



<b>Distribution</b> •Child's File •Infant/Toddler Classroom Log •Pre-School/School-Age Classroom Log
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### Child Profile

For children ages 1 and up

A new form is required with each classroom transition

This profile will help your child's teacher get to know your child better. Your input will also help with your child's adjustment to the new classroom. Please also provide a 5x7" family photo and 3 (three) 4x6" individual photos of your child.

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

Parent/Guardian's Name: \_\_\_\_\_  
 (Please Print)

1. List any nicknames your child may have. \_\_\_\_\_

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

3. What language(s) is spoken in your home? \_\_\_\_\_

4. List the names and ages of siblings.  
 \_\_\_\_\_  
 \_\_\_\_\_

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

6. What words are spoken in your home to describe everyday things (i.e. toileting, nap, eat, play and outside)?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

# Discipline and Guidance Policy for Kids R Kids #33

Name of Operation

- ◆ 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;and
  - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check one please:

- parent       employee/caregiver       household member of child-care home



15111 Avery Ranch Blvd.  
Austin, TX. 78717  
(512) 218-9669  
Fax 218-1292

### Childcare Care Agreement and Enrollment Policies

(Please print clearly) Date of Enrollment\_\_\_\_\_

Child's Name\_\_\_\_\_ Age\_\_\_\_\_ DOB\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ ZIP\_\_\_\_\_ Phone\_\_\_\_\_

Father's Name\_\_\_\_\_ Employer\_\_\_\_\_

Address\_\_\_\_\_ City/Zip\_\_\_\_\_

SS#\_\_\_\_\_ DL#\_\_\_\_\_ DOB\_\_\_\_\_

Work#\_\_\_\_\_ Mobile#\_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name\_\_\_\_\_ Employer\_\_\_\_\_

Address\_\_\_\_\_ City/Zip\_\_\_\_\_

SS#\_\_\_\_\_ DL#\_\_\_\_\_ DOB\_\_\_\_\_

Work#\_\_\_\_\_ Mobile#\_\_\_\_\_

Email Address \_\_\_\_\_

If parents are separated/divorced they will be treated equally unless restricted by a court order on file with the center. If parent is married to someone other than the mother/father list the spouse of the parent.

Mother's Spouse\_\_\_\_\_ Father's Spouse\_\_\_\_\_

Siblings\_\_\_\_\_

Please tell us how you heard about our school:  phone book  int  
 personal reference\_\_\_\_\_  other \_\_\_\_\_

## Health and Medical Information

My child is enrolled in an ongoing health supervision program with annual evaluations.

If I cannot be reached to make arrangements for medical attention, I authorize the staff at Kids R Kids to take my child to the facility designated below. I give consent for any and all necessary medical treatment. In the event that the staff at Kids R Kids find it impractical to take my child to the facility below, I grant authorization and consent to all emergency room physicians and all minor emergency centers to provide medical care, treatment or procedures if necessary to ensure my child's safety.

Hospital Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

## Authorization to Participate

(Child's Name) \_\_\_\_\_ has been examined by a licensed physician, clinic, or health program within the last year and is healthy to take part in all activities.

Signature of Dr., nurse or clinic personnel \_\_\_\_\_ Date of exam within 1 year \_\_\_\_\_

## Immunizations

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

DPT/TD (4) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Dates given (month, day & year)

Polio (4) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Varicella \_\_\_\_\_  
Dates given (month, day & year)

HIB (3) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ MMR \_\_\_\_\_  
Dates given (month, day & year)

Hep B (3) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hep A (2) \_\_\_\_\_ / \_\_\_\_\_  
Dates given (month, day & year)

Pneumococcal (4) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Dates given (month, day & year)

Hearing and Vision Screening Results (4 year olds) \_\_\_\_\_

Signature of Dr., Nurse, or Clinic Personnel \_\_\_\_\_ Date \_\_\_\_\_

Please list below any special needs, including any known allergies, existing illnesses, previous serious illnesses and injuries, any disabilities, and hospitalizations during the past twelve months, and any medication prescribed for long term continuous use.

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**Pick up and Emergency Contact Authorizations**

Please list below the name, address, telephone numbers, and relationship of other persons designated by the parent when the child cannot be reached and that are authorized to pick up the child. The below named people are hereby authorized by me:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

If your child may be released to a sibling whom is under 18 years of age, they must be listed as a contact person and we must have your signature below.

My child may be released to a sibling whom is under the age of 18.

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

Please state the hours your child will be at the center. \_\_\_\_\_

I agree that all persons who bring or pick my child up at Kids R Kids will make certain that a staff member is always aware of my child's arrival and departure. I also agree to sign my child in and out upon arrival and departure.

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

**Permission for Transportation, Emergencies, Water Activities and Field Trips**

From time to time Kids R Kids will schedule field trips for three year olds and up. Kids R Kids has my permission to transport my child to and from school, field trips, or any other special activities. I will be notified if there are any changes in the field trip if it is after the required 48 hour notification period. It is understood that my child will be seat belted at all times. Kids R Kids may also transport my child for emergency evacuations.

Parent Initials \_\_\_\_\_

Kids R Kids has my permission for my child to participate in water activities being it splash time, wading, or swimming. Kids R Kids will always make sure there are lifeguards on duty and have additional staff when the children are at a swimming pool.

Parent Initials \_\_\_\_\_

**Food Brought From Home**

From time to time, parents may wish to provide their child’s meals. With prior authorization from Management, we will honor those parent’s requests. This request must be made in writing and will need to be updated annually, as the child’s enrollment continues. All food must come in sealed containers, must have the child’s first and last name, the current date an contents. In cases of class parties, when parents want to participate, you are asked to bring store bought items only.

Parent Initials \_\_\_\_\_

**Health Information for Elementary School Children**

My child’s immunization records are on file at \_\_\_\_\_ Elementary School.  
My child’s elementary school can be reached at (phone#) \_\_\_\_\_.

I give consent for my child to be picked up from \_\_\_\_\_ elementary School and taken to Kids R Kids. I agree to call Kids R Kids no later than 2:00 if my child will not be riding the bus that day.

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

**Parental Permission, Agreements and Understandings**

**Hold Harmless Agreement-** I understand that accidents are sometimes unavoidable and/or controllable. I also understand that accidents, which do occur, are not necessarily due to the negligence of Kids’R’Kids, its officers or staff. I understand that Kids’R’Kids will use reasonable diligence to prevent accidents from occurring. I understand that I will hold Kids’R’Kids, its volunteers, agents, representatives and staff harmless for any accidents that occur.

I understand the rates and schedule sheet now in effect. I understand the rates, credits, contacts, policies and procedures may change from time to time. I agree in the event I am delinquent (beyond grace period) that I am not entitled to bring my child to Kids’R’Kids. I also agree to pay Kids’R’Kids all collection and legal fees for services. In addition to late charges, interest is not to exceed the maximum allowed by law. In the event any portion of this agreement is found by a court of competent jurisdiction to be unenforceable, such finding shall not affect the validity of the remaining portions of this agreement. I will agree to give a two-week written notice upon withdrawing my child from Kids’R’Kids. I have read the above information and agree to all the terms stated above. I have read and retained a copy of the Parent Handbook with all the policies and procedures of Kids R Kids, and agree to abide by them at all times.

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

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



## Illness Policy Acknowledgement

Please read the Illness Policy and Notification carefully. It is imperative that we work together to keep all of our families and staff healthy. After reading the Health and Wellness Section of the Kids 'R' Kids Parent Handbook, please sign, date and return the acknowledgement below. The signed portion will be kept on file to verify that you have read and agree to follow the Kids 'R' Kids Health/ Illness, Exclusion Policies. You may keep a copy of the policy for future reference. You may also refer to the Kids 'R' Kids Parent Handbook and reference the sections on "Health and Wellness: Guideline for who cannot attend Kids R Kids due to illness".

I, \_\_\_\_\_, acknowledge that I have received a copy of the Health/Illness/ Exclusion Policy.

I agree that my family will cooperate and not ask the staff to make exception regarding my child, \_\_\_\_\_, being excluded from attendance, due to illness. I agree that I will pick up my child within one hour of being contacted about my child being ill. If I am unable to pick up my child in that timeframe, I will make arrangements for a designated person to do so.

In the meantime, we will make every effort to make your child comfortable, while excluding him/ her from the classroom in the Boo-Boo room to reduce the risk of further exposure.

I further acknowledge that kids 'R' Kids administration may consider extenuating circumstances that warrant tighter restrictions than those listed in this notification or the State of Texas Child Care Licensing Division Minimum Standards; such as the child having recently being excluded for the same symptoms or finding out the child exhibited these behaviors before arriving at school; if there appears to be a pattern of illness in the classroom resulting in one or more children being excluded for the same symptoms; or if the Texas Department of Health and Human Services or the Centers for Disease Control enact more stringent guidelines due to public health situations.

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Parent/Guardian Signature

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Date

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Kids 'R' Kids Administrator Signature

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Date



Distribution
• Child's File

Photo and Social Media Release

For and in consideration of the opportunity to have my minor child's name, voice, picture, portrait, artwork and/or likeness published and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned, on behalf of myself and my minor child, hereby agree as follows:

1. I hereby grant Kids 'R' Kids International, Inc., Kids 'R' Kids # \_\_\_\_\_, and its affiliates, franchisees, nominees, licensees, successors and assigns and those acting under their permission (hereinafter "KRK"), the unrestricted, absolute, perpetual, worldwide right to:

- a. use my and my minor child's name, voice, picture, portrait, artwork and/or likeness, however obtained;
b. reproduce, copy, modify, alter, edit, publish, use, create derivatives in whole or in part, without limitation, my and my minor child's image, picture, portrait, artwork and/or likeness in still and/or video photography, film or tape taken of me or my minor child by or on behalf of KRK.
c. display, exhibit, distribute, transmit or broadcast the above or any part thereof; in any project or medium, whether now or hereafter existing, including, without limitation printed publications, television, radio, the internet, any online service or website, blog or social media, including, without limitation: Twitter, Facebook, Instagram, any number of times and for any purpose, including, without limitation, promotional, advertising and marketing purposes.

2. I agree that any picture, portrait, artwork or other product or material derived there from is wholly owned by KRK and that KRK may copyright any product or material containing same. If I receive any copy thereof, I shall not use it for any purpose nor authorize its use by anyone else.

3. I hereby waive my right to inspect and/or approve the finished product or material, or to the eventual use that it might be applied.

4. I hereby release and discharge KRK from and against any claim or liability arising out of invasion of privacy, right of publicity, defamation, portrayal in a false light, misappropriation, and copyright infringement arising out of or in connection with the use of materials referenced hereunder, including without limitation the use of my or my minor child's name, voice, picture, portrait, artwork and/or likeness in any manner authorized by this Release, whether now known or arising in the future.

5. I hereby warrant that I am eighteen years old or older and am the parent and/or legal guardian of the minor child named below and am competent to contract for the minor child named herein as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents hereof. I agree that this Release is intended to be as broad and inclusive as permitted under the laws of the State of Georgia, and that if any portion thereof is held to be invalid, that the balance shall continue in full force and effect.

6. This Release constitutes an Agreement between myself and KRK and contains the entire understanding between myself and KRK regarding the subject matter hereof. This Release cannot be modified except in a writing signed by all parties hereto and shall be governed in accordance with the laws of the State of Texas.

I do approve of the use of my child's pictures or likeness. \_\_\_\_\_
I do not approve of the use of my child's picture or likeness. \_\_\_\_\_

Child's Full Name Parent/Guardian Printed Name
Parent/Guardian Signature Date

This form was developed by Kids 'R' Kids International, Inc. It's important to review State Guidelines regularly to ensure compliance.





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|---|
| <b>Distribution</b><br><ul style="list-style-type: none"> <li>• Child's File</li> <li>• Transportation Log</li> <li>• Field Trip Log (School-Age Only)</li> </ul> |
|---|

## Health and Emergency Permission

This form must be completed for all enrolled children

Child			
Child's Full Name _____	Age _____	Gender _____	Date of Birth ____/____/____
Child's Home Address _____		Home Phone _____	

Parent/Guardian(s)			
Parent/Guardian Name _____	Phone 1: _____	Phone 2: _____	
Parent/Guardian Name _____	Phone 1: _____	Phone 2: _____	

Medical Information		
Doctor to be contacted when parents cannot be reached:		
Name _____	Address _____	Telephone _____
Dentist:		
Name _____	Address _____	Telephone _____
Health Insurance Provider:		
Name _____	Address _____	Telephone _____
Does your child have special needs affecting participation in school activities?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify: _____		
Does your child have allergies?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify: _____		
Actions Taken: _____		

Emergency Contacts			
The child may be released to the person(s) signing this agreement or to the following with photo ID:			
Name _____	Address _____	Telephone _____	Relationship _____
_____			
Emergency contact(s) when parents cannot be reached:			
Name _____	Address _____	Telephone _____	Relationship _____
_____			

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

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

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

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



**Distribution**

- Child's File
- Transportation Log

## Transportation Agreement

**The following information is required by Kids 'R' Kids annually**

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

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

**Kids 'R' Kids #33 emergency transportation/medical procedure:**

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.

Emergency Medical Facility the center uses: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ give permission for Kids 'R' Kids #33 to seek medical attention and /or transport my child \_\_\_\_\_, in the event of any emergency if I cannot be reached. I further agree to hold harmless and release Kids 'R' Kids #33 and Kids 'R' Kids International, Inc. from all liability. I further agree to keep the facility informed of any changes in the information above.

**For School Age Use Only:** If the child relocates to another school or the hours change, this form must be updated

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

- In the event the designated location is unable to receive children they will be returned to Kids 'R' Kids # \_\_\_\_.
- It is vital that Kids 'R' Kids # \_\_\_\_ be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids # \_\_\_\_ will assume the above schedule of transportation will be followed unless we receive different instructions from parents. Instructions should be received at Kids 'R' Kids # \_\_\_\_ by the earliest possible time.

I, \_\_\_\_\_ agree for my child to be transported by Kids 'R' Kids # \_\_\_\_\_

- To school at \_\_\_\_\_ (am/pm)
- From school at \_\_\_\_\_ (am/pm)

**On the following days:    Monday    Tuesday    Wednesday    Thursday    Friday**

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

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

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

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

# Kids 'R' Kids Enrollment Policy



Please initial in blank after reading each policy statement.

## Registration, Supply, and Extra-Curricular Activity Fees:

- \_\_\_ 1. A registration fee of \$150.00 per child (\$200 per family) is charged at enrollment and is nonrefundable.
- \_\_\_ 2. An annual re-enrollment fee of \$75.00 per child will be charged to your account each year during re-enrollment. This is non-refundable.
- \_\_\_ 3. A supply fee of \$40.00/\$70.00(family) is charged at enrollment and is non-refundable. This fee is charged quarterly in August, November, February, & May.
- \_\_\_ 4. There may be a charge from time to time for field trips and in-school activities. (Will be listed on permission slip)

## Tuition:

- \_\_\_ 1. Tuition is due on Monday for the current week and is NOT refundable. If your child attends one to five days, full tuition is due.
  - \_\_\_ 2. ACH or Credit Card MUST be kept on file for all accounts. Tuition is due on Monday of every week and posted late as of Wednesday by 6:00pm at which point your ACH/CC on file will automatically be processed with a \$15 late fee. Monthly payers are late as of the 3<sup>rd</sup> of each month. All accounts need to be current on Friday to be able to drop for care on Monday.
  - \_\_\_ 3. An extra charge will be added for each school holiday that your child is in attendance and charge for half days. (Afterschool children)
  - \_\_\_ 4. Discounts will be given to full time enrollments ONLY. One discount per family. (Sibling 10%) This does not include subsidy clients.
  - \_\_\_ 5. Tuition is due 52 weeks of the year, regardless of school holidays, inclement weather, staff development or absences due to your child's illness. These days are already calculated into our pricing.
  - \_\_\_ 6. Summer Hold Fees: infants through PreK – 50% rate to hold the spot for Fall School year start. Fees will be due the 1<sup>st</sup> of June and July. ( August will be proated)
- \*\*If you disenroll for the summer your child will be placed on the waitlist for the Fall.**

## Late Pickup Fees:

- \_\_\_ 1. The center is open from 6:30 a.m. to 6:00 p.m. If for any reason your child is left at the center beyond closing time you agree to pay a late fee of \$3.00 per minute. If the child is left after 6:30 p.m. and no word is received from the parents or an emergency contact cannot be reached, local authorities will be contacted. You MUST have at least one emergency contact on file.

## Holidays:

- \_\_\_ 1. Full tuition is due for weeks containing holidays and staff development days.
- \_\_\_ 2. The following holidays are observed by Kids R Kids, center closed:

**\*\* Any Changes will be sent out with proper notice. \*\***

### MLK

Memorial Day

Independence Day

Labor Day

Day after Thanksgiving

Christmas Day-New Year's Day

August Teacher Prep Day (TBA)

Pre-K Graduation Day (Pre-K only)

Staff Development – Presidents Day

Staff Development – Veteran's Day

Thanksgiving Day

Christmas Eve (Close at 1230pm)

Good Friday

Day after Christmas

- \_\_\_ 3. If a holiday falls on Saturday, Kids R Kids will be closed the prior Friday.
- \_\_\_ 4. If a holiday falls on Sunday, Kids R Kids will be closed the following Monday.

### Vacations:

\_\_\_1. Infant through School-age, will be eligible for 5 vacation weeks per year at 50% of tuition rate PER family, for full-time enrollment. Child must be absent for 5 consecutive days (Monday-Friday). Upon utilizing these vacation weeks, it may not be used again for at least 12 months covering your enrollment year. These weeks will not roll over. Vacation weeks may not be used during partial weeks, including holidays.

\_\_\_2. Vacation time must be requesting by completing a vacation form at the front desk two weeks in advance.

\_\_\_3. Vacation time will ONLY be approved and posted to your account if your account is current.

### Leaving Kids R Kids

\_\_\_1. Kids 'R' Kids requires two weeks' notice when dis-enrolling from our center.

\_\_\_2. All unpaid tuition and returned checks will be submitted to a collection agency if unpaid after leaving school.

### Rate Increases/Decreases:

\_\_\_1. Kids R Kids reserves the right to increase/decrease all tuition and fee rates.

\_\_\_2. Kids R Kids will give written notice in advance of any changes in tuition, rates, or to this policy.

- Children **MUST** be electronically signed in and out through ProCare each day by parents.
  - Parents **MUST** provide a copy of your child's Immunization and health statement record upon enrollment. Waivers are excepted.
  - Although we request cooperation in not disrupting our program, parents and guardians are permitted access to their child's classroom at any time their child is present.
  - Please send your child in play friendly clothing and shoes (send two sets of spare clothing for children who are toilet training). For your child's safety, flip-flops and open toed shoes are not allowed.
  - The school is not responsible for lost or misplaced items. Label your children's clothes, especially coats, sweaters, hats and gloves with his/her first and last name.
  - Candy, bubble gum, suckers or chewing gum is not allowed at school.
  - Children who have a temperature more than 100.4° may NOT remain at the school; this is true even if Tylenol/Motrin temporarily reduces the fever. (We will not give fever reducing meds.) Children who have a second diarrhea incident in one day or who vomit must go home for twenty-four hours. Children exhibiting the above symptoms may not return for twenty-four hours unless the school is provided with a doctor's note stating they are not contagious. Please see handbook for detailed illness policy.
- 
- Can your child swim? Yes \_\_\_\_\_ No \_\_\_\_\_
  - We do not have a pool, but we do have a splash pad that we use during the Summer.
  - Medication will only be given from original container with prescription label and if it is to be given more than twice a day. **No over the counter medications will be given without a doctor's note. Must be in the original container and box. We will not give Tylenol or Motrin.**
  - Meals are served according to USDA guidelines. If your child has an allergy or religious beliefs that may alter their menu, parents must notify school prior to enrollment.

- Bottle-fed children must bring prepared formula or breast milk in bottles with child's first and last name and date marked clearly on each bottle. Teachers will not be allowed to mix bottles. Formula has a 1 hour sit time and breast milk has 4 hours sit time. Breast milk can be store for up to 6 months in our freezer.
- If you plan to talk with your child's teacher, please sign up for a parent teacher conference or a timed call. Please do not use drop off and pick up for extended conversations as supervision is our number one priority. "Kiss and Go" drive up are for quick in and out parking.

All children with a diagnosed "special" need or modifications needed, will now be required to have documentation on file with the school. Ex. (speech therapy, OT, physical therapy, developmentally delays) , The teaching staff will also add any needed modifications to the weekly lesson plans.

All PreK and School aged will now be required to use a booster seat, as a requirement of the Dept. of Transportation. A car seat is required if they are under 40 lbs and or under 36 inches.

**IF YOUR CHILD DOES NOT ADJUST TO OUR PROGRAM FOR ANY REASON, WE RESERVE THE RIGHT TO WITHDRAW HIM/HER FROM OUR PROGRAM AT ANY TIME.**

I have read and agree to follow all policies. I understand it is my responsibility to pay my tuition on time to keep enrollment current.

Parent/Guardian Signature:

Child's Name:

Date:

Enrollment Policy for KRK North Austin