

**CHILD'S FULL NAME:** \_\_\_\_\_ **D.O.B:** \_\_\_\_/\_\_\_\_/\_\_\_\_

CHILD			
LAST NAME	FIRST NAME	MALE <input type="radio"/> FEMALE <input type="radio"/>	D.O.B. (Month/Day/Year) ____/____/____
CHILD'S ADDRESS			
STREET:			
CITY, STATE:			
ENROLLMENT DATE:		WITHDRAWAL DATE:	
STARTING SUITE NUMBER:		RATE:	
1 <sup>ST</sup> PARENT		2 <sup>ND</sup> PARENT	
LAST NAME _____		LAST NAME _____	
FIRST NAME _____		FIRST NAME _____	
STREET _____		STREET _____	
CITY _____ STATE _____ ZIP _____		CITY _____ STATE _____ ZIP _____	
HOME PHONE _____		HOME PHONE _____	
CELL PHONE _____		CELL PHONE _____	
WORK PHONE _____		WORK PHONE _____	
PLACE OF EMPLOYMENT _____		PLACE OF EMPLOYMENT _____	
EMAIL _____		EMAIL _____	
CHILD'S LEGAL GURDIANS <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER _____ <input type="checkbox"/> OTHER			
CHILD'S LIVING ARRANGEMENTS <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER _____ <input type="checkbox"/> OTHER			
WATER ACTIVITIES- I HEREBY ( ) GIVE ( ) DO NOT give consent for my child to participate in these water activities: <input type="checkbox"/> SPLASH PAD ( ) WATER TABLES			
EXPECTED DAYS/HOURS IN CARE ( ) MON ( ) TUE ( ) WED <input type="checkbox"/> THUR ( ) FRI			
HOURS: FROM _____ TO _____			
Check the meals you want your child to receive: Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> or,			
<ul style="list-style-type: none"> <li>A Non-Refundable Registration fee of \$125 (\$300 per family) is required upon enrollment and annually thereafter.</li> <li>Tuition is due Friday for the upcoming week. Tuition not paid by Monday before 6:00 pm will incur a \$25 late charge.</li> <li>There are no deductions for holidays or partial week attendance.</li> <li>A two-week written notice is required when withdrawing.</li> <li>I agree to pay the current tuition rate throughout my child's enrollment. Rate is Subject to change.</li> </ul>			Initials: _____  Initials: _____  Initials: _____  Initials: _____  Initials: _____

## Registration Form 2022

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Start Date: \_\_\_\_\_ Starting Suite #: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Supply Fee: \$ \_\_\_\_\_ Registration Fee: \$ \_\_\_\_\_

Total Fees Paid Prior to Start Date: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

*By signing this form, you understand that the **supply fee, registration fee, are non-refundable.***

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Use

Copy given to Parent ☐

Copy Placed in Child's file ☐

Notes:

\_\_\_\_\_  
\_\_\_\_\_

Dear Valued KRK Parents/Guardians,

To keep everyone safe and healthy, this form must be filled out before your child can attend care at **Kids 'R' Kids of Mason and Clay**. Also, please be advised that Covid-19 is a very unpredictable situation, if a student/staff/parent tests positive for COVID-19 or the local authorities deem necessary, our school, or the affected classroom may shut down with short notice. Parents must use their discretion when deciding whether to send their child to school. **Please be advised, if your child's class has someone identified COVID 19 positive or was in close contact of a COVID 19 positive person(S), we will close that class from 48 hours or instructed from Texas Health Department for observation and deep cleaning. The classroom would be operational after 48 hours, tuition will still be charged at 100% of weekly rate even if you choose to keep your child at -home for self-quarantine.**

**Child/Children's Name:**

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**Parent/Guardians Name:**

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I \_\_\_\_\_, parent/guardian of the above listed child/children hereby certify that (please initial all):

\_\_\_\_\_ I understand that it is my sole decision to send my child to school knowing the unknown risk involved with Covid-19.

\_\_\_\_\_ I will notify the school administration of any travel outside of the Greater Houston Area.

\_\_\_\_\_ If my child encounters anyone traveling outside of the Greater Houston Area, I will self-quarantine my child at home for 7 -14 days and inform the school. **I understand I will still be responsible for tuition at 100% rate during this time.**

\_\_\_\_\_ I will keep my child home if they are sick. Sick includes, but is not limited to, temperature over 100.4 F, persistent cough, wheezing, colored mucus, persistent runny nose, diarrhea, vomiting. If my child becomes sick at school, I will pick them up within the hour or as soon as possible.

\_\_\_\_\_ If my child is sick, they will not be able to return to school without written release (if there's COVID-19 symptoms, Negative result) from a physician. **I understand I will still be responsible for tuition during this time.**

\_\_\_\_\_ I understand my child may be placed in a different classroom if necessary, to comply with state regulations.

\_\_\_\_\_ I understand that the COVID-19 situation is changing rapidly and if a student/staff/parent tests positive for COVID-19 or the local authorities deem necessary, our school or the affected classroom **will be closed 48 hours for observation and deep cleaning. I understand that Tuition will still be , charged as usual even if I choose to keep my child home.**

\_\_\_\_\_ I will not hold Kids R Kids International INC and Kids R Kids of Mason and Clay (# 76 TX), Ashmira LLC, the Administration, Director, Staff and/or any individual affiliated with the school responsible for COVID-19 or any illnesses my child may be diagnosed with or any incurring financial costs related to COVID-19 or any other illnesses.

## Child Allergy Profile

Update annually or as child's information changes

(place child's picture here)

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

Allergy To:

\_\_\_\_\_

Symptoms of Allergic Reaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Care Plan:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Owner/Director Signature

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

CHILD'S FULL NAME: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

HEALTH AND EMERGENCY PERMISSION			
List any ALLERGIES or SPECIAL DIETS your child has or write "NONE": _____ _____			
Please describe the REACTIONS your child will have if they come in contact with, or ingests the item(s): _____ _____			
List any special problems, existing illnesses, and hospitalizations for the past twelve months. List medications prescribed for long term continuous use, and any other information we should be aware of: _____ _____			
I, _____, give permission for 'Kids 'R' Kids' #76 to seek medical attention for my child, _____, in the event of an emergency if I can't be reached, and to hold harmless and release Kids 'R' Kids #76 and Kids 'R' Kids International, Inc., from liability. I also give permission to transport my child in the event an evacuation becomes necessary. I further agree to keep the facility informed of changes in telephone numbers, etc.			
Child Physician location: _____			
Dr. _____		Phone #: _____	
Street: _____		City, State, Zip: _____	
Kids 'R' Kids #76 Emergency Medical Procedure will be: 1. Administer first Aid/CPR 2. Call 911 if necessary 3. Contact parent, legal guardian, or other emergency contacts 4. Have medical team transport child to the nearest hospital			
EMERGENCY CONTACTS			
The persons listed below maybe contacted in the event of an emergency AND are AUTHORIZED with proper ID to pick up my child. WE MUST HAVE PARENT/GUARDIAN AND AT LEAST 1 MORE PERSON FOR A TOTAL OF 3 CONTACTS.			
NAME	RELATIONSHIP	PHONE HOME/CELL/WORK	ADDRESS
	1 <sup>ST</sup> PARENT/GUARDIAN		
	2 <sup>ND</sup> PARENT/GUARDIAN		

### HEALTH INFORMATION

CHILD'S FULL NAME: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age 4 and up **To be filled out by the child's physician:**

I have examined the above named within the past year and find that he/she is able to take part in the childcare program. Physician's Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_  
**Physician's Signature:** \_\_\_\_\_ **Status Of :( Vision: R 20/\_\_\_\_L 20/\_\_\_\_PASS** ☐  
**FAIL** ☐  
HEARING (R): 1000 Hz \_\_\_\_\_ 2000 Hz \_\_\_\_\_ 4000 Hz \_\_\_\_\_ PASS ☐ FAIL ☐ Hearing (L): 1000  
Hz \_\_\_\_\_ 2000 Hz \_\_\_\_\_ 4000 Hz \_\_\_\_\_ PASS ☐ FAIL ☐

**To be filled out by child's parent/guardian (if the above box is not signed)**

My child has been examined within the past year by a health professional and is able to participate in the childcare program. Within two (2) weeks of admission, I will obtain a health care professional's signed statement and will submit it to Kids 'R' Kids #76, TX.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I UNDERSTAND THAT KIDS 'R' KIDS IS REQUIRED TO HAVE A COPY OF MY CHILD'S UPDATED SHOT RECORDS WITH THE PEDITRICIAN'S SIGNATURE OR STAMP. SHOT RECORDS ARE REQUIRED BEFORE YOUR CHILD CAN START CARE.**

A copy must be turned in with this enrollment package. I also understand that if my child's shot records are not up to date, I will be sure my child receives the appropriate immunizations within the timeframe set by Kids 'R' Kids.

#### School Age Children ONLY

My child, \_\_\_\_\_ has a current immunization, hearing, and vision record on file at the following school:

<input type="checkbox"/> <b>Loraine T. Golbow Elementary School</b> 3535 Lakes of Bridgewater Dr, Katy, TX 77449 (281) 237-5350	<input type="checkbox"/> <b>Franz Elementary School</b> 2751 N Westgreen Blvd, Katy, TX 77449 (281) 237-8600
<input type="checkbox"/> <b>Morton Ranch Elementary</b> 2502 N Mason Rd, Katy, TX 7744 (281) 234-0300	<input type="checkbox"/> <b>Robinson Elementary School</b> 4321 Westfield Village, Katy TX 77449 (281) 855-1240
<input type="checkbox"/> <b>Peter McElwain Elementary</b> 6631 Greenwood Orchard Dr Katy TX 77494 281-234-4800	<input type="checkbox"/> <b>Catherine Bethke Elementary School</b> 4535 E Ventana Pkwy, Katy, TX 77493 (281) 234-4200
<input type="checkbox"/> <b>Olga Leonard Elementary</b> 2602 winchester Ranch Trail Katy TX 77493 281-234-4600	

Signature-Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

CHILD'S FULL NAME: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

### TRANSPORTATION AGREEMENT

I, \_\_\_\_\_ allow Kids 'R' Kids #76 to transport my child, \_\_\_\_\_ for the following reasons:

- ☐ Medical Emergencies- Child will be transported by EMS team
- ☐ Building Emergencies- if the building should become unsafe, children will be transported to an evacuation site.
- ☐ To school      Name of School: \_\_\_\_\_ Begins at: \_\_\_\_\_ A.M
- ☐ From School      Name of School: \_\_\_\_\_ Ends At: \_\_\_\_\_ P.M
- ☐ Field Trips      Individual permission forms will also be signed for each trip

### TRANSPORTATION GUIDELINES

- It is vital that Kids 'R' Kids be notified of any changes in the above scheduled transportation. We will assume that the above schedule will be followed unless we receive different instructions from the parent or guardian. **NOTIFY US AS QUICKLY AS POSSIBLE IF YOUR CHILD DOES NOT NEED AFTERNOON TRANSPORTATION.** Failure to notify us of any changes causes confusion and delays in our schedule. **FAILURE TO ADHERE TO THIS POLICY MAY RESULT IN A \$5 CHARGE TO YOUR ACCOUNT.**
- In this event that the designated location is unable to receive children, they will be returned to Kids 'R' Kids #76
- Children will not be left unattended in any vehicle used for transportation.
- Children will wear seat belts.
- **YOUR CHILD MUST BE AT THE CENTER NO LATER THAN 7:15 A.M TO BE TRANSPORTED TO THE SCHOOL IN THE MORNINGS. IF YOUR CHILD NEEDS TO BE SERVED BREAKFAST, HE/SHE NEEDS TO BE HERE BY 7:10 A.M.**

### TRANSPORTATION RULES

- Always listen to and follow directions of the driver.
- Always walk on the bus with an adult.
- Wait until the bus stops and doors open before you step near the bus.
- Always wear your seat belt and keep the aisle clear.
- Always remain seated, facing forward.
- Talk softly, never throw things or fight. The driver can't concentrate if riders are disruptive.
- Keep body parts and all other objects inside the vehicle.
- Don't eat or drink on the bus.
- Students should not mark upon, deface, cut seats, or otherwise cause damage to the bus.
- Never bring pets or insects on the bus without getting permission.
- Wait for the bus to stop before unbuckling your seatbelt or leaving your seat.
- Gather all your belongings; be sure you have left nothing behind.
- If you drop something near the bus, ask an adult to get them for you.

CHILD'S FULL NAME: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **INTERNET RELEASE**

Technology has allowed Kids 'R' Kids to give parents the opportunity to monitor their child's classroom through computers, video and the Internet. By enrolling your child in Kids 'R' Kids #76, you agree to allow your child's image to be on the internet.

#### **To access this service certain standards must always be maintained:**

1. Access Codes (issued to those parents wishing to avail themselves of this service) are used to limit access to the images of our children but should realize that this system works through the Internet. Authorized access permits access by that person to the images of all children within the field of view of the camera, **including your child, whose image cannot be excluded, even if you chose not to utilize this internet service.**
2. You agree not to (or permit any other person to) divulge, reproduce, print or save, in any way or on any medium, any images, prints or video images of any portion of the Center's premises or any of the Center's children without prior consent of the center. **This involves security of the Center and the children should always be observed.**
3. Unauthorized access to the image of your child could occur as a result of a breach of the Internet or a breach of security by the holders of Access Codes. **Although all available measures are taken to prevent any unauthorized access, this is beyond the Center's control, and we do not guarantee against such unauthorized access.**
4. You agree that our method of assigning Access Codes and maintaining the confidentiality of such codes, so long as conducted in a manner consistent with usual, ordinary and reasonable business practices, shall be all that is required of the Center in safeguarding your children's video images, and that no other or different safeguards of internet video images of children or the premises shall be expected or required of the center.
5. You agree that only those persons, if any, listed below shall be given an Access Code. You agree that it is solely your responsibility to instruct each such person regarding the provisions of this Agreement and to take from each such person their express agreement to:
  - a. Not divulge the Access Code to any other person
  - b. Abide by all the provisions of this agreement

#### **Listed below are persons (first and last names) of whom Access Codes are requested:**

A) \_\_\_\_\_ B) \_\_\_\_\_ C) \_\_\_\_\_

Your signature below constitutes affirmation of your full and voluntary understanding and acceptance of these conditions with respect to your children, you or express waiver of all the Rights of privacy in connection wherewith, as well as your agreement that you expressly assume all risks involved in furnishing images, and your release of the Center from any and all liability for any damage of any nature arising or resulting from its furnishing of this service, whether negligent or not.

I hereby warrant that I am of full age and competent to contract for the minor named above. I have read the foregoing release and warrant, and I fully understand the content thereof.



CHILD'S FULL NAME: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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, including any social 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 may 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 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

\_\_\_\_\_  
Printed Name of Parent

**CHILD'S PROFILE**

**CHILD'S FULL NAME:** \_\_\_\_\_ **D.O.B:** \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Has your child had previous preschool experience? YES ☐ NO ☐

Explain

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

3. Does your child have any fears?

4. Does your child play well with other children? YES ☐ NO ☐ NOT SURE ☐

5. List the names and ages of other children in your family.


6. Does your child take a nap? YES ☐ NO ☐ How long?

At Kids 'R' Kids, there is a daily quiet time when children are expected to nap. If they are unable to nap, -they will read or work on a quiet activity during that time.

7. What primary language is spoken in your home? \_\_\_\_\_

8. Does your child take a pacifier? Yes ☐ No ☐ When? \_\_\_\_\_

9. How often and how long does your child nap? \_\_\_\_\_

10. How many hours does your child sleep at night? \_\_\_\_\_

11. List any additional care plan instructions, i.e. diapering or sleeping


***PLEASE FILL OUT FOR CHILDREN AGES 2-4***

Is your child potty trained? If not, what stage is he/she in?


CHILD'S FULL NAME: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **POLICIES AND PROCEDURES**

1. Kids 'R' Kids does not have the right to withhold a child from any parent having custody or joint custody. If there is a current court order stating that one parent does not have access to a child, we must have a copy in the child's file. We cannot deny any parent access to their child without such order. The Center cannot become involved in custody disputes and a child will be dis-enrolled if such disputes occur.
2. I understand that up to a maximum of **two weeks** of vacation credit may be used when the front office staff is notified in writing and in advance that a child will be absent all five consecutive days of a week (Monday-Friday.) Vacation credit is equal to half of the regular tuition and must be paid in advance. Vacation credit weeks cannot be carried over to the next year. Vacation Request Forms are available for you to complete at the front desk, which will be sufficient notification.
3. I understand that it is my responsibility to escort my child into and out of Center, as well as signing my child in and out of the Center. I understand that staff members will escort my child into the center when being transported by the -district or Kids 'R' Kids transportation.
4. If my child wears diapers, I understand that I am to provide them. Only disposable diapers are permitted in the school.
5. I understand that I am totally responsible for any food not on the menu required by my child. This is a peanut free school; no peanut products or traces of peanut products may be in foods brought in. Gum, candy, sodas, and non-traditional foods should not be brought in. If my child's diet consists of breast milk/formula not provided by the school, I understand I will provide the appropriate number of prepared bottles containing the formula/breast milk necessary for my child each day. Each bottle will be clearly labeled with my child's full name and date prepared.

CHILD'S FULL NAME: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. 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 100.04°, severe headaches, upset stomach, pink eye or diarrhea, he/she cannot be accepted into the center until well. **Children must be fever free for 24 hours (without fever reducing medications) before returning to the school.** In the event my child has a communicable disease, a release from a medical source may be required before my child reenters the school. Kids 'R' Kids will notify me if a reportable disease has been introduced into the school.
7. I understand that the center has a specific policy regarding the administration of the medication. I agree to provide the center with all the required information in accordance with this policy. The school reserves the right to administer medicines only as prescribed by a licensed physician including over the counter drugs. Medications must be in original containers. **Medication is administered at 10:00 AM and 3:00 PM.**
8. I understand it is my responsibility to keep the school advised of changes of the address, phone numbers, and contacts.
9. I understand the school closes at 6:00 pm and my child must be picked up by that time. **A late fee of \$1 per minute**, after a 5-minute grace period per child, will be charged after 6:05 pm. If I have not picked up my child by 7:00 pm and all attempts to contact me and all my emergency contacts fail, Kids 'R' Kids is obligated to call Family Protective Services and the Police.

***I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS. I HAVE RECEIVED AND AGREE TO ABIDE BY ALL POLICIES AND PROCEDURES OF KIDS 'R' KIDS #76 AS OUTLINED IN THIS AGREEMENT AND THE SCHOOL HANDBOOK WHICH IS AVAILABLE ON OUR WEBSITE OR BY REQUESTING ONE AT THE FRONT DESK. I ALSO UNDERSTAND THAT THE SCHOOL HANDBOOK IS AN ALL-INCLUSIVE LIST OF CHILDCARE REGULATIONS AND THAT I MAY VIEW THE STATE LICENSING STANDARDS AT ANY TIME.***

CHILD'S FULL NAME: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEALTH INFORMATION & IMMUNIZATION REQUEST**

**\*I UNDERSTAND THAT KIDS 'R' KIDS IS REQUIRED TO HAVE A COPY OF MY CHILD'S UPDATED SHOT RECORDS WITH THE PEDITRICIAN'S SIGNATURE OR STAMP. SHOT RECORDS ARE REQUIRED BEFORE YOUR CHILD CAN START CARE.**

**\*A STATEMENT OF HEALTH SIGNED BY YOUR CHILDS PHYSICIAN IS ALSO REQUIRED BEFORE YOUR CHILD CAN START CARE**

PARENT PERMISSION: I \_\_\_\_\_, hereby authorize KIDS 'R' KIDS OF MASON AND CLAY to request medical information for my child \_\_\_\_\_, D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ that is enrolling with KIDS 'R' KIDS OF MASON AND CLAY.

**DOCTOR'S STATEMENT**

The following child: \_\_\_\_\_, has been examined within the past year and it has been found that the above child is physically able to attend care at KIDS 'R' KIDS OF MASON AND CLAY and is in good health.

Doctor's Name: \_\_\_\_\_

Office Number: \_\_\_\_\_

Office Fax Number: \_\_\_\_\_

Office Name: \_\_\_\_\_

Doctor's Stamp or Signature: \_\_\_\_\_

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

- ☐ Health Information Form to be completed by physician (attached)
- ☐ Immunizations Record
- ☐ Health Statement signed by the child's physician

*Please fax to 281-346-9929*

## Acknowledgement and Receipt - Discipline and Behavior Management Policy

Praise, positive reinforcement, and redirection are effective methods for the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy taken from the Kids 'R' Kids Parent Handbook and the NAEYC Code of Ethics.

At Kids 'R' Kids Learning Academy we use a method of 'redirection' to guide children toward appropriate behavior. If a child is engaged in behavior that is not conducive to a safe and happy learning environment, the teacher will "redirect" the child toward appropriate behavior.

"Above all, we shall not harm children. We shall not participate in practices that are disrespectful, degrading, dangerous, exploitative, intimidating, emotionally damaging, or physically harmful to children." (NAEYC Code of Ethics – Principle-1.1)

I, the undersigned parent or guardian of \_\_\_\_\_ (print child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Signature of Director (or designated staff member): \_\_\_\_\_

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

Handbook School File Copy

## Acknowledgment 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

Handbook School File Copy



## Operational Policy on Infant Safe Sleep

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

**Directions:** Parents will review this policy upon enrolling their infant at Kids 'R' Kids Learning Academy of Mason and Clay 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 Kids 'R' Kids Learning Academy of Mason and Clay 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 [§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 [§746.2409 and §747.2309].
- For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/ animals; soft objects; bumper pads; liners; or sleep positioning devices [§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 [§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 [§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 [§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 [§746.2415(b) and §747.2315(b)].
- Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [§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 [§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 [§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) [§746.3703(d) and §747.3503(d)].
- Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- If an infant is able to 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 [§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 [§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 [§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/Owner

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

\_\_\_\_\_  
Signature — Staff member

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

\_\_\_\_\_  
Signature — Parent

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





## Operational Discipline and Guidance Policy

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

**Directions:** Parents will review this policy upon 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.

### 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 upon 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) Pinching, shaking, or biting a child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

### Additional Discipline and Guidance Measures (Only Applies to Before or After School Program (BAP)/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:**

- Ensure that 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 additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).



**Signature**

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

Signed by:

Role:

☐

Parent

☐

Caregiver/Employee

☐

Household Member (CH. 747 only)

**Minimum Standards Related to Discipline**

- Title 26, Chapter 746 Subchapter L:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
- Title 26, Chapter 747 Subchapter L  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
- Title 26, Chapter 744 Subchapter G:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)



\_\_\_\_\_  
(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.
- Disposable Nurse Bags must be refrigerated or frozen, stored only with the amount of milk for one feeding, labeled with the child's full name, and date of collection.
- Update diet information as needed or every 30 days. Use a new form or initial/date changes on this form.

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 ☐ Disposable Nurse Bags

Bottle's Breast Milk Amount: \_\_\_\_\_

Bag'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

### Topical Ointment and Cream Authorization

All topical ointments and creams must be current, in its original container, and labeled with the child's full name. Follow state guidelines for new authorization. If guidelines are not stipulated, all authorizations must be updated every **six** months. *\*prescription ointments must be authorized at the front desk by filling out a Medication Authorization Form.*

Child's Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Classroom: \_\_\_\_\_

Dates: Application Start: \_\_\_\_/\_\_\_\_/\_\_\_\_ Application End: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Sunscreen

Product Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

☐ Insect Repellent

Product Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

☐ Non-Prescription ointment (such as Diaper Cream)

Product Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

☐ Other (Please specify)

Product Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Product Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Specific Terms of Use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

---

#### Center Use Only:

Disposal of Leftover Topical Ointment/Cream:

- ☐ Returned to Child's Parent/Guardian  
☐ Discarded

\_\_\_\_\_  
Authorized Person's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Printed Name

## Medication Authorization

All long and short-term medications must be current, in its original container and labeled with the child's full name. Over the counter medication must be accompanied by written authorization from the child's physician indicating dosage. Follow state guidelines for new authorization. If guidelines are not stipulated for short term medications, all authorizations must be updated every 2 weeks. If guidelines are not stipulated for long-term medications, **all authorizations must be updated every month when medication is changed and when child transitions to the next classroom.**

Child's Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Classroom: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Prescription #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Dates to administer: Start \_\_\_\_/\_\_\_\_/\_\_\_\_ End \_\_\_\_/\_\_\_\_/\_\_\_\_

Dispense medication at: \_\_\_\_am \_\_\_\_pm Dosage Amount: \_\_\_\_\_

Other Directions: \_\_\_\_\_

Does medication require refrigeration? ☐ Yes ☐ No

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

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

\_\_\_\_\_  
Authorized Person's Signature

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

**Center Use Only:**

### Record of Dispensation

Date	Time	Dosage	*Adverse Reactions/reason not given	Administered By (Full Signature)

\*If noticeable adverse reaction to medication occurs, parents must be notified immediately.

\*If child is not given medication at the exact time indicated, list reason here.

Disposal of Leftover Medication:

☐ Returned to Child's Parent/Guardian

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

\_\_\_\_\_  
Authorized Person's Signature

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



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
Cardholder Signature	Date

##### SECTION B (Bank Account)

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

#### For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: <b>Attach Voided Check Here</b> \$		
Deposit slips not accepted _____ Dollars		
123456789	1800338	210226
Routing Number	Account Number	Check Number

A service of



# !P\$;D-!2 EMERGEN.CY INFORMATION CARD

Child's Name: -----

Home Address: -----

City: -----

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

Home Phone: -----

State: ----- Zip: -----

Allergies to medicine: -----

Allergies to food: -----

Special instructions required in caring for your child:

-----

Parent/Guardian's Name: -----

Work Phone: -----

Ce11Phone: -----

Emergency contacts other than parents:  
(List name, relation to child & phone number)

1st: -----

Relation: ----- Phone: -----

2nd: -----

Relation: ----- Phone: -----

3rd: -----

Relation: ----- Phone: -----

Parent/Guardian's Name: -----

Work Phone: -----

Ce11Phone: -----

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

For Office Use Only:

,JReceived\_i \_/ \_ Initials : \_\_\_\_ -Filed \_! \_! Initials: \_\_\_\_

The \_\_\_\_\_ Family

Dear Parents:

**Kids 'R' Kids #76 TX** currently participates in the United State Department of Agriculture (USDA)'s Childcare Food Program. This program enables our center to provide nutritious meals and snacks to your children at no cost to you. We believe in the importance of proper nutrition and understand the impact that proper nutrition has on learning. We support this program in order to further the cause of the USDA to promote healthy living among our youth and provide them with access to nutritious meals.

Therefore, we strive to comply with the strict requirements set forth by this program. In return for our compliance, the Childcare Food Program reimburses our facility a portion of our food costs, thus keeping your childcare costs low. Our facility is inspected regularly by the Texas Department of Agriculture in addition to the State Department of Health.

In order for our center to continue to participate in the program, the attached forms must be completed by the parents and returned to the center as soon as possible:

**1 enrollment form PER CHILD**  
&  
**1 income eligibility form PER FAMILY**

We look forward to your cooperation in this program as it will enable us to continue to provide the excellent care, service and nutritious meals to your children.

Thank you for your cooperation.

**Kids 'R' Kids #76 TX**

*Note: We realize that this information is confidential and sensitive. We assure you that all completed forms are kept 100% confidential and the information will ONLY be used for the food program. It will not be disclosed to anyone else for any reason.*

**NEW** ☒ **UPDATE** ☐ **DROP IN** ☐

Institution Name: Healthy Plate Solutions

Agreement Number: 05001

Facility/Provider Name: KIDS 'R' KIDS LEARNING ACADEMY OF MASON AND CLAY

**Child and Adult Care Food Program (CACFP)  
Participant Enrollment Form**

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The enrolled participant will receive nutritious meals and snacks at no cost to you. CACFP needs verification of enrollment for each participant in this facility. Please fill out the parent/guardian section of this form, sign it and return it to the above facility/provider. Provide information for one participant per section. **(In order for the institution to receive reimbursement for meals served/claimed, this form must be completed for each enrolled participant annually.)**

Parent/Guardian Please Complete:

**Participant's (Child) Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Sex:** ☐ Male ☐ Female

**Date participant enrolled in the facility:** \_\_\_\_\_

**Food Allergies:** ☐ Yes ☐ No If "yes" specify: \_\_\_\_\_

**(If the participant cannot be served the CACFP Meal Pattern, a statement from the participant's Health Care Provider must be**

**Check Days of Normal Care at facility:** ☐ Sunday ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday

**Check meals normally eaten at facility:** ☒ Breakfast ☒ AM Snack ☒ Lunch ☒ PM Snack ☐ Supper ☐ Evening Snack

Please list the normal times of arrival and departure (check am or pm): **Arrive:** 06.30 ☐ am ☐ pm 06.00 ☐ am ☒ pm

**RACE OF PARTICIPANT:** You are NOT required to answer this question.

☐ White ☐ Black or African American ☐ America Indian/Alaska Native

☐ Asian ☐ Native Hawaiian or Other Pacific Islander

**ETHNIC IDENTITY:** You are NOT required to answer this question.

☐ Hispanic or Latino ☐ Not Hispanic or Latino

**If participant is an infant (0-11 months), please complete this box, Check all applicable choice(s) below:**

This institution/facility offers ADVANCE SIMILAC formula for infants through CACFP. It is your choice  
(To be completed by facility/provider)  
whether or not to use this formula based on your infant's needs. Baby foods provided by the institution/facility must be in compliance with the  
infant meal pattern as required by 7CFR 226.20.

Please mark your preference (choose all that apply)	Today's Date	Today's Date
	Birth - 5 months	6 - 11 months
I will bring expressed breastmilk for my infant.		
I want the provider to provide the infant formula for my infant.		
I will bring the infant formula for my infant. Please list the kind of infant formula you will bring.		

According to CACFP requirements, in order to claim meals for reimbursement, the provider must provide infant cereal and other foods when your infant is developmentally ready to accept them.

Please mark your preference

Today's Date

6 - 11 months

I want the provider to provide the infant cereal and other foods for my

I will bring the infant cereal and/or other foods for my infant.

*Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child care institution/facility as well as from the WIC Program. It is your decision which formula you want your baby to use when she/he is at child care. If you find you are getting more formula than your baby needs, you may wish to talk with your WIC nutritionist or your child care provider.*

I hereby certify the information given on this sheet is true and correct to the best of my knowledge. I also certify that I was given CACFP Meal Benefits Income Eligibility Form Letter to Household, the WIC information, Building for the Future Flyers, Civil Rights Appeals Procedures.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Telephone Number:** \_\_\_\_\_ **Date Dropped:** \_\_\_\_\_

**Work Telephone Number:** \_\_\_\_\_ **Emergency Telephone Number:** \_\_\_\_\_

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA Director Office of Adjudication and Compliance, 1400 Independence Avenue SW, Washington, DC 20250-9401 or call (866) 632-9992, (202) 260-1026 or (202) 401-0216 (TDD). This institution is an equal opportunity provider and employer.





## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

### Part 1. All Household Members

Name of Enrolled Child(ren): \_\_\_\_\_

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

**Part 3. (Applies only to parents/guardians with children enrolled in a day care home)** If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number:

NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

Check here if no case number ☐

### Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List <b>only</b> household members with income)	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) Jane Smith	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

### Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \* \* - \_ \_ \_ \_

☐ I do not have a Social Security Number



## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

### Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian ☐ American Indian or Alaska Native  
☐ White ☐ Native Hawaiian or Other Pacific Islander  
☐ Black or African American

### Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- ☐ I do elect to allow my household information to be disclosed.  
☐ I do not elect to allow my household information to be disclosed.

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Tier I \_\_\_\_\_ Tier II \_\_\_\_\_

Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

#### Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;  
This institution is an equal opportunity provider.

(2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).



Kids 'R' Kids Learning Academy

New Family Orientation

Welcome  
To Our Academy





Hug First, Then Teach®







# Arrival & Departure Procedures

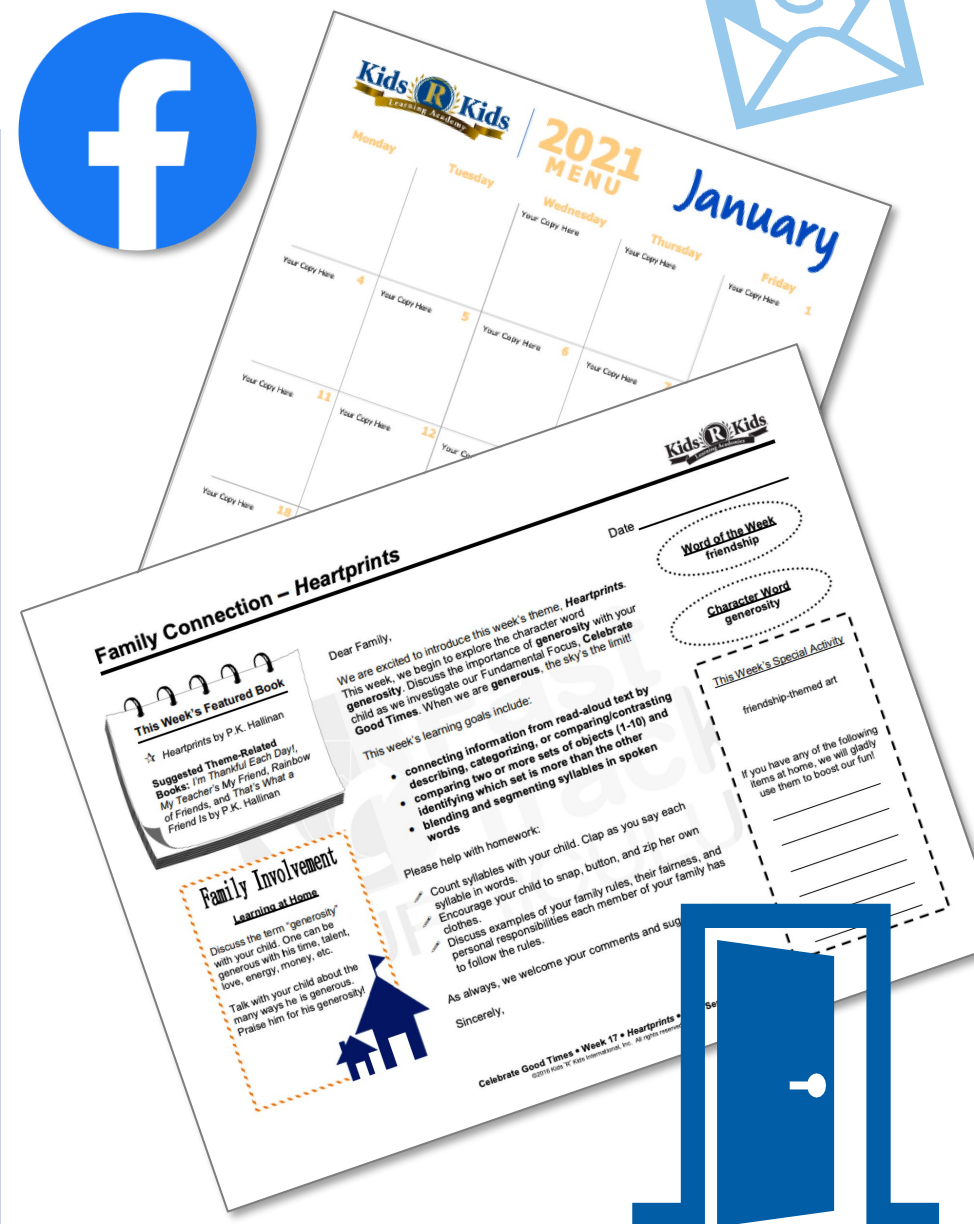
- Secure Door
- Unique identifier for check-in & check-out
- Label all personal items
- Storage for car seat available
- Authorized contacts must show identification
- Arrive no later than 9:00am

*\*\*Please refrain from bringing outside food and toys*



# Family Communication

- Electronic Daily Report via Procare Connect
- Kids 'R' Kids Of Mason and Clay Facebook
- Email Updates from the Director
- Family Connection Letter
- Monthly Menu
- Calendar of Monthly Events
- Open Door Policy





# Mealtimes

- Breakfast, AM Snack, Lunch, & PM Snack provided
- Prepared by our Academy chef in onsite kitchen
- All snacks and meals meet USDA guidelines
- Vegetarian options offered
- Suite 350 and up students eat in our café at a scheduled time daily
- Suite 150 – 300 eat in their classroom at a scheduled time daily
- Infant feeding plans required for under 12 months







# Outside Times

- Classes scheduled to go out twice daily
- Separate playgrounds with age-appropriate equipment
- *Outdoor Exploration* curriculum enhances activities
- Proper attire required for outside
- Weather information posted in lobby
  - temperature
  - humidity
  - wind chill
- Closed-toe shoes required for waterplay during summer





# Rest Times

- We follow the Safe Sleep Guidelines
  - Outlined by American Academy of Pediatrics
- Each student given own mat or cot
  - Sanitized daily
- Suites 200 – 300 have rest period 12pm-2pm
- Suites 350 – 500 have rest period 12:30pm-2:30pm
- Students on mat or cot may not bring blanket
- Alternate quiet activity offered after 45 min
  - For child who chooses to not rest





# Transitions



- Classroom transition based on age and development
- Tempered glass walls helps child feel confident making transitions
- 1-week transition period to help adjust in new environment
- Possible conference to help evaluate a transition request



# Important Sick Policy

- No entry with:
  - Fever 100.4
  - Vomiting
  - Diarrhea
- Family will be contacted if symptoms develop at school
- Child will be cared for until family member arrives
- Symptom-free 24 hours and with doctor note to return





# Infant Supplies

- 3 changes of clothes in a ziplock bag
- Sleeve of Diapers (please label package)
- Wipes
- 1 sleeping sack (optional)
- Bottles (proportioned per feeding, ie. Milk already made, must have caps for each bottle, labeled with name and date, daily)
- Diaper rash cream
- Pacifier (optional)



# New Family Orientation Signature Page

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

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

Suite: \_\_\_\_\_

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

Parents Name: \_\_\_\_\_

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

