



Enrollment Profile & Permissions

Child's First Name

Child's Last Name

Today's Date

Child's Start Date

Child's Home Address

City

State

Zip Code

Gender

M F

Date of Birth

Child's Home Phone Number

Program Needs (check all that apply)

Monday Tuesday Wednesday Thursday Friday

Is your child potty trained? (Explain)

Y N

Does your child have any allergies, dietary restrictions, or food intolerances?

Y N

Does your child have any special medical or physical needs?

Y N

What is the primary language spoken in the home?

Does your child receive special services? If yes, please describe:

Parent/Guardian Signature

Date

Parent Information

1st Parent's Last Name

First Name

2nd Parent's Last Name

First Name

Address

Address

Home Phone

Cell Phone

Home Phone

Cell Phone

Email

Email

Work Phone

Place of Employment

Work Phone

Place of Employment

Address of Employment

Address of Employment

Normal Work Hours/Days

Normal Work Hours/Days

Marital Status

Married Separated Divorced Widowed Other _____

Child's Legal Guardian

Both Parents Mother Father Other _____

Child's Living Arrangements

Both Parents Mother Father Other _____

1st Parent's/Guardian's Signature

Date

2nd Parent's/Guardian's Signature

Date

Medical Information

Doctor Name (to be contacted if parents can't be reached)

Phone

Address

Dentist Name

Phone

Address

Health Insurance Provider

Phone

Address

Emergency Contacts

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

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Parent/Guardian Signature

Date

Emergency Transportation Agreement

I, _____ give permission for Kids 'R' Kids of Montville 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 of Montville 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

Electronic Funds Transfer Authorization For Bank Account & Credit Card

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.

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 Code
Account Number		Security Code		Expiration Date	
Cardholder Signature				Date	

Section B: Bank Account

Your Name				Phone #	
Address		City		State	ZIP Code
Bank or Credit Union Name	Bank or Credit Union Address	City		State	ZIP Code
Routing Number			Account Number		
Authorized Signature				Date	

For Center Use Only

Date Received	Employee Signature

Financial Policies

Please initial each point.

- _____ To enroll at Kids 'R' Kids, Montville, (KRK) a one-time registration fee of \$150 per child is required along with the first month's tuition payable by check. Each child requires a \$150 registration fee. Thereafter, there will be a registration fee billed every September for the new school year. Any child enrolled within 60 days is exempt. All registration fees are non-refundable. If for whatever reason you need to withdraw from our school prior to your start date, your first tuition payment will not be refunded.
- _____ Tuition payment will be withdrawn from a checking or savings account on the 20th of each month for the upcoming month. Auto pay (EFT) is the only form of payment accepted. There will be no deductions and/or refunds for any reason including absence (i.e. sick days or personal vacations), holidays, teacher workdays, Covid closures, and days that the school is closed for inclement weather.

If the 20th falls on a weekend or holiday, funds will be withdrawn either the day before or on the next banking day at the discretion of KRK.
- _____ In the event of insufficient EFT funds from your checking or savings account, a \$50 late payment will be charged. If we receive a returned check, a \$50 NSF fee will be charged. After (3) NSF's, the only accepted form of payment will be debit. (Processing fees apply)

If the tuition and late fee are not paid by the close of the third business day, your child/children will not be permitted to attend the school until account balance is paid in full.
- _____ Any additional fees (Late Pick-up, Drop-In, etc.) must be paid the day they are incurred. Drop-In fees may be paid by check, credit or debit card. Late pick-up fees, however, must be paid in cash. Parents who pick up their children after 6:00 will be charged \$1 per minute for every minute past 6:00.
- _____ Whenever a credit or debit card is used, a 3% processing fee will apply.
- _____ Families are responsible for initiating the child's withdrawal process. Should it become necessary to withdraw your child for any reason, a minimum of a full month (30 day) written notice is required to the administration. If a thirty-day written notice is not given, full tuition for the following month will be charged. No portion of your monthly paid tuition will be refunded in the event of withdrawal.
- _____ In the event that KRK is forced to take any action to collect any amount of unpaid tuition, then the parent will be responsible and agrees to reimburse KRK for any and all attorney fees, filing fees and/or costs associated with any collection efforts made by KRK either individually or through its legal counsel, against parent.
- _____ Kids 'R' Kids is a full time facility and requires full month to month tuition payments while your child is enrolled in our center, regardless of time off from KRK. Should you leave for an extended period of time (30 days or longer) and decide to withdraw your child, you will need to repay our \$150 registration fee per child and full months tuition payment to re-register and secure a start date. Please note in the event of a withdrawal, we cannot guarantee a start date as any family on our waitlist will be on a "first come first serve" basis in respect to the order of our waitlist registrations.
- _____ KRK reserves the right to change the tuition and/or program fees due to unforeseen increases in expenses.

_____ If you decide to enroll your child for our 4 day/week option, you must have a consistent schedule week to week as listed on your enrollment form. Any changes to your child's schedule would need to be approved by administration. If your child attends on an unscheduled day, you will be charged our Drop in Rate. There are no changes in schedule due to absences or school closures.

Child's Name (please print)

Parent/Guardian Signature

Date

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Child's Name (please print)

Parent/Guardian Signature

Date

Common Sickness / Wellness Policy

If your child has a fever at or above 100.4 F, has 3 or more diarrhea instances, or has 1 or more vomit instances in class, the parent will be asked to pick up the sick child and keep him/her home the following day (no exceptions!). This allows time for the sick child to get the appropriate amount of rest, and ensures the wellbeing of other children in the class.

All your child's belongings (diapers or extra pair of onesies/clothes) remain in the classroom. Please label them. Please be mindful that we have limited cubby space per child. Please ask the teachers as to what the appropriate number of diapers and onesies will be, and how often you will need to replace them.

In cases of pink eye, coxsackie, lice, or other communicable (contagious) diseases – We will need a doctor's note stating that your child is fit to resume school.

Parent Signature

Date



Receipt of Family Handbook & Licensing Policy Information

Please initial next to each item and sign below.

We have highlighted below the sections of our family handbook that discuss the important licensing policies. Please sign below indicating that you have received the following policies:

- Information to Parents
- Expulsion Policy
- Policy on the Management of Communicable Diseases
- Policy on the Release of Children
- Communications/Methods of Parental Notification
- Policy on the Use of Technology and Social Media

I have received a copy of the family handbook and have read and received a copy of the information/policies required by the state of New Jersey.

Child's Name

Parent/Guardian Name

Parent/Guardian Signature

Date



Photo Release Permission

At Kids 'R' Kids of Montville, your child will be participating in various activities, events and fun learning opportunities. We often take photos to share on the Tadpoles App, use on crafts, in classroom displays and on social media such as Facebook. Please indicate below granting us permission to use your child's photos.

I give permission for my child's photos to be used for all purposes listed above, including social media.

I give permission for my child's photos to be used for internal use only (Tadpoles reports, crafts, and classroom displays) but DO NOT want the photos used for social media purposes.

Child's Name

Parent/Guardian Name

Parent/Guardian Signature

Date

Topical Ointment & Cream Authorization

All topical ointments and creams must be current, in its original container and labeled with the child's full name. All lotions must be in liquid or cream form; no aerosol. Please place in a labeled zip lock bag.

Child's Full Name

Date of Birth

Classroom

Start Date

End Date

Sunscreen Product Name

Expiration Date

Please apply the first application of sunscreen at home prior to coming to school. Reapplication would be as needed.

Non-Prescription Ointment Product Name (e.g. diaper cream)

Expiration Date

Other (Specify)

Expiration Date

Other (Specify)

Expiration Date

Specific Terms of Use

Form Instructions

- If an ointment is prescribed by your child's doctor, please fill out the Medication Authorization form. This form is only for Over-the-Counter products.

Parent/Guardian Signature

Date

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

Date of Birth

Classroom

Name of Medication

Does the medication require refrigeration? Y N

Prescription Number

Expiration Date

Physician Name

Physician Number

Start Date

End Date

Time to Dispense

 a.m. p.m.

Dosage Amount

Will the medication be sent home daily?

 Y N

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)

Disposal of Leftover Medication: Returned to Child's Parent/Guardian Date: _____

Authorized Person's Signature

Date

*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.