

Application for Admission

CHILD							
Last Name		First Name		<input type="checkbox"/> Male		Date of Birth	
				<input type="checkbox"/> Female			
Street				Enrollment Date			
City, State, Zip				Withdraw Date			
1st Parent/ Relation				2nd Parent/ Relation			
Last Name		First Name		Last Name		First Name	
DL #:		DL State:		DL #:		DL State:	
Street				Street			
City, State, Zip				City, State, Zip			
Home Phone				Home Phone			
Cell Phone/ Carrier				Cell Phone/ Carrier			
Work Phone				Work Phone			
Place of Employment				Place of Employment			
Address				Address			
Normal Work Hours				Normal Work Hours			
Email				Email			
Child's Legal Guardians		<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 _____	
Expected Days & Hours in Care:		<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	Hours: _____

A non-refundable Registration fee of \$100 is required upon enrollment and annually thereafter. A re-registration fee will be due if the child is withdrawn and then re-enrolls.	Signature
Tuition is due Friday before the upcoming week. Tuition not paid by Monday at closing will incur a \$50 late fee.	Signature
There are no deductions in tuition for holidays or partial week attendance. After three months of enrollment, each family will accrue three weeks of vacation at 50% off weekly tuition.	Signature
A two week disenrollment notice is required. The disenrollment form must be given to the front office staff or a charge of up to two weeks tuition will be incurred.	Signature
Children with a temperature over 100 degrees will be sent home and must be fever-free for 24 hours before returning to school.	Signature
I give consent to apply sunscreen and insect repellent, which I have provided, on my child.	Signature
A \$50 fee will be charged for all returned checks.	Signature
Water Activities- I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to participate in splash day (seasonal activity) starting in Suite 200	Signature

Parent/Guardian Signature

Date

Parental Agreement with Center

- I agree to pay the current tuition rate for the classroom in which my child is enrolled, according to the Tuition Rate Sheet.
- It is my responsibility to escort my child into, and out of, and to sign my child in and out of the center. A staff member will escort my child into and out of the center when being transported by county or Kids R Kids transportation.
- The school closes promptly at 6:30 p.m. If my child is picked up after this time, a Late Pick-Up Charge of \$2.00 per minute, per child, will be assessed to my account starting promptly at 6:30p.m. This payment is due on arrival, and is payable in cash only.
- If my child has not been picked up by 7:00pm and all attempts at reaching me and all of my child's emergency contacts have failed, Kids R Kids will call local authorities including the Police Department and the Department of Family and Protective Services.
- I understand I am totally responsible for any food not on the menu required for my child. This is a peanut free school: no peanut products or traces of peanut products may be in the foods brought in. Gum, candy, sodas and non-nutritional foods should not be brought in. If my child's diet consists of formula/breast milk taken from a bottle, 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 first and last name and the date.
- 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 center shall make attempts to contact me immediately and shall be authorized to secure such medical attention and care for the child as may be necessary. I will assume responsibility for payment.
- I understand that if my child is ill, including but not limited to: a severe cough or sore throat, undetermined rash or spots, temperature over 100.0 , 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.
- I understand that the center has a specific policy regarding the administration of medication. I agree to provide the center with all 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 daily at 11 a.m. and 3 p.m.**
- If my child wears diapers, I will provide whatever disposable diapers are necessary for my child. Only disposable diapers are permitted in the center.
- 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 an order. The center cannot become involved in custody disputes and a child will be disenrolled if such disputes occur.
- It is my responsibility to keep Kids R Kids informed of any changes to any of the forms found in this enrollment packet.
- I understand that Kids R Kids # 12, while a Kids R Kids franchise, is independently owned and operated, and that neither Kids R Kids International, 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.

Child's Name (Printed)

Date

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Transportation Agreement

I, _____, agree for, _____ to be
(Parent's Name) (Child's Name)

transported by Kids 'R' Kids #12 **to school** ___ **from school** ___ **emergencies X** and
(Check all that apply)
field trips ___ (when applicable with permission slips).

Parent/Guardian Signature

Date

Health and Emergency Permission

Child's Full Name:		Date of Birth: / /	
Street Address:		Phone:	
City:	State:	Zip:	
Parent/Guardian:		Address:	Phone:
Parent/Guardian:		Address:	Phone:
Doctor's Name:		Phone & Address:	
Dentist's Name:		Phone & Address:	
Health Insurance Provider:		Phone:	

Does your child have physical problems, mental health disorders or developmental disabilities affecting participation in school activities? Yes ___ No ___ Are there any special procedures required in caring for your child? Yes ___ No ___

Specify: _____

Does your child have allergies? (foods, medications, insects, etc.)? Yes ___ No ___

Specify: _____

Emergency Contacts: (if parent/guardian cannot be reached)

1.	Relationship:	Address:	Phone:
2.	Relationship:	Address:	Phone:

Kids 'R' Kids **#12** emergency medical procedures:

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

Hospital the center uses: **Methodist Sugar Land Hospital**

Hospital Address: **16655 Southwest Freeway, Sugar Land, Tx 77479**

I, _____ give permission for Kids 'R' Kids **#12** to seek medical attention And/or transport my child _____, in the event of an emergency if I cannot be reached. I further agree to hold harmless and release Kids 'R' Kids **#12** and Kids 'R' Kids International, Inc., from all liability. I further agree to keep the facility informed of any changes in the information stated above.

 Parent/Guardian Signature _____/_____/_____
 Date

Child Profile

Child's Full Name: _____ **Date of Birth:** __/__/__

This profile will help your child's teacher get to know your child better. The more the teacher understands your child's personality and family dynamics, the more she/he will be able to meet your child's needs. Your input will also help with your child's adjustment to the new classroom.

1. List any nicknames your child may have. _____

2. Has your child had previous group care experiences? Yes No

3. What would you like most for your child to experience with Kids 'R' Kids?

4. List activities your child enjoys.

5. Does your child have any fears?

6. Do you consider your child shy or outgoing?

7. What are your child's favorite toys?

8. List the names and ages of siblings.

Child Profile

9. Do you have pets at home? Yes No
If yes, please list type of pet and name.

10. What words are spoken in your home 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 or stuffed animal) for naptime? Yes No If yes, please describe:

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

14. What language(s) is spoken in your home?

15. Would you be willing to volunteer with field trips, special events or by sharing a hobby?

Parent/Guardian Signature

____/____/____
Date

Acknowledgement of Parent Handbook

I have received a copy of, and agree to abide by the policies and procedures set forth in, the Parent Handbook for Kids R Kids #12.

Child's Name (Print)

Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

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 this 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.

Parents/Guardian Signature

Date

Parents/Guardian (PLEASE PRINT)

Child's Name

I decline the photo release:

Parents/Guardian Signature

Date

Family Photo

Family photos displayed in the classroom are a great way to build community and security for new students. Finding themselves "already there" will go a long way towards making children feel comfortable. Not only will children enjoy finding their photos around the room, but they will delight in learning about their new friends and their families.

We invite you to take part in contributing by attaching your photo here:

Kids R Kids is required to have a copy of each child's shot records. A copy must be turned in with this enrollment package, and updated as necessary.

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: One of the following must be presented when your pre-school-age child is admitted to the day care facility or within one week of admission. Check to indicate the option you select:

HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature

Date

A signed and dated copy of a health care professional's statement is attached.

A copy of the medical screening from the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program if not a referral for further diagnosis and treatment is indicated.

If you don't have any of the above:

My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

My child has an appointment for a physical examination on:

Name and address of health care professional:

Date:

Signature - Parent or Legal Guardian

Date

School Aged Children Shot Record, Vision & Hearing Screening

My Child, _____, has had all of his/her shots
(Child's Name)

as well as Vision & Hearing screening done, and the records are currently or will be on file at his/her elementary school.

Parent Signature: _____

Director/Assistant Director Signature: _____