



Start Date \_\_\_\_\_  
Rate \_\_\_\_\_  
Reg. Fee \_\_\_\_\_  
Discount \_\_\_\_\_  
Full/Part Time \_\_\_\_\_

# Infant (6 weeks – 1 year)

## Enrollment Packet

Contact Info:

<https://kidsrkids.com/north-cobb/>

<https://www.facebook.com/Kids-R-Kids-Learning-Academy-of-North-Cobb>

678-398-9262

**Kids  
R  
Kids**



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 \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Employment Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent Guardian

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

Email \_\_\_\_\_ 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

Emergency contact(s) when parents cannot be reached:

Name Address Telephone Relationship

Doctor to be contacted when parents cannot be reached:

Name Address Telephone

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

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

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

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

**Distribution**

- Child's File
- Transportation Log
- Field Trip Log (School-Age Only)

**Health and Emergency Permission**

This form must be completed for all enrolled children annually and as changes occur

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 _____	Full Address _____	Telephone _____	
Dentist:			
Name _____	Full Address _____	Telephone _____	
Health Insurance Provider:			
Name _____	Full Address _____	Telephone _____	
Does your child have special needs affecting participation in school activities? Yes No			
Specify: _____			
Does your child have allergies? Yes No			
Is your child on prescribed medication for Illness/Allergies? Yes No			
Specify: _____			
Actions Taken: _____			
Weight of Child: _____			
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



### **Parental/Guardian Agreement with Kids R Kids #34 North Cobb**

Below is a breakdown of the policies and procedures at our school. Our goal is to create a partnership between our program and your family. We have implemented the following policies and procedures at the school to provide the highest quality early education experience. The three most important things we need from our families is:

#### **Partnership, Communication and Patience.**

These are the highlights of our policies and procedures that we have found come up more often. A full list of our policies and procedures are available in our parent handbook.

Please initial each section below to ensure there is a clear understanding.

**Child Name:**

**Date of Birth:**

**General (Please initial)**

\_\_\_\_\_ I understand that Kids 'R' Kids of North Cobb, a Kids 'R' Kids franchise, is independently owned and operated and that neither Kids 'R' Kids International, nor any other Kids 'R' Kids is responsible for the actions or obligations of this school.

\_\_\_\_\_ I agree to provide Kids 'R' Kids with all information about my child's needs. If my child has an Individual Education Plan, I will share all paperwork with the school director to ensure that Kids 'R' Kids is able to meet the needs of my child. I understand that Kids 'R' Kids can make changes to my child's enrollment at any time.

\_\_\_\_\_ 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 all children must be picked up by a person, 18 years or older. I understand that a staff member will escort my child into the school when being transported to school by Kids 'R' Kids transportation.

\_\_\_\_\_ 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.

\_\_\_\_\_ I understand that it is my responsibility to keep the school advised of any changes to the information provided in this application.

## Health and Safety (Please Initial)

\_\_\_\_\_ I agree to follow all requirements of the school's medical policy.

\_\_\_\_\_ My child **IS or IS NOT** (Circle One) currently on medication(s) prescribed for "long term" continuous use and/or has the following pre-existing illness, allergies, or health concerns: Please list any medications and/or conditions. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, I agree to provide the school with all necessary information pertaining to the administration of medication (date, prescription#, doctor's notes, direction, medication in original pharmaceutical container, etc.).

\_\_\_\_\_, 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 100.4 degrees, severe headaches, upset stomach and/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.

\_\_\_\_\_ Children must be symptom free for 24 hours unless otherwise recommended by a doctor, before returning to school.

\_\_\_\_\_, I understand that when I am notified that my child is sick, I must pick up within 45 minutes.

\_\_\_\_\_ In the event that a child is found with living lice or knits, the child will be sent home for treatment. After treatment, the child may return to the school with the understanding that the child will be retreated in 7-10 days of the initial treatment.

\_\_\_\_\_ Should (child's name) \_\_\_\_\_ (Date of birth) \_\_\_\_\_ suffer any injury or illness while in the care of Kids R Kids North Cobb and the facility is unable to contact me immediately, it shall be authorized to secure medical attention and care for the child as may be necessary.

(Parents name) \_\_\_\_\_ shall be responsible for payment of services.

**Financial: (Please Initial)**

\_\_\_\_\_ Hours of Operation 6:30 am - 6:00 pm Monday- Friday

\_\_\_\_\_ Tuition payments made after close of business Monday will be assessed a \$35.

\_\_\_\_\_ There will be a \$6 service fee for all credit card transactions.

\_\_\_\_\_ Please refrain using cash for any transactions.

\_\_\_\_\_ Weekly Supply Fee, per child \$5

\_\_\_\_\_ Any check or tuition payment returned will be charged a NSF fee of \$50.

\_\_\_\_\_ Registration fee of \$175 (One child) & \$225 (Family)

\_\_\_\_\_ All students will be subject to an initial registration fee upon enrollment. (Non-Refundable)

\_\_\_\_\_ Late Pick Up Fee starting at 6:31PM is 25.00 dollars.

\_\_\_\_\_ Two weeks' 1 written notice via email is required to disenroll your child. Should a 2 week notice not be provided, your account will be billed accordingly.

\_\_\_\_\_ Tuition includes, breakfast, snack & lunch

\_\_\_\_\_ Georgia Pre-K meal fee: Complete IES form

**Holidays:** Our published tuition takes into consideration of the following holidays or events for which we are closed. We will be closed on the following holidays: New Year's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day and the Friday after Thanksgiving, Christmas Eve and Christmas Day. We close at 2pm on New Year's Eve. If the Holiday falls on the weekend, we will observe the day prior. Additionally, our school will close 2 additional days for teacher training.

**Vacation Credit:** All families will be awarded one half week credit after their first 6 months of continuous enrollment. Families will be awarded two half weeks of credit upon their one- year anniversary.

**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## Parental/Guardian Agreement with Kids 'R' Kids North Cobb

1. Kids 'R' Kids North Cobb agrees to provide childcare for \_\_\_\_\_.
2. I agree to pay the tuition fee of \$ \_\_\_\_\_ as designated by the school. Payment is due by 6:00pm on Monday of the CURRENT tuition week.
3. I agree to follow all requirements of the school's medical policy.
4. My child has the following special needs that may affect participation in school activities: \_\_\_\_\_.
5. The following special accommodation(s) may be required to most effectively meet my child's needs while at this school:  
\_\_\_\_\_
6. I understand my child will be provided with all snacks and lunch served daily during his/her hours of attendance.
7. 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.
8. 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 as needed.
9. If child is of school age, what school does he/she attend: \_\_\_\_\_
10. 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.
11. 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).
12. 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 attend school for 24 hours after symptoms have subsided without the assistance of medication. 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.
13. I understand that Kids 'R' Kids #34, 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.
14. 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.
15. 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.
16. I understand that it is my responsibility to keep the school advised of any changes to the information provided in this application.
17. I understand that my enrollment application must be completed in its entirety with a \$150/child & \$200 family enrollment fee to complete my intent to enroll in Kids 'R' Kids.
18. I understand that once I have completed my intent to enroll packet, I may choose a start date within a 2-week period. If a family chooses to disenroll prior to their start date, the tuition deposit is non-refundable.

I agree to abide by the policies and procedures of Kids 'R' Kids North Cobb 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 \_\_\_\_\_



Distribution  
• Front Desk Forms

## 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

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

KRK/REV/02/2020



**Distribution**

- Child's File
- Infant/Toddler Classroom Forms

## Infant Child Profile

For children ages 6 weeks-12 months

A new form is required with each classroom transition and should be updated as information changes.

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.

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

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

1. Has your child had previous group care experiences? ☐ Yes ☐ No
2. What language(s) is spoken in your home? \_\_\_\_\_
3. List the names and ages of siblings.  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you have pets at home? ☐ Yes ☐ No If yes, please list type of pet and name.  
\_\_\_\_\_
5. What milestone(s) has your child reached? (I.e. rolling over or crawling)  
\_\_\_\_\_  
\_\_\_\_\_
6. Does your child take a pacifier? ☐ Yes ☐ No When? \_\_\_\_\_
7. How often and how long does your child nap? \_\_\_\_\_
8. How many hours does your child sleep at night? \_\_\_\_\_
9. List any additional care plan instructions, i.e. diapering or sleeping \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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**Distribution**

- Infant/Toddler Classroom Forms
- Front Desk Forms

(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 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	<input type="checkbox"/>	Juice	<input type="checkbox"/>
Breast Milk	<input type="checkbox"/>	Baby Foods	<input type="checkbox"/>
Whole Milk	<input type="checkbox"/>	Strained Foods	<input type="checkbox"/>
Water	<input type="checkbox"/>	Table Foods	<input type="checkbox"/>

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. Unused breast milk will be sent home. Not discarded.

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

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

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KRK/REV/12/2019

## Safe Sleep Practices Policy

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

### Safe Sleep Practices/Policies:

- 1) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
- 2) Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.
- 3) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
- 4) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.
- 5) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.
- 6) Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed. This facility will adhere to the following practice:  
\_\_\_\_\_
- 7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will moved to a safety-approved crib for sleep.
- 8) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.
- 9) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

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



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: Please initial for approval on the following items

\_\_\_\_ 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 Georgia.

\_\_\_\_ 7. I grant permission to sign up and have access to Watch Me Grow. (Our camera system)

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

\_\_\_\_\_  
Parent/Guardian Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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

## Vehicle Emergency Medical Information

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

Address \_\_\_\_\_

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

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Home/Cell 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 Medical

Address: 677 Church St. NE / Marietta / 30066

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special needs & conditions \_\_\_\_\_

\_\_\_\_\_  
In the event of an emergency involving my child, and if Kids 'R' Kids cannot get in touch with me, I give Kids 'R' Kids #34 permission to seek medical attention and/or transport my child. I further agree to be full responsible for all medical expenses incurred during the treatment of my child.

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

Signature (Parent/Guardian) \_\_\_\_\_

Witnessed By \_\_\_\_\_ Date \_\_\_\_\_

**Distribution**

- Infant/Toddler Classroom Forms
- Preschool/School-Age Classroom Forms
- Kitchen Log
- Child's File

**Child Allergy Profile**

Update annually or as child's information changes

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

Please list any known allergies:

\_\_\_\_\_

Symptoms of Allergic Reaction:

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

Emergency Care Plan:

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

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

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

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

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

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

KRK/REV/12/2019

**Distribution**

- Front Desk Forms
- Infant/Toddler Classroom Log
- Preschool/School-Age Classroom Log

**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.

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

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

Dates: Start \_\_\_\_/\_\_\_\_/\_\_\_\_

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:**

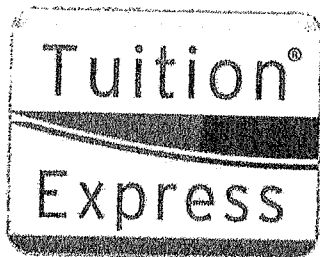
Disposal of Leftover Topical Ointment/Cream:

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

\_\_\_\_\_

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

KRK/322/REV/04/13



## Automated Payment Processing Safe – Convenient – Easy

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 _____
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Transit Number (see sample below) _____		Account Number (see sample below) _____	

#### 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: _____		Attach Voided Check Here \$ _____		
		Deposit slips not accepted _____ Dollars		
12345678901	18003381	0226		
Routing Number	Account Number	Check Number		

A service of

