



Of North Flower Mound

Enrollment Form

Child's First Name: _____ Last Name: _____

Age: _____ Grade: _____ Gender: _____ Birth Date: _____ Today's Date: _____

Home Street Address: _____ Preferred Enrollment Date: _____

City: _____ Zip: _____ Actual Enrollment Date: _____

Home Phone Number: _____ Child's SSN: _____

Days in Care (Check all that apply): M Tu W Th F

Hours of Attendance: 6:30 am – 6:30 pm

Child's Legal Guardian: Both Parents Mother Father Other

Parent's Marital Status: Single Married Divorced Windowed

Child Lives With: _____

Mother's First Name: _____ Last Name: _____

Mother's Street Address: _____ Mother's Home Phone: _____

City: _____ Zip: _____ Mother's Work Phone: _____

Mother's e-mail Address: _____ Mother's Cell Phone: _____

Mother's Employer: _____ Other Phone for Mother: _____

Employer's Street Address: _____ Suite: _____ City: _____ State: _____ Zip: _____

Mother's SSN: _____ Mother's Driver's License: _____ State: _____

Father's First Name: _____ Last Name: _____

Father's Street Address: _____ Father's Home Phone: _____

City: _____ Zip: _____ Father's Work Phone: _____

Father's e-mail Address: _____ Father's Cell Phone: _____

Father's Employer: _____ Other Phone for Father: _____

Employer's Street Address: _____ Suite: _____ City: _____ State: _____ Zip: _____

Father's SSN: _____ Father's Driver's License: _____ State: _____

The following person(s) may be contacted in the event of an emergency and when the parents cannot be contacted. My child has permission to leave the facility with them.

Name: _____ Phone: _____ Relationship: _____

Address: _____

Name: _____ Phone: _____ Relationship: _____

Address: _____



Of North Flower Mound

Name: _____ Phone: _____ Relationship: _____

Address: _____

Name: _____ Phone: _____ Relationship: _____

Address: _____

Permissions – CHECK ALL THAT APPLY:

1.- TRANSPORTATION: I Hereby GIVE DO NOT GIVE
my consent for my child to be transported and supervised by Kids R Kids of North Flower Mound, TX for:
 Emergency Care To / From School

2.- WATER ACTIVITIES: I Hereby GIVE DO NOT GIVE
my consent for my child to participate in the following water activities:
 Sprinkler Play Water Table Play

3.- FIELD TRIPS: I Hereby GIVE DO NOT GIVE
my consent for my child to participate in Field Trips:
 Sprinkler Play Water Table Play

Parent's Comments: _____

School Age Children:

My child attends the following school: _____ School's Phone: _____

School's Address: _____

His/Her immunization record is on file at the school and all immunizations and tuberculosis tests are current. Current vision and hearing screening records are also on file.

List any special problems your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, mental health disorders, mental retardation, developmental disabilities, any medication prescribed for long-term, continuous use, and any other information the staff should be aware of:



Name of party responsible for weekly tuition payments: _____

Receipt of Parent Handbook:

I acknowledge receipt of the operational policies including those for discipline and guidance.

Parent/Guardian Signature

Date

Authorization for emergency medical attention:

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

**Texas Health Presbyterian Hospital
4400 Long Prairie Rd., Flower Mound, TX 75028
(469) 322-7000**

I give consent for this facility to secure any and all necessary emergency medical care for my child.

Parent/Guardian Signature

Date

PLEASE CONTINUE ON TO NEXT PAGE WITH AN IMPORTANT ADMISSIONS REQUIREMENT



ADMISSION REQUIREMENT:

A current copy of immunizations, hearing screening and vision screening is required by The State of Texas and 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. One of the following must be presented. Choose the option you wish to select:

HEALTH CARE PROFESSIONAL STATEMENT: I have examined the above named child within the past year and find he/she to be physically able to take part in a day care program.

Healthcare Professional's Signature: _____ **Date:** _____

OR

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.

OR

A form of written statement from a health service or clinic

NOTE: If you don't have any of the above

Parent's Statement: My child has been examined within the past year by a healthcare professional and is able to participate in the day care program.

Name of Healthcare Professional: _____

Address: _____

AND

Within 12 months of admission, I will obtain a Healthcare Professional's statement and will submit to the daycare facility

OR

My child has an appointment for a physical examination. Appointment Date: _____

Name of Healthcare Professional: _____

Address: _____

AND

I will submit the statement, from Healthcare Professional to the child care facility following the examination.

Parent/Guardian's Signature: _____ **Date:** _____



Of North Flower Mound
Health and Emergency Permission

Child's Full Name:		Date of Birth:	
Street Address:		Phone:	
City:	State:	Zip:	
Parent/Guardian:	Phone 1:	Phone 2:	
Parent/Guardian:	Phone 1:	Phone 2:	
Doctor's Name:		Phone:	
Dentist's Name:		Phone:	
Health Insurance Provider:		Phone:	

Does your child have physical problems, mental health or developmental disabilities affecting participation in school activities? Yes__ No__

Specify: _____

Does your child have allergies? (foods, medications, insects, etc.)? Yes__ No__

Specify: _____

Are there any special procedures required in caring for your child? Yes__ No__

Specify: _____

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

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

Kids 'R' Kids of North Flower Mound emergency medical procedures:

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

Our center uses the Texas Presbyterian Hospital located at 4400 Long Prairie Rd., Flower Mound, TX 75028. Their phone number is (469) 322-7000.

I, _____, give permission to Kids 'R' Kids of North Flower Mound 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 North Flower Mound 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



Of North Flower Mound

Transportation Agreement / Field Trips

I, _____, give my permission for Kids 'R' Kids of North Flower Mound to seek medical attention for my child, _____, in the event of an emergency if I cannot be reached, and to hold harmless and release Kids 'R' Kids of North Flower Mound and Kids 'R' Kids International, Inc. from all liability. I further agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached.

In the event of an emergency, notify:

Name _____ Relationship _____ Telephone _____
Name _____ Relationship _____ Telephone _____

List any special problems that your child might have, such as allergies, existing illness, previous serious illness, injuries during past 12 months, mental health disorders, mental retardation, developmental disabilities, any medication prescribed for long-term continuous use, and any other information which staff should be aware of:

Transportation for school age children:

My child is to be transported from Kids 'R' Kids of North Flower Mound in the morning and delivered to _____ by _____ am.

My child is to be picked up from _____ by _____ pm and be delivered to Kids 'R' Kids of North Flower Mound.

Transportation Guidelines:

In the event the designated location is unable to receive children they will be returned to Kids 'R' Kids of North Flower Mound. Children will not be left unattended on any vehicle used for transportation and the children will wear seat belts. It is vital that Kids 'R' Kids of North Flower Mound be notified of any changes in the above scheduled transportation. Kids 'R' Kids of North Flower Mound will assume the above schedule of transportation will be followed unless we receive different instructions from parents (instructions should be received by Kids 'R' Kids of North Flower Mound at the earliest possible time.) Your child must be at the center no later than 7:00 am to be transported in the mornings.

YOU WILL RECEIVE A COPY OF THE RULES THAT CHILDREN ARE EXPECTED TO FOLLOW WHILE IN THE VEHICLE. WE ASK THAT YOU REVIEW THESE RULES WITH YOUR CHILD/CHILDREN. IT IS OUR GOAL TO PROVIDE A SAFE ENVIRONMENT FOR EACH CHILD WHILE IN THE VEHICLE.

Parent Signature: _____ Date: _____

Print Name: _____



Of North Flower Mound

EMERGENCY INFORMATION CARD

Child's Name: _____
Home Address: _____
City: _____ Zip: _____

Date of Birth: _____
Home Phone: () _____

Emergency Contacts other than parents:
(List name, relation to child and phone number)

1st: _____
Address: _____
Relation: _____ Phone: () _____

Mom's Name: _____
Work Phone: () _____
Cell Phone: () _____

2nd: _____
Address: _____
Relation: _____ Phone: () _____

Dad's Name: _____
Work Phone: () _____
Cell Phone: () _____

3rd: _____
Address: _____
Relation: _____ Phone: () _____

Allergies to medicine: _____

Parent's Signature _____ Date _____

Allergies to food: _____



Of North Flower Mound

EMERGENCY INFORMATION CARD

Child's Name: _____
Home Address: _____
City: _____ Zip: _____

Date of Birth: _____
Home Phone: () _____

Emergency Contacts other than parents:
(List name, relation to child and phone number)

1st: _____
Address: _____
Relation: _____ Phone: () _____

Mom's Name: _____
Work Phone: () _____
Cell Phone: () _____

2nd: _____
Address: _____
Relation: _____ Phone: () _____

Dad's Name: _____
Work Phone: () _____
Cell Phone: () _____

3rd: _____
Address: _____
Relation: _____ Phone: () _____

Allergies to medicine: _____

Parent's Signature _____ Date _____

Allergies to food: _____



Of North Flower Mound

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 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 Formula Amount: _____

Breast Milk Storage: Bottles Disposable Nurser Bag

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 introduction of solid foods, dietary changes): _____

I understand it is my responsibility to keep Kids 'R' Kids of North Flower Mound updated, in writing, as my child's need changes or every 30 days, and that it is Kids 'R' Kids policy that bottles are held, not propped during feeding. Bottles are discarded after 30 days. Please sign and date below if no changes.

Parent/Guarding Signature	Date	Parent/Guardian Signature	Date



Of North Flower Mound

Photo and Internet Video Release

Current technology has given Kids R Kids of North Flower Mound (herein called "Center") the opportunity, through computers, video and the internet, to offer a unique way for parents to have peace of mind about their child(ren) while at work by being able to monitor them and their activities on video by internet connectivity. The Center is happy to be able to offer this new technology and service to our parents. Please see item 5 below for sign-up instructions.

To access this service certain standards must be maintained at all times:

1. Access Codes (issued to those parents wishing to avail themselves of this service) are used to limit access to the images of our children, but you should realize that this system works through the Internet. **Authorized access by anyone necessarily permits access by that person to the images of children within the field of view of the camera, including your child, whose image cannot be excluded, even if you choose not to accept this service.**
2. Unauthorized access to the image of your child could also occur as a result of a breach of the Internet or a breach of security by any holder of a personal Access Code. **This is beyond the Center's control, and we do not guarantee against such unauthorized access.**
3. You agree not to (or permit or suffer any other person to) divulge, reproduce, print or save, in any way or on any medium, any images, prints or video images of any portion of the Center's premises or any of the Center's children without prior consent of the Center. **This involves security of the Center and the children and should always be observed.**
4. You agree that our method of assigning Access Code or Codes and maintaining the confidentiality of such codes, so long as conducted in a manner consistent with usual, ordinary and reasonable business practices of like day care centers, shall be all that is required of the Center in safeguarding your children's video images, and that no other or different safeguards of internet video images of the children or the premises shall be expected or required of the Center.
5. To gain access to the Internet Video you must sign up at **www.watchmegrow.com**. Go to the home page and in the upper right hand corner will be a "Sign Up" option. Fill in the forms and your information will be forwarded to us for approval. You agree only those persons, if any, listed shall be given an Access Code respecting your children. At the option of the Center, all those listed may be issued the same Access Code, or individual Access Codes may be issued to each such person. **You agree that it is solely your responsibility to instruct each such person regarding the provisions of this Agreement and to take from each such person their express agreement** (a) not to divulge the Access Code to any other person, and (b) to abide by all the provisions of this agreement. Persons for whom Access Codes are requested are (enter "none" if such is the case). If you do not sign up at **www.watchmegrow.com** it will be conclusively presumed that no Access Codes are requested.

This Internet Agreement is part of, and supported by the same consideration as the basic Child Care Agreement. Violation of the Internet Agreement may, at the sole option and discretion of the Center, result in the termination of usage of one or more Access Codes and may, at the option of the Center, be deemed a breach of the Child Care Agreement, for which the Center shall have all remedies provided by law, including but not limited to that of cancellation and termination. Your signature below and/or on

2501 Justin Road • Flower Mound, TX 75028 • (972) 539-0400 • Fax: (888) 503-0269 • www.kidsrkidsflowermound.com



Of North Flower Mound

the enrollment papers of your child constitutes affirmation of your full and voluntary understanding and acceptance of these conditions with respect to your children, your express waiver of all Rights of Privacy in connection therewith, as well as your agreement that you expressly assume all risks involved in furnishing such images, and your release of the Center from any and all liability for any damage of any nature arising or resulting from its furnishing of this service, whether negligent or not.

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 publish, and republish, photographic pictures, video and portraits of the minor names 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 matter in conjunction with such photographs.

I hereby waive my right to inspect and/or approve the finished photograph or advertising copy or printed matter that may be used in conjunction with such photographs, or to the eventual use that it might be applied.

I hereby release and discharge the above, its assigns, and all persons acting under its permission or authority or those for whom it is acting, from and against any liability as a result of any distortion, blurring, alteration, or optical illusion that may occur in the taking of the picture, or processing or reproduction of finished product.

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

Minor's Name: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____



Saline, Topical Oil and Cream Authorization

I give Kids 'R' Kids of North Flower Mound permission to apply one or more of the following topical ointments and/or creams to _____, in accordance with the directions on the label of the container from ____ / ____ / ____ to ____ / ____ / ____.

_____ Sunscreen
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 _____ Date _____

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 authorizations. If guidelines are not stipulated, all authorizations must be updated every **twelve months**.

Center use only:

Disposal of leftover topical ointment/cream:

- Returned to Child's Parent/Guardian
- Discarded



Authorization For Recurring Direct Payments (ACH Debits)

In consideration of the services provided to me by Kids 'R' Kids of North Flower Mound, herein called "MERCHANT", I hereby authorize MERCHANT to initiate a debit entry to my account indicated below at the depository financial institution named below. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. Law.

Depository Bank Name:

Branch (City, State, Zip):

Account Number: _____ **Routing Number:** _____

Checking **Savings**

Amount: \$ _____. Based on fees owned as provided by pay balance.

All tuition due on Fridays, and it is based on enrollment status. Tuition is due regardless of whether your child attends the school.

Effective Date: ____ / ____ / ____ (mm/dd/yyyy)

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, in writing.

Your Name: _____
(please print)

Child's Name: _____

Date: _____

Child's Name: _____

Signature: _____

Child's Name: _____



Of North Flower Mound
Security Agreement

Child's Name: _____

I understand that even though I pay tuition by ACH I must still provide a credit card as per the Security Agreement below. A credit card must be provided at the Enrollment meeting.

Circle one: MasterCard Visa

Card Number: _____

Exp. Date: _____

CVV#: _____ (usually the 3 digit number on the back of the card)

SECURITY AGREEMENT:

IF YOU ARE ONE WEEK LATE ON TUITION PAYMENTS OR YOU LEAVE THE CENTER WITH A BALANCE ON YOUR ACCOUNT, YOUR CREDIT CARD OR BANK ACCOUNT WILL BE CHARGED WITH THE OUTSTANDING BALANCE AND ANY ASSOCIATED LATE FEES. I ACKNOWLEDGE MY AGREEMENT WITH THIS SECURITY AGREEMENT BY MY SIGNATURE BELOW.

Applicants represent that all of the above information is true and complete and hereby authorizes verification of the above information and references. Applicants further authorizes KRK, or its agents or representatives, to obtain such credit reports as KRK deems reasonable and necessary, and regardless of whether the credit reports are obtained before, during, or after Applicant's enrollment, if any, at the center.

Cardholder's signature: _____ Date: _____

Print Name: _____

_____ Staff member to initial after verification of information