information submitted can only be made by the parent(s) that sign below.

Parent Signature _____ Printed Name _____ Date _____

Parent Signature _____ Printed Name _____ Date _____

CHILD CARE REGISTRATION FORM

Name of Child Care Facility: Kids 'R' Kids #4NV Religion: _____
Child's Surname: _____ First Name: _____ Sex: _____
Home Address: _____ Home Phone: _____ Birth date: _____
Father's Name: _____ Home Address: _____ Cell Phone: _____
Employer: _____ Business Address: _____ Business Phone: _____
Mother's Name: _____ Home Address: _____ Cell Phone: _____
Employer: _____ Business Address: _____ Business Phone: _____

AUTHORIZED ESCORT(S) OR PERSON(S) WHO MAYBE CALLED IN AN EMERGENCY (OTHER THAN PARENT):

Name: _____ Address: _____ Relation: _____ Phone: _____
Name: _____ Address: _____ Relation: _____ Phone: _____

REQUIRED SHOTS: (Must be viewed by Child Care Facility)

Recorded With: Doctor _____ Health Dept. _____ Military: _____

DATES:

Series:	DPT	POLIO	MMR	Hib	Hep. B
	1. _____	1. _____	1. _____	1. _____	1. _____
	2. _____	2. _____	2. _____	2. _____	2. _____
	3. _____	3. _____		3. _____	3. _____
Boosters:	4. _____	4. _____		4. _____	
	5. _____	5. _____			
	DPT - (Diphtheria-Pertusis-Tetanus)	MMR - (Measles-Mumps-Rubella)	Hib - (Haemophilus Influenza Type E	Hep. B - (HepatitisB)	

PLEASE INDICATE MEDICAL REASON IF THE CHILD CANNOT RECEIVE A REQUIRED IMMUNIZATION

In the event of an accident or illness to the child, I hereby authorize operator of Kids 'R' Kids #4NV to secure any necessary medical aid and/or treatment from:

Doctor: _____ or the doctor who is on call or available from the _____ hospital/clinic or the nearest hospital/clinic. In the event I cannot be contacted immediately for notification or shall fail or refuse to remove the child affected with a communicable disease or other valid reason after notification of illness and request for removal of the child: I understand that the appropriate authorities may remove the child from the premises of this child care facility. Furthermore, I agree to be directly responsible for all costs and expenses connected with the examination, diagnosis, treatment, and removal of the child.

Date: _____ Signature of Parent/Guardian: _____

HEALTH RECORD OF CHILD

Date Child Had Last Physical Exam: _____ Physician's Name: _____

Give Date If Child Has Had Any of the Following:

Chicken Pox: _____ Mumps: _____ Measles: _____ Epilepsy: _____ Asthma: _____

Hay Fever: _____ Diabetes: _____ Whooping Cough: _____ Rheumatic Fever: _____

Is the Child Allergic to Any Foods or Have Any Food Restrictions? _____

Does the child have any special needs or problems? _____

Has Child Ever Been in Licensed Child Care Before? _____ If So, Where: _____

Date of Admission: _____ Date of Discharge: _____

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Media 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 # 4NV , 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: _____ Date: _____

Parent/Guardian Printed Name: _____ Signature: _____



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Permission to Release Information

I understand that the time my child, _____ is in the facility that the director may be asked for information regarding my child.

(Please initial your choice below)

____ I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

____ I do not give permission to release information about my child as set forth in the aforementioned statement. I understand that the Bureau of Services for Child Care has access to my child's record as the licensing agent and may view the record upon BSCC facility inspection.

Signature of Enrolling Parent/Guardian

Date

Parent/Guardian Notification of NRS. 432A.178:

I, _____, (Parent/Guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 month of my child's enrollment.

Signature of Enrolling Parent/Guardian

Date



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PROPRIETOR GUARANTEE:

By signing this Agreement I/We acknowledge that I/We have personally guaranteed the debts and obligation incurred by the undersigned, and agree that I am personally obligated to perform all of the terms of, and make all payments to (your Practice) required by, the Agreement of which this Application is a part. I/We hereby consent to and authorize all services. I/We hereby agree to inform this office of any changes in my/our address, as it may occur. I/We authorize this office to release any necessary information to third parties, when requested and if we become delinquent and my account is assigned to your Collection Agency associate, they are hereby given the right to report same accurately to all the Credit Bureaus.

AGREEMENT OF FINANCIAL RESPONSIBILITY

I/We agree to pay all collection expenses the Practice may incur in collection our delinquent balance, plus \$25.00 returned check fee, attorney's fees, court costs, filing fees, including charges or commissions that may be assessed by any collection agency retained to pursue this matter. Collection Fees will be 40% for Regular Collections and 50% for Legal Collections or Forwards, which may be as much as twice the original principal balance owing. Patient further agrees to pay interest rate of 2% (two) percent per month, 24% (twenty-four) percent per year from the first date the account becomes delinquent.

Credit information must be used for permissible purposes only. Unauthorized access is a crime and may result in criminal prosecution. Customers are required to retain supporting documentation for each transaction

I/WE CERTIFY WE HAVE READ AND UNDERSTAND ALL THE INFORMATION PROVIDED.
I/WE CERTIFY THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

Signature of Responsible Party

Social Security

Date

Signature of Responsible Party

Social Security

Date

H.I.P.P.A. COMPLIANCE: Our Office, Staff and Associates are conversant with and abide by the Rules, Regulations and Statutes relevant to the protocols of law regarding the Federal Law governing the protection of individual consumer privacy.

PRIVACY POLICY: We do not share "Non-Public Information" with any "Third Parties or Entities" All information provided shall be kept confidential and

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Child Profile

This profile will stay with your child's teacher and is a way for them to better understand your child's growth and development. Please update this form regularly as to any changes that may occur outside of the school. Thank you for your cooperation.

Child Name: _____ Birth Date: ____/____/____

Child's Nickname: _____

Parent's Names: _____

1. Has your child had previous preschool or childcare experiences? Explain: _____

2. What would you like most for your child to experience with us? _____

3. What does your child enjoy doing most? _____

4. Does your child have any fears? Explain: _____

5. Do you consider your child shy or outgoing? Explain: _____

6. What are your child's favorite toys? _____

7. What things does your child express the most curiosity? _____

8. Do you have a special interest or hobby you would like to share with the children? _____

9. List the names and ages of other children in your family: _____

10. What words are spoken in your home for toileting? _____

11. Does your child take a nap? Yes ___ No ___ How long? _____

Do they need a special item to help them to sleep? What? _____

12. How many hours of sleep does your child usually receive at night? _____

13. Are you available to help us with special events? Yes ___ No ___

14. Does anyone else care for your children? Yes ___ No ___ (Grandparents, Neighbors, etc.)

Who? _____

15. What language is spoken in your home? _____

16. Does your child have allergies? Yes ___ No ___ Explain: _____

17. Does your child have any special medical or physical needs? Yes ___ No ___ Explain: _____

18. Additional Information: _____

Parents Signature: _____ Date: _____



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HEALTH STATEMENT

(MUST BE FILLED OUT BY A PHYSICIAN)

Child's Name: _____ Birth Date: _____

Date of Last Exam: _____

Status of Above Child's Health: _____

Any Known Conditions under Treatment: _____

Child is Capable of adjusting to programs of the learning center? Yes No

On occasion there may be a need for the following over the counter medications to be administered. However, these forms of medications may not be administered without prior authorization from the child's physician. Upon initialing the following forms of medication, the above named child will receive treatment as needed.

Diaper Rash Cream/Ointment: _____
Specify _____ Initial _____

Powder: _____
Specify _____ Initial _____

Teething Medications: _____
Specify _____ Initial _____

Sunscreen: _____
Specify _____ Initial _____

Physician's Name (Printed)

Physician's Signature

Office Phone Number

Date

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Child Allergy/Food Restrictions Profile

Child's Full Name: _____ Suite: _____

Allergy: _____

Symptoms of Allergic Reaction:

Emergency Care Plan:

Parent/Guardian Signature

____/____/____
Date

Owner/Director Signature

____/____/____
Date

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COVID-19 SPECIAL PROGRAM ATTENDANCE ACKNOWLEDGMENT AND DISCLOSURE

FAMILY/CHILD VERSION: (Please read and initial each statement below).

1. _____ I understand that to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the center. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

Symptoms include:

- Fever 100.4° Fahrenheit or higher
- Dry Cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution. These symptoms typically appear 2-7 days after being infected so please take them seriously.

2. _____ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
3. _____ Parent drop off/pick up procedures will be as follows:
- Parents must stay on the outside of their child's classroom door if children are in the classroom at drop off/pick up. If the children are outside at this time the parents are permitted to walk thru the classroom to the playground door to pick up their child(ren).
4. _____ I understand that while present in the facility each day my child will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19, failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Kids R Kids will result in disciplinary action up to and including termination.

Child's Name (Printed)

Date of Birth

Date

Parent/Guardian Name (Printed)

Parent/Guardian Signature



2830 S. Cimarron Road • Las Vegas, NV 89117 • Phone: (702) 798.3000
www.VegasKRRK.com

Guidance Program (Elementary Students Only)

Dear Parents,

Keeping each child safe is our main priority here at Kids R Kids. In order to ensure a safe and pleasurable Before & After School Program and bus ride, we will be implementing the following policies:

We expect the following behavior demonstrated while at the center:

- Respect to the teachers
- Respect for each other
- No fighting, hitting, biting, kicking or slapping
- No spitting
- No abusive language

We expect the following behavior demonstrated while on the bus:

- Stay seated at all times with seatbelt fastened until directed to do otherwise.
- Use quiet voices only
- Show respect for your bus driver, other students and yourself
- Help keep the bus clean by not eating, chewing gum or littering
- Keep hands and feet to yourself
- Face the front of the bus at all times
- Wear seatbelt properly

Any misconduct will result in a written warning with a copy being sent to the parents and a copy maintained in the child's file noting the reason and date of the discipline problem. Please be aware that these policies will be in effect the entire year.

All of our staff will be working together to implement this plan. We would appreciate it if you would review this with your child. Thank you.

I have read and discussed this Guidance Program with my child and we agree to work together for the safety of everyone.

Child's name: _____

Parent's Name: _____

Parent's Signature: _____ **Date:** _____

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Emergency Medical Information

Child's Name: _____ Birth Date: _____

Address: _____ Phone: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Insurance Provider: _____ Number: _____ Phone: _____

Does the child have physical problems, mental health disorders, or developmental disabilities, which would limit the child's participation in the program and activities? Yes _____ No: _____

Specify: _____

Does this child have allergies? (foods, medications, insects, etc.) Yes: _____ No: _____

Specify: _____

Are there any special procedures that are required in caring for the child? Yes: _____ No: _____

Specify: _____

Emergency Contact		Relation		Phone		Cell	
Emergency Contact		Relation		Phone		Cell	
Emergency Contact		Relation		Phone		Cell	

I, _____, give my permission for Kids 'R' Kids #4 to seek medical attention for my child, _____, in the event of an emergency if I cannot be reached, and to hold harmless and release Kids 'R' Kids #4 and Kids 'R' Kids International, Inc., from all liability. I further agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached.

Parent's Signature _____ **Date:** _____

Kids 'R' Kids #4 emergency medical procedure will be:

1. Call emergency medical team, if necessary
2. Contact Parent
3. Contact person listed as emergency contact.
4. Have emergency medical team transport to nearest hospital
5. Will seek medical attention from: Summerlin Hospital

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Transportation Agreement

Kids 'R' Kids # 4

Address: 2830 S. Cimarron Road

I allow Kids 'R' Kids # 4 to transport my child, _____, for the following reasons.

Check All That Apply:

- | | | |
|--------------------------------------|-----------------|------------|
| <input type="checkbox"/> To school | Name of school: | _____ |
| | School begins: | _____ a.m. |
| <input type="checkbox"/> From school | Name of school: | _____ |
| | School ends: | _____ p.m. |

- Yes, I received a copy of the rules that my child is expected to follow while being transported. I will review these rules with my child.**

TRANSPORTATION GUIDELINES

- In the event the designated location is unable to receive children they will be returned to K'R'K # 4
- Children will not be left unattended in any vehicle used for transportation.
- Children will wear seat belts.
- Children will be dropped off in a safe location at every school either against a curb or in a designated parking space.

It is vital that KRK # 4 be notified of any changes in the above scheduled transportation. KRK # 4 will assume the above schedule of transportation will be followed unless we receive different instructions from the parent/guardian. Notifying Kids 'R' Kids as soon as possible helps avoid confusion for morning/afternoon transportation schedules. **If we take your child to school in the morning, we will assume we need to pick them up, and if they aren't there when we pick up you will be charged a \$35 fee.** The same goes for when you take your child as well. If you drop your child off at elementary school and we don't see them in the morning, then we will assume that you will pick them up and we will not. **Initial:** _____

Your child must be at the center no later than a half hour before there scheduled departure time in order to be transported to school in the mornings.

Parent/Guardian: _____ **Date:** _____

Administrator: _____ **Date:** _____

Kids 'R' Kids uses every precaution and strives to provide a safe and secure environment for each child while being transported in our vehicle.

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