# Infant Enrollment Packet

Kids R Kids Learning Academy

Dear Parents,

We strive to provide your children with the best possible care and learning environment at competitive prices. In order to keep tuition rates stable, we require a minimum of a two week, advance **Notice of Disenrollment.**

Should a two week **Notice of Disenrollment** not be given in writing (utilizing a disenrollment form or e-mail), the following will occur:

- *You will be responsible for paying two weeks of tuition for each child enrolled*
- *If payment is not received timely, your credit card or ACH will be billed*
- *Any past due charges will also be applied to the final billing*

Charges to your account are necessary due to the operational costs associated with the anticipation and planning of your Childs care.

We appreciate your understanding and compliance with this regulation.

**I have read the above statement regarding disenrollment notices and agree to comply:**

_____ _____
**Parent/Guardian Signature** **Date**

_____ _____
**Name (printed)** **E-Mail Address (For Receipt)**

**Current Tuition Rate:$**_____

**ACH Authorization:**

**Bank Name:**_____ **City:**_____ **State:** _ **Zip:** _____
Accomlt: _____
Routing Number:_____ [ ] Checking [ ]Savings

**Credit Card Information:**
Card Type: _____
Card Number: _____
Card Security code: _____
Expiration Date: _____
Name: _____

Front Desk:
Amount Charged

Kids R Kids
Schools of Quality Learning

**Distribution**
- *Child's File*

# Enrollment Application

Entrance Date _/ _/___ Withdrawal Date _/ _/___

## Child

Child's Full Name Age Gender Date of Birth _/ _/___

Child's Home Address _____ Home Phone _____

## Parent/Guardian(s)

Parent/Guardian Name _____ ☐ Parent ☐ Guardian

Home Address _____ Home Phone _____

_____ Cell Phone _____

Place of Employment _____ Business Phone _____

Employment Address _____

Parent/Guardian Name _____ ☐ Parent ☐ Guardian

Home Address _____ Home Phone _____

_____ Cell Phone _____

Place of Employment _____ Business Phone _____

Employment Address _____

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other _____

Child's Legal Guardian(s): ☐ Both parents/guardians ☐ Mother ☐ Father ☐ Other _____

Child's Living Arrangements: ☐ Both parents/guardians ☐ Mother ☐ Father ☐ Other _____

## 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 | DL # & State |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Emergency contact(s) when parents cannot be reached:

| Name | Address | Telephone | Relationship | DL# & State |
|---|---|---|---|---|
| | | | | |
| | | | | |

Doctor to be contacted when parents cannot be reached:

| Name | Address | Telephone |
|---|---|---|
| | | |

_____ ___/___/_____
Parent/Guardian Signature Date

_____ ___/___/_____
Parent/Guardian Signature Date

Kids 'R' Kids
Schools of Quality Learning

**Distribution**
- *Child's File*

# Parental/Guardian Agreement with Kids 'R' Kids # 34

1. Kids 'R' Kids agrees to provide child care for On M – Tu – W – Th – F
   from_____am to_____pm. Child's Full Name
2. I agree to pay the tuition fee of $_____as designated by the school. Payment will be due on_____.
3. My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____
   _____.
   I agree to provide the school with all necessary information pertaining to the administering of medication (date, prescription #, doctor's notes, direction, medication in original pharmaceutical container, etc.).
4. I agree to follow all requirements of the school's medical policy.
5. My child has the following special needs that may affect participation in school activities:_____
   _____.
6. The following special accommodation(s) may be required to most effectively meet my child's needs while at this school:_____.
7. I understand my child will be provided with all snacks and lunch served daily during his/her hours of attendance.
8. I understand I am responsible for any special diet required by my child. If my child's diet consists of breast milk or formula taken from a bottle, I understand I will provide Kids 'R' Kids with the appropriate number of bottles containing formula/ breast milk necessary for my child each day. Each bottle will be clearly labeled with my child's full name and current date.
9. If my child wears diapers, I understand I will provide whatever disposable diapers are necessary for my child. I understand that only disposable diapers are permitted in the school and that they will be changed every two hours, or as needed.
10. If child is of school age, what school does he/she attend:_____.
11. Transportation is provided to and from school and on planned field trips with parental/guardian permission. A separate form and signature are required for this service. A School-Age Transportation Agreement form must be signed each school year. A field trip agreement form must be signed before each trip.
12. Should my child become ill during the time he or she is in the care of Kids 'R' Kids or suffers an accident of any nature, the school will contact me immediately and is authorized to secure such medical attention and care for my child as necessary. (The parent/guardian will assume responsibility for payment).
13. 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 degrees; severe headaches, upset stomach or diarrhea, he or she cannot be accepted into the school until well. In the event my child has a notifiable disease, a release form from a medical source may be required before my child re-enters the school. Kids 'R' Kids will notify parents if a notifiable disease has been introduced into the school and guidelines will be followed per the CDC Chart/Health Dept.
14. I understand that Kids 'R' Kids #_____a Kids 'R' Kids franchise is independently owned and operated and that neither Kids 'R' Kids International, Inc. nor any other Kids 'R' Kids is responsible for the actions or obligations of this school.
15. I understand that it is my responsibility to escort my child into and out of the school. And to sign my child in and out of the school. I understand that a staff member will escort my child into the school when being transported from school by county or Kids 'R' Kids transportation.
16. If I have not picked up my child 30 minutes after closing, and all attempts to contact my emergency contacts and me fail, Kids 'R' Kids will call the proper authorities.
17. I understand that it is my responsibility to keep the school advised of any changes to the information provided in this application.

**I agree to abide by the policies and procedures of Kids 'R' Kids as outlined in this agreement and the Parent Handbook. I have read and understand the above statements.**

_____ ___/___/_____
Parent/Guardian Signature Date

_____ ___/ _/_ _
Owner/Director Signature Date

# Kids R Kids
# Financial Policy

Please initial in each blank after reading each policy statement.

Registration, Supply, and Extra-Curricular Activity Fees:

_____ 1. A registration fee of **$125** is charged at enrollment and is not refundable.
_____ 2. An annual registration fee of **$50.00** will be charged to your account each year on the **anniversary date**.
_____ 3. A re-enrollment fee of **$125** will be charged to your account if you choose to dis-enroll and then re-enroll. (Non-Refundable)
_____ 4.. There may be a charge from time to time for field trips and in-school activities.
_____ 5. In addition, there may be a charge for any extra-curricular activities you choose for your child (for example, computer class, dance class, gymnastics, or special camps).

**Tuition:**

_____ 1. The current tuition rate of $ _____ per week will be charged to your account every week until a two week notice is submitted. **Tuition is due regardless of student's attendance, until child becomes eligible for vacation time (see Vacations).**
_____ 2. Tuition is due on Friday for the upcoming week.
_____ 3. A late fee of $10.00 will be charged to your account per day if tuition is not paid by 6:30pm on Monday.
_____ 4. If payment is delinquent for one week, the space can no longer be reserved for your child. If your child is dis-enrolled you will have to re-enroll. **Re-enrollment will be contingent on space availability.**
_____ 6. Late payments will not be waived. If you have any questions regarding your account, please contact member of Management.

Refund Checks:

_____ 1. For each check that is returned from our bank unpaid, you will be charged an amount equal to the returned check plus a **$35.00** collection charge. Note: All returned checks are sent through twice by the bank.
_____ 2. Upon receipt of a returned check, only cash or money orders will be accepted for a period of **6 months**.
_____ 3. Returned checks, that are not paid, will be sent to the **County Constable** for prosecution.
_____ 4. Returned checks will also be turned into **Provider Watch**.
_____ 5. If we receive more than one returned check from a parent, we will no longer accept checks as a form of payment for your account.

**Late Pickup Fees:**

_____ 1. The center is open from 6:00am to 6:30pm. If for any reason your child is left at the center beyond closing time, your account will be charged a late pickup fee of a $25.00, per child, starting at 6:35pm.

_____ 2. If we have not heard from the parents by 6:45pm, the Police and Child Protective Services will be contacted.

_____ 3. Pickup time that is charged to your account is based on Kids R Kids clocks, which are displayed at the front office.

**Holidays:**

_____ 1. Full tuition is due for weeks containing holidays and inclement weather.

_____ 2. The following holidays are observed by Kids R Kids and the center will be closed:

New Year's Eve (Close at Noon)
New Year's Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Day after Thanksgiving
Christmas Eve (Closed at NOON)
Christmas Day
Day After Christmas
2 Floating Days for Teacher in Service Training

_____ 3. If a holiday falls on a Saturday, Kids R Kids will be closed the prior Friday.

_____ 4. If a holiday falls on a Sunday, Kids R Kids will be closed the following Monday.

_____ 5. There is an additional charge of **$10.00** per day for school-agers who attend Kids R Kids when school is out.

**Vacations:**

_____ 1. Vacation time is 1 free week of tuition a year after the first year of enrollment.

_____ 2. Vacation time may only be accrued by children who are enrolled full-time at Kids R Kids for a consecutive year.

_____ 3. Vacation time must be applied for by completing a vacation form from the front desk.

_____ 4. Vacation time will only be approved and credited to your account if it is current and in good standing.

_____ 5. Children must be absent from Kids R Kids for a full week in order to receive a vacation week of tuition.

_____ 6. Vacation weeks do not accumulate and will not carry over from year to year based on enrollment.

**School Age Children:**

_____ 1. School age children receive two weeks of vacation during the school year (January -December) regardless of enrollment date.

_____ 2. If your child will not be riding the bus after school you must call Kids R Kids by 12:00pm or your account will be charged **$10.00**.

**Leaving Kids R Kids:**

_____ 1. Kids R Kids requires a two week notice when dis-enrolling from our center.

_____ 2. Kids R Kids charges two full weeks of tuition for two weeks after notice is given.

**Outstanding Accounts:**

_____ 1. All unpaid tuition and returned checks will be submitted to Provider Watch, which is a nationwide credit-reporting agency that links childcare centers.

_____ 2. If you leave Kids R Kids with a balance or your account is not current, you will not be eligible to receive a tax statement or receipt of payment.

**Rate Increases/Decreases:**

_____ 1. Kids R Kids reserves the right to increase/decrease all tuition and fee rates.

_____ 2. Kids R Kids will give a 30 day written notice in advance of any charges in tuition, rates, or changes to this policy.

**CCS Parents:**

_____ 1. The financial policies as listed above also apply to you.

_____ 2. The additional fees you will be responsible for are: late payment fees, late pickup fees, field trips fees, and no notification that your child will not be getting on the bus (after school).

**I have read the financial policies and agree to follow all payment policies.**

Parent's Signature _____ Date _____

# Parent Handbook Overview KRK # 34

**Operating Hours**

_____ The center is open from 6:00am to 6:30pm Monday through Friday.

**Please Do Not Bring**

_____ Kids R Kids is not responsible for any valuable items or toys from home that are lost or stolen.

**Health and Wellness**

_____ If your child is sent home for illness (100.4 degrees or higher fever, vomiting, etc.) they cannot return until they are 24 hours symptom free, without the use of medication, or with a Dr.'s note.

_____ Each child (excluding school age) must meet applicable immunization requirements and update KRK records as needed. Any exemptions must meet criteria specified by the Texas Department of Health.

**Administering Medication**

_____ Medication is given only at **10am & 2pm**. All medication must be signed in. Over-the-counter medication can only be given with a note from a doctor. Any topical medication must have a form on file with your child's classroom.

**Tuition and Fees**

_____ Full tuition is due for weeks containing holidays or inclement weather.

_____ Tuition is due for the current week by close of business on Monday and is non-refundable.

_____ A late payment of $10.00/per day will be posted to your account if tuition is not paid by close of business on Monday.

_____ If your account is past due, KRK has the right to dis-enroll your child.

**School Age Tuition and Fees**

_____ There is an additional charge of $10/day for school-agers who attend KRK when school is out.

_____ Designated tuition rates during school holidays will be charged to all students regardless of attendance, unless a vacation week (two are available during the school year) is used.

_____ There is a $5.00 fee if you fail to notify KRK by 1pm that your child will not be riding the bus.

**Additional Fees**

____ The enrollment fee is annual and non-refundable. If you choose to dis-enroll and re-enroll, you will need to pay a enrollment fee.

**Dress Code**

_____ KRK requires all children that can walk to wear closed toed shoes.

_____ For females in Rooms 350+, it is requested that shorts are worn under dresses and skirts.

**Food and Allergies**

KRK is a **Peanut Free School.**

_____ Parents are allowed to bring food on campus for class parties and birthdays, but it must be store or restaurant bought and must not contain any peanut products.

_____ It is the responsibility of parents to inform KRK of any allergies.

**Dis-enrolling**

_____ KRK requires a **two week** notice upon leaving our center. Full tuition will be required during this time.

**Vacation Policy (Rooms 100-Pre-K 2)**

_____ Vacation time is 1 week free of tuition after the first year of enrollment. Vacation time may only be accrued by children who attend KRK full time. A vacation form must be filled out and approved.

**Children must be absent from KRK for a full week in order to receive a vacation week.**

**Returned Checks**

_____ If a check or ACH debit is returned due to insufficient funds there will be a **$35.00** fee applied to your account.

**Late Pickup Fees**

_____ Late pickup fees are a flat **$25.00** fee after 6:35pm.

**I have reviewed the above policies and will abide by them.**

Parent Signature: _____ Date: _____

# ADMISSIONS INFORMATION INFANT

IMPORTANT INFORMATION FOR ALL CHILDREN

1) **TRANSPORTATION** I hereby o give o do not give my consent for my child to be transported and supervised by facilities staff:

o on field trips (when applicable) o to and from school (when applicable) o emergency care

2) **WATER ACTIVITIES** I herby o give o do not give my consent for my child to participate in water activities

o sprinkler play o splashing/wading pools o swimming pools o water table play

3) **FIELD TRIPS** (when applicable) I hereby o give o do not give my consent for my child to participate on field trips Parent's comments_____

4) What meals will your child normally be served while in the care of Kids R Kids?

o Breakfast o Lunch o PM Snack

5) Does the child have any allergies (food, medication, insects, etc)? o Yes o No
Please specify_____

6) Are there any special procedures that are required in caring for the child? o Yes o No
Please specify_____

_____

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

In the event that I cannot be to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Name of Physician

Address (street name, city, state & zip)

Phone Number_____

Name of the hospital (if none is listed above)
Wellstar Kennestone Hospital
677 Church Street NE Marietta,GA 30060

**PARENT SIGNATURE**

_____, have reviewed and updated the admission information for_____ and certify that all the information listed above is correct. Additionally, I give consent for this facility to secure any and all necessary emergency medical care for my child.

_____

Signature (Parent-Legal Guardian) Date

# TRANSPORTATION AGREEMENT

**KRK #34** **Address: 3900 Canton Rd, Marietta, GA 30066**

I, _____, agree for, _____ to be
(**Parent's Name**) (**Child's Name**)
transported by Kids 'R' Kids #34:

to school ____ from school ____ field trips ____ emergencies only ____
(**check all that apply**)

**SCHOOL AGE TRANSPORTATION**

My child is to be transportation from KIDS R KIDS at 7:00 am.

My child is to be delivered to _____ at _____.
(school)

My child is to be picked up from _____ at _____.
(school)

My child is to be delivered to KRK #34 at 3:30 pm.

**TRANSPORTATION GUIDELINES**

In the event the designated location is unable to receive children they will be returned to KRK North Cobb #34.

Children will not be left unattended in any vehicle used for transportation.

Children will wear seat belts.

School Age Families: KRK #34 will assume the above schedule of transportation will be followed unless we receive different instructions from parents (instructions should be received by KRK #34 by 11a.m. to avoid a $5.00 no call fee.)

**Nearest Medical Facility Center uses**: Wellstar Kennestone Hospital

**Address:** 677 Church Street NE, Marietta, GA 30060

Medical/ Transportation 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. KRK representative will accompany child to hospital

Parent's Signature _____ Date _____

Kids R Kids
Schools of Quality Learning

***Distribution***
- *Infant/Toddler Classroom Log*
- *Front Desk Forms*

_____
(Month)

# Infant Feeding Plan

For children ages 6 weeks- 14 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 Nurser 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 Nurser 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.

_____
Parent/Guardian Signature

____/____/____
Date

KRK/408/REV/04/11

Kids R Kids Learning Academy

**3900 Canton Rd** **Marietta, Ga 30066**

## Photo Release

I hereby assign and grant to the photographer, or those for whom the photographer is acting as indicated above, the right and permission to copyright and/or use and/or publish, and republish, photographic pictures and portraits of the minor named below in which said minor may be included in whole or in part, in color or black and white, made through any media by the photographer at his studio or elsewhere, including the use of any printed material 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 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 taking of any distortion, blurring, alteration, or optical illusion that may occur in the taking of the picture, or processing or reproduction of finished product.

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

_____
Minor's Name

_____
Parent's Name

Circle One:

(Parent) or (Guardian)

_____
Parent's Signature

_____
Date Signed

Kids 'R' Kids
Schools of Quality Learning

**Distribution**
- *Child's File*

# 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 or YouTube, 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 Georgia.

_____ _____
Child's Full Name Parent/Guardian Printed Name

_____ ___/___/___
Parent/Guardian Signature Date

Kids R Kids Learning Academy

# HEALTH STATEMENT

Name of Child: _____ Date of Birth: _____

1. A copy of child's immunization records must be kept on file at Kids R Kids.

Date Submitted: _____

2. Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has not had chickenpox, please complete this statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

_____ _____
Parent's Signature Date

3. **ADMISSION REQUIREMENT:** One of the following must be presented when your child (under the age of 5 years) 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 physically able to take part in the day care program.

_____ _____
Health Care Professional's Signature Date

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

☐ A form or written statement from a health service or clinic.

**If you do not have any of the above:**

☐ Within 30 days of admission, I will obtain a health care professional's statement and will submit it to the day care facility.

**OR**

☐ My child has an appointment for a physical examination:

Date: _____

Name of Health Care Professional: _____

Telephone: _____

Address: _____

I will submit the statement, from a health care professional, to the child care facility following the examination.

_____ _____
Parent's Signature Date

☐ NOTE: If medical diagnosis and treatment and/or immunization conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization would be injurious to your child or your family, **you must** obtain a certificate (**signed by a health care professional**) to that effect and attach it to this form.

## Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses Wellstar Kennestone Hospital _____

Address 677 Church Street NE Marietta, GA 30060 _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if Kids 'R' Kids North Cobb cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child. Permission is also granted to Kids 'R' Kids to transport in case of emergency. I (We) shall assume responsibility for payment for services.

Child's Name _____

Signature (Parent/Guardian) _____

Witnessed By _____ Date _____

**Authorization for Recurring Direct Payments (ACH Debits)**

Merchant Name: Kids R Kids #34
Address:3900 Canton Rd, Marietta, GA 30066
Phone: 678-398-9262

**RE: ACH Authorization of Recurring Charges**
In consideration of the services provided to me by **Kids R Kids #34** hereinafter called MERCHANT, I hereby authorize MERCHANT to initiate a debit entry to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the amount and frequency listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Bank Name, City, State, and Zip:

_____

Account Number: _____

Routing Number: _____

[ ] Checking [ ] Savings

Amount: Current Balance Due (Based on Fees Owed)
Frequency: Weekly (Fridays for the Upcoming Week)
Effective Date: ____/____/____

The specific debits to my account authorized herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date. This authorization is to remain in full force and effect until MERCHANT has received written notification from me of termination in such time and in such manner as to afford MERCHANT and DEPOSITORY a reasonable opportunity to act. I may only revoke this authorization by contacting MERCHANT directly at the address and phone number listed above.

Name (Please Print): _____

Signature: _____

Date: ____/____/____

Kids 'R' Kids North Cobb, agrees to provide day care for _____ from
(Name of Child)

Monday-Friday 6:00 am-6:30pm from January-December.
My child will participate in the following meal plan:

**Breakfast**
**Morning Snack**
**Lunch**
**Afternoon snack**

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc. which include my child.

Kids R Kids University Center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water – related activities occurring water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available. I have received a copy and agree to abide by the policies and procedures for Kids 'R' Kids North Cobb.

I understand that the school will advise me of my child's progress and issues relation to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____
(Parent/guardian)

Signed: _____ Date: _____
(Facility Administrator/Person in charge)

**Authorization to Dispense External Preparations**

**590-1-1.20(1)** Parental Authorization. Except for first aid, personnel at the Kids R Kids North Cobb, shall not dispense prescription or non prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give_____, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Baby wipes

_____Band-aids

_____Neosporin or similar ointment

_____Sunscreen

_____Bactine or similar first aid spray

_____Sunscreen

_____Insect Repellent

_____Non-Prescription Ointment (such as A & D, Destin, Vaseline)

_____Baby Powder

Other (please specify) _____

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Child's Name Parent/Guardian Date

***Center should maintain in child's file**