



Center name and address must appear below:

**Kids 'R' Kids #60 TX**  
**1092 W. League City Pkwy.**  
**League City, TX 77573**

## ENROLLMENT APPLICATION

<b>Entrance Date:</b>		<b>Withdrawal Date:</b>	
<b>Child's Name</b>	Age:	Sex:	Birth Date:
Child's Address: (City, State, Zip)	Home Telephone:	Who Does the child live with?	Elementary School Attending? Drop Off      Pick Up
Attendance (Circle all that apply) Full Time    PT 3 Day    PT 2 Day    Drop In    Summer Camp		Breakfast Program (\$5 Weekly Fee) Yes      No	
<b>Person Responsible for account:</b>	Relationship to Child:	Drivers License #:	Social Security #:
Address:	Home Telephone:	Cell Phone:	e-mail:
Place of Employment:	Work Hours:	Business Phone:	Other contact #:
<b>Other Parent or Person Responsible for account:</b>	Relationship to Child:	Drivers License #:	Social Security #:
Address:	Home Telephone:	Cell Phone:	e-mail:
Place of Employment:	Work Hours:	Business Phone:	Other contact #:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated		If Divorced, who has custody of the child? <input type="checkbox"/> Mother	
<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		<input type="checkbox"/> Father      Other _____	

### Pickup Authorization / Emergency Contact

The child may be released to the person(s) signing this agreement or the following:

NAME	ADDRESS	TELEPHONE	RELATION	DRIVERS LICENSE #	EMERGENCY CONTACT (Y/N)

Child's Physician:

NAME

ADDRESS

TELEPHONE

Child's allergies, special medical conditions, or prescribed drugs: \_\_\_\_\_

1. I agree to pay the total weekly fee of \$ \_\_\_\_\_ on Friday for the upcoming week. Late charges (\$15) are applicable if fees are not paid in full by Tuesday for the current week with additional late fees applied on Friday if still not paid.
2.  Yes, I do  No, I do not give my consent for my child to participate in water activities.
3. I agree to provide the center with all necessary information pertaining to administering medicine (date, prescription #, doctor's notes, direction, medication in original pharmaceutical container, etc.). I understand that medication will be dispensed at 11:00 a.m. and 3:00 p.m., and will only be administered as prescribed by a licensed physician.
4. I understand that my child will be provided with all snacks and lunch served daily during their hours of attendance. After-School children will be served snack only. Breakfast is served until 7:30 a.m.
5. I understand that according to the center regulations it is my responsibility to escort my child into the center and into the classroom or café and insure that a staff member is aware of the child's arrival or departure.
6. If my child wears diapers, I understand I will provide whatever *disposable* diapers necessary for my child. I understand that only disposable diapers are permitted in the center.
7. I understand that I am totally responsible for any special diet required by my child. If my child's diet consists of formula taken from a bottle, I understand that I will provide Kids 'R' Kids with the appropriate number of bottles containing already mixed formula necessary for my child each day. I will clearly mark my child's bottle with his/her first and last name and current date.
8. Transportation is provided to and from school and on planned field trips with parental permission. A separate form and signature is required for this service. School transportation form can be signed once for each school year. A field trip form must be signed for each field trip (school age children only).
9. Should my child become ill during the time that he or she is in the care of Kids 'R' Kids or suffer an accident of any nature, the school will contact me immediately and is authorized to secure such medical attention and care for the child as may be necessary. (The parent/guardian will assume responsibility for payment). *I agree to keep the center informed of changes in my contact information.*
10. I understand that if my child is ill, including, but not limited to, a sever cough or sore throat; undetermined rash or spots; temperature over 100.4 degrees; severe headaches, pink eye, upset stomach or diarrhea, he or she may not return to the center until symptom free for 24 hours. In the event my child has a communicable disease, a release form from a medical source may be required before my child re-enters the center.
11. I understand that Kids 'R' Kids # 60 TX, while a Kids 'R' Kids franchise, is independently owned and operated, and that neither Kids 'R' Kids International, Inc., nor any Kids 'R' Kids center other than the one whose name appears at the heading of this form is responsible for the actions or obligations of this Center.
12. If child is of school age, what school do they attend? \_\_\_\_\_ Address: \_\_\_\_\_ Phone number of school: \_\_\_\_\_ Principal's name \_\_\_\_\_
13. 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.
14. Children at the center may be photographed by other parents, are visible to other parents via the internet, and may have photos taken and posted within the center. By signing below, I give my permission for my child to be photographed or videotaped while in attendance at the center and during any field trip activity.
15. I understand that it is my responsibility to keep the center advised on changes of address, phone numbers, and contacts.
16. I will provide a current immunization record upon enrollment, and will update as required.
17. If my child is part of the after school program, I must notify Kids 'R' Kids no later than 1:30 p.m. 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 \$10 fee.
18. If I have not picked up my child by 7:00 p.m. and all attempts to contact me and all of my emergency contacts fail, Kids 'R' Kids will call the proper authorities.

**I understand all of the above and agree to abide by all policies and procedures of Kids 'R' Kids, as outlined in this agreement as well as the Kids 'R' Kids Parent Handbook, and all Center Policies. I acknowledge receipt of guidance and discipline policies.**

Signed: \_\_\_\_\_  
Parent or Guardian

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Director/Assistant Director

Date: \_\_\_\_\_



## POLICIES REGARDING PAYMENTS OF TUITION

Just like your family's own personal budget, our school also operates on a budget based on payments of tuition. You will find as you join our Kids 'R' Kids family that it is not our nature to pattern our day around payments being made or not. We rely heavily on parents following the tuition policies and schedules. In turn, this is why you will find that our tuition is "all inclusive," meaning that all services and programs that we provide for our children are taken care of in the tuition. There are very limited additional charges with the exception of school age children holiday or early release, parent's night out and outside services such as gymnastics, karate, dance, computer classes, pictures and book sales. Any commissions earned from outside services, by our center, are returned directly into the school's budget. If you have any questions regarding tuition policies, please ask.

1. Tuition may be paid by cash check or money order.
2. Tuition's are paid in advance and due on Friday for the following week.
3. Tuition's not paid by the close of business Tuesday of the current week are assessed a \$15 late fee. Fees are automatically assessed to all unpaid balances on a weekly basis unless prior arrangements have been made with the owners.
4. If your child is present one to five days, full tuition is due. One day's attendance constitutes a full week.
5. If your child is present zero days, half tuition is due to ensure your child's enrollment. A maximum of 4 weeks per calendar year are allowed at half rate.
6. Tuition is not prorated in the current week or into other weeks for: missed days from another week, illness days, vacation days, school holidays, days the center is closed for holidays or days the center is closed because of uncontrollable factors such as power loss, weather, etc. or any other reason.
7. School age children in attendance for early release school days, teachers in service days, or holidays are billed an additional up-charge for extended care. This charge is due by Monday of the following week.
8. Discounts are applied **only** to the weekly tuition rate and not any other programs that are offered such as breakfast, early school releases, school holidays, etc.
9. If your check returns unpaid, a \$25 return charge will be added. Checks cannot be accepted after two are returned unpaid.
10. If a late pick-up situation occurs (after 6:30PM) a \$15 late fee will be assessed for the first 10 minutes late and an additional \$5 charge for every 10 minutes thereafter.
11. If 2 or more weekly tuition payments are missed your child will be dis-enrolled.
12. A service charge of 1.5% per month – 18% APR will be added to all overdue accounts and account holder will also be liable for all legal and collection fees.
13. Kids 'R' Kids reserves the right to change the above fees or policies at any time.

**I have read, understand and agree with the policies regarding payments of tuition's.**

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Parents Signature / Confirmation

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Date



## Child Profile

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

This profile will stay with your child's teachers. As they grow and develop, characteristics will be added to this form in order to keep your child's future teachers in touch with the growth and development your child has made. We need your input on tiny changes taking place outside of school that may have an effect on your child while in our care. Communication is very important in helping the teachers with the development of your child.

*Thank You for your cooperation*

1. Has your child had previous preschool experiences? Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

3. What does your child most enjoy doing? \_\_\_\_\_

\_\_\_\_\_

4. Does your child have any particular fears? \_\_\_\_\_

\_\_\_\_\_

5. Do you consider your child shy or outgoing? \_\_\_\_\_

\_\_\_\_\_

6. What are your child's favorite toys? \_\_\_\_\_

\_\_\_\_\_

7. About what things does your child express the most curiosity? \_\_\_\_\_

\_\_\_\_\_

8. Does your child play with other children? Yes \_\_\_ No \_\_\_

9. List the names and ages of other children in your family? \_\_\_\_\_

\_\_\_\_\_

10. What words are spoken in your house for toileting? \_\_\_\_\_

11. Does your child take a nap? Yes \_\_\_ No \_\_\_ How Long \_\_\_\_\_

12. Does your child need a favorite item (such as a blanket) for nap? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, does your child have a special name for it? \_\_\_\_\_

13. Does your child have a pet? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind of pet? \_\_\_\_\_ Pet's Name? \_\_\_\_\_

14. How many hours of sleep does your child usually receive at night? \_\_\_\_\_

15. Does your child have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

16. Does your child have any special medical or physical needs? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

17. Do you have a special interest or hobby you would like to share with the children? \_\_\_\_\_

18. Are you available to help us with field trips or other special events? Yes \_\_\_\_\_ No \_\_\_\_\_

19. What is the marital status of the child's parents? \_\_\_\_\_

20. Who besides the immediate family, resides in the home? \_\_\_\_\_

21. Does anyone else care for your children? Yes \_\_\_\_\_ No \_\_\_\_\_ (Grandparents, Neighbors, etc.)

Who? \_\_\_\_\_

22. What language is spoken in your home? \_\_\_\_\_

23. Authorized persons to pick up your child:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Infant Information Sheet

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birthday: \_\_\_\_\_

	Yes	No		
Does Child take bottle?	<input type="checkbox"/>	<input type="checkbox"/>	Does Your Child Eat:	
Is the bottle warmed? (Microwave <input type="checkbox"/> Crockpot <input type="checkbox"/> )	<input type="checkbox"/>	<input type="checkbox"/>	Strained Foods	<input type="checkbox"/>
Does the child hold own bottle?	<input type="checkbox"/>	<input type="checkbox"/>	Baby Foods	<input type="checkbox"/>
Can the child feed self?	<input type="checkbox"/>	<input type="checkbox"/>	Formula	<input type="checkbox"/>
Does your child take a pacifier?	<input type="checkbox"/>	<input type="checkbox"/>	Whole Milk	<input type="checkbox"/>
			Table Foods	<input type="checkbox"/>
			Juice	<input type="checkbox"/>
			Other _____	

What type formula used? \_\_\_\_\_

Amount of formula to be given: \_\_\_\_\_

Updated amounts of formula: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Food likes: \_\_\_\_\_ Food dislikes: \_\_\_\_\_

Allergies (including any premixed formula)? \_\_\_\_\_

If any creams, ointments, or lotions are needed, a medication form will be necessary.

**Kids 'R' Kids follows the recommendations of the SIDS Alliance sleeping practices for infants.**

Instructions for introducing solid foods: \_\_\_\_\_

Child's Schedule	Approximate Time	Types and Approximate Amounts of Food
Breakfast		
Lunch		
Dinner		
Morning Nap		
Afternoon Nap		

I understand it is my responsibility to keep Kids 'R' Kids child-care center updated as my child's needs change.

**Please update every 30 days or as any of the above information changes.**

\_\_\_\_\_  
Parent's Signature



Kids 'R' Kids Center Stamp Must Appear Below For This Form To Be Valid

Kids 'R' Kids #60 TX
1092 W. League City Pkwy.
League City, TX 77573

TRANSPORTATION AGREEMENT

I, \_\_\_\_\_, agree for my child, \_\_\_\_\_ to ride on the bus or van provided by the Kids 'R' Kids Child Care Center as shown in the stamped address above.

My child may be transported by Kids 'R' Kids #60 (check all that apply)

\_\_\_\_\_ To and or From \_\_\_\_\_ Elementary School

\_\_\_\_\_ On Field Trips

\_\_\_\_\_ In the event of an Emergency

It is VITAL that Kids 'R' Kids #60 be notified of any changes in the above scheduled transportation. KRK # 60 will assume the above schedule of transportation will be followed unless we receive different instructions from parents (instructions should be received by KRK #60 at the earliest possible time.)

THE FOLLOWING RULES APPLY:

- 1. CHILDREN MAY NOT CROSS THE STREET IN ORDER TO MEET TRANSPORTING VEHICLE OR IN ORDER TO ARRIVE AT A DESTINATION
2. NO VEHICLE CONTAINING CHILDREN SHALL BE LEFT UNATTENDED
3. ALL CHILDREN SHALL WEAR SEAT BELTS IN THE VEHICLE WHEN BEING TRANSPORTED
4. THE DEPARTMENT OF PUBLIC SAFETY REQUIRES THAT THERE SHALL BE NO MORE THAN THREE PERSONS IN THE FRONT SEAT INCLUDING THE DRIVER
5. WHENEVER AUTOMOBILES OR STATION WAGONS ARE USED, SAFETY LOCKS SHALL BE PROVIDED SO ONLY THE DRIVER OR RESPONSIBLE OPERATOR CAN USE THEM.
6. UNLESS ACCOMPANIED BY HIS OR HER PARENTS, NO CHILD SHALL BE REQUIRED TO SPEND MORE THAT ONE AND ONE-HALF HOURS DAILY IN TRANSPORTATION
7. THE DRIVER OF THE SCHOOL BUS OR VEHICLE TRANSPORTING CHILDREN MUST MEET THE SAME GENERAL QUALIFICATIONS AS THOSE SET FORTH FOR OTHER MEMBERS OF THE DAY CARE STAFF.
8. IF THE BUS TAKES YOUR CHILD TO SCHOOL IN THE MORNING, WE WILL PICK UP YOUR CHILD AT DISMISSAL TIME.
9. IF WE DO NOT TAKE YOUR CHILD TO SCHOOL, THEN WE ASSUME THAT HE OR SHE IS ABSENT AND WE WILL NOT GO THE SCHOOL TO PICK UP YOUR CHILD UNLESS IT IS AGREED UPON THAT YOU WILL PROVIDE MORNING TRANSPORTATION.
10. YOU MUST CALL US EACH TIME YOUR CHILD IS TAKEN TO SCHOOL BY ANYONE OTHER THAN US SO WE WILL BE SURE TO PICK HIM OR HER UP, UNLESS IT IS AGREED UPON THAT YOU WILL PROVIDE MORNING TRANSPORTATION.
11. IF YOUR CHILD IS PICKED UP BY SOMEONE ELSE BEFORE OUR BUS ARRIVES YOU MUST NOTIFY US. COUNTLESS TIME HAS BEEN LOST LOOKING FOR A CHILD THAT IS NOT EVEN AT SCHOOL.
12. PLEASE HAVE YOUR CHILD AT THE CENTER NO LATER THAN 7:30 A.M.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Health Requirements – Immunizations

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Immunizations	Date: 1 <sup>st</sup> Dose	Date: 2 <sup>nd</sup> Dose	Date: 3 <sup>rd</sup> Dose	Date: 1 <sup>st</sup> Booster	Date: 2 <sup>nd</sup> Booster
DPD/Td					
HIB					
POLIO					
Hep B					
MMR					
TB					
Varicella					

\_\_\_\_\_  
**Signature (or stamp) – Physician or Health Professional**

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

You must submit a machine copy of an immunization record signed or stamped by a physician or health professional

### School age Children ONLY

My child's records are on file at \_\_\_\_\_ Elementary School

Parent's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_





## Center Point

1092 W. League City Pkwy. • League City • TX • 77573 • (281) 338-1177

### ADMISSION REQUIREMENT

One of the following three options must be presented when your preschool age child is admitted to Kids 'R' Kids. Check ONE to indicate the option you select:

CHILD'S NAME: \_\_\_\_\_

**1**

\_\_\_\_\_ Doctor's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the child care program.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Doctor's Signature Date

**2**

\_\_\_\_\_ A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program IF no referral for further diagnosis and treatment is indicated.

\_\_\_\_\_ A form or written statement from a health service or clinic.

\_\_\_\_\_ A parent's statement stating that "My child has been examined within the past year by a licensed physician and is able to participate in the care program and *within 12 months I will obtain a physician's statement, a copy of the medical screening form from the EPSDT Program, or a form or statement from a health service or clinic and will submit it to Kids 'R' Kids.*

\_\_\_\_\_  
Name and address of Physician OR Address of EPSDT Screening Site

**3**

\_\_\_\_\_ My child has an appointment for a physical examination and I will submit a physician's statement, an EPSDT form, or a health service or clinic form to Kid's 'R' Kids.

\_\_\_\_\_  
Name and address of Physician OR Address of EPSDT Screening Site

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature – Parent or Legal Guardian Date



Photo Release

**I hereby assign and grant to the photographer, or those for whom the photographer is acting as indicated above, the right and permission to copyright and/or use and/or publish, and republish, photographic pictures and portraits of the minor named below in which said minor may be included in whole or in part, in color or black and white, made through any media by the photographer at his studio or elsewhere, including the use of any printed matter in conjunction with such photographs.**

**I hereby waive my right to inspect and/or approve the finished photograph or advertising copy or printed matter that may be used in conjunction with such photographs, or to the eventual use that it might be applied.**

**I hereby release and discharge the above, its assigns, and all persons acting under its permission or authority or those for whom it is acting, from and against any liability as a result of any distortion, blurring, alteration, or optical illusion that may occur in the taking of the picture, or processing or reproduction of finished product.**

**I hereby warrant that I am of full age and competent to contract for the minor named below in so far as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents thereof.**

\_\_\_\_\_  
**Minor's Name**

\_\_\_\_\_  
**(Parent) or (Guardian) Circle one**

\_\_\_\_\_

\_\_\_\_\_



## HEALTH AND EMERGENCY PERMISSION RECORD

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Child's Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Child's Primary Health Source (or Clinic) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
 Medical Group \_\_\_\_\_ Parents SSN \_\_\_\_\_  
 Kids 'R' Kids Primary Hospital – St. Johns Hospital, 18300 St. Johns Blvd. Nassau Bay, TX 77058

Does the child have any physical problems, mental health disorders, mental retardation or developmental disabilities, which would limit the child's participation in the center's program and activities?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ Explain \_\_\_\_\_  
 \_\_\_\_\_  
 Does the child have any allergies? (food, medications, insects, etc.)  
 YES \_\_\_\_\_ NO \_\_\_\_\_ Explain \_\_\_\_\_  
 \_\_\_\_\_  
 Does the child have any special medical needs?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ Explain \_\_\_\_\_  
 \_\_\_\_\_  
 Is your child on any current prescribed medications?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ List \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 1<sup>st</sup> Emergency Contact: \_\_\_\_\_  
 Relation \_\_\_\_\_ Phone \_\_\_\_\_  
 2<sup>nd</sup> Emergency Contact: \_\_\_\_\_  
 Relation \_\_\_\_\_ Phone \_\_\_\_\_  
 3<sup>rd</sup> Emergency Contact: \_\_\_\_\_  
 Relation \_\_\_\_\_ Phone \_\_\_\_\_

In the event of an emergency involving my child, and if Kids 'R' Kids cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expense incurred during the treatment of my child and to hold harmless and release Kids 'R' Kids #60 TX, Center Point KRK LLC 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 #60 TX Emergency medical procedure will be:  
 1. Contact Parent.  
 2. Contact person listed as emergency contact.  
 3. Call emergency medical team, if necessary.  
 4. Transport to nearest hospital or have emergency medical team transport to nearest hospital.  
 5. Will seek medical attention from St. Johns Hospital