

Signature-Parent or Legal Guardian _____ Date _____



11118 Hwy. 6 S. Sugar Land, TX 77498
281-575-0011 Fax 281-575-7818

Child's Last Name _____ First Name _____
Street Address _____
City _____ Zip Code _____ Birth date _____

HEALTH AND EMERGENCY PERMISSION

List any **medically verified allergies** or **medically identified special diets** your child has (if none, write "**NONE**"): _____

Please explain the **reaction** your child has if he/she comes in contact with or ingests the item(s) listed above. _____

List any special problems that your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past twelve months, and medication prescribed for long-term continuous use, and any other information that caregivers should be aware of. If none write "**NONE**": _____

I, _____, give permission for Kids 'R' Kids #25 to seek medical attention for my child, _____, in the event of an emergency if I cannot be reached, and to hold harmless and release to Kids 'R' Kids #25 and Kids 'R' Kids International, Inc., from liability. I also give permission to transport my child in the event an evacuation becomes necessary. I further agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

Parent Signature _____ Date _____

Kids R Kids #25 emergency medical procedure will be:

- Administer First Aid/CPR
- Call emergency medical team, if necessary
- Contact Parent or other emergency contacts
- Have emergency medical team transport child to nearest hospital
- Medical attention will be sought from the doctor on call at:

Methodist Sugar Land Hospital
16655 Southwest Frwy. (at Sweetwater Blvd.)
Sugar Land, TX 77479
281-274-7000

Child's Physician Information

Dr. _____

Phone # _____

Street _____

City, State, Zip _____

EMERGENCY CONTACTS

The persons listed below may be contacted in the event of an emergency **AND** are authorized with proper identification to pick up my child
We must have a Parent/Guardian and at least 1 or more contact listed for a total of 3 contacts.

Name	Relationship	Address	Home / Cell Phone	Work Phone	Drivers License #
	1 st parent/guardian				
	2 nd parent/guardian				

Parent/Guardian's Signature: _____ Date: _____



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Child's Name _____

HEALTH INFORMATION

INFANTS THROUGH PRIVATE KINDERGARTEN ONLY

To be filled out by child's physician:

I have examined the above named within the past year and find that he/she is able to take part in the child care program.

Physician's Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Physician's Signature: _____ Date: _____

Status Of:

Vision: _____

Hearing: _____

To be filled out by child's parent/guardian (if the above box is not signed)

My child has been examined within the past year by a health professional and is able to participate in the child care program. Within one (1) week of admission, I will obtain a health care professional's signed statement and will submit it to Kids 'R' Kids #25 TX.

Parent/Guardian's Signature: _____ Date: _____

I understand that Kids R Kids is required to have a copy of my child's updated shot records.

A copy must be turned in with this enrollment package. I understand my child's immunizations must be up to date and that immunizations must be kept current in accordance with Texas Dept. of State Health Services.

SCHOOL AGE CHILDREN ONLY

My child, _____, has a current immunization record and vision and hearing screening record on file at the following school:

<input type="checkbox"/> Oyster Creek 281-634-5910 16425 Mellow Oaks Lane Sugar Land, 77498	<input type="checkbox"/> Rita Drabek 281-634-6570 11325 Lake Woodbridge Dr. Sugar Land 77498
<input type="checkbox"/> Sugar Mill 281-634-4440 13707 Jess Pirtle Sugar Land 77498	<input type="checkbox"/> Lakeview 281-634-7511 314 Lakeview Dr. Sugar Land 77498
<input type="checkbox"/> Arizona Fleming 281-634-4600 14850 Bissonnet Houston 77083	<input type="checkbox"/> KIPP Unity 832-328-1051 8500 Hwy 6, Houston 77083
<input type="checkbox"/> Townewest 281-634-4480 13927 Old Richmond Rd. Sugar Land 77498	<input type="checkbox"/> Madden 281-327-2740 17727 Abermore Ln, Richmond 77407
Other:	

Parent/Guardian's Signature: _____ Date: _____



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Child's Name _____

TRANSPORTATION AGREEMENT

I, _____, allow Kids 'R' Kids #25TX to transport my child, _____, for the following reasons:

- ☒ Medical Emergencies - Child will be transported by EMS team
- ☒ Building Emergencies – if the building should become unsafe, children will be transported to an evacuation site.

☐ To School Name of School: _____ Begins at: _____ am

☐ From School Name of School: _____ Ends at: _____ pm

☐ Field Trips Individual permission forms will also be signed for each trip.

TRANSPORTATION GUIDELINES

- It is vital that Kids R Kids be notified of any changes in the above scheduled transportation. We will assume that the above schedule will be followed unless we receive different instructions from the parent/guardian. **Notify us as quickly as possible if your child does not need afternoon transportation.** Failure to notify us of changes in afternoon pickup causes confusion and delays in our schedule. **Failure to adhere to this policy may result in a \$5 charge to your account.**
- In the event that the designated location is unable to receive children, they will be returned to Kids 'R' Kids #25TX.
- Children will not be left unattended in any vehicle used for transportation.
- Children will wear seat belts.
- **Your child must be at the center no later than 7:10 am to be transported to school in the mornings. If your child is to be served breakfast, he/she needs to be here by 7:00 am.**

TRANSPORTATION RULES

- Always listen to and follow the directions of the driver.
- Always walk to the bus with an adult.
- Wait until the bus stops and the door is open before you step near the bus.
- Always wear your seatbelt and keep the aisle clear.
- Always remain seated, facing forward.
- Talk softly, never throw things or fight. The driver can't concentrate on driving if riders are disruptive.
- Keep all body parts and other objects inside the vehicle.
- Don't eat or drink on the bus.
- Students should not mark upon, deface, cut seats, or otherwise cause damage to the bus.
- Never bring pets or insects on the bus without getting permission.
- Wait for the bus to stop before unbuckling your seatbelt or leaving your seat.
- Gather all of your belongings; be sure you have left nothing behind.
- If you drop something near the bus, ask an adult to get the item for you.

☐ I have read and understand the above guidelines and rules. I have reviewed the rules with my child.

Parent/Guardian's Signature: _____ Date: _____



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Child's Name _____

INTERNET RELEASE

Technology has allowed Kids 'R' Kids to give parents the opportunity to monitor their child's classroom through computers, video and the Internet. By enrolling your child in Kids R Kids #25TX, you agree to allow your child's image to be on the Internet.

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 permits access by that person to the images of all children within the field of view of the camera, including your child, whose image cannot be excluded, even if you choose not to utilize this internet service.
2. You agree **not** to (or permit **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.
3. Unauthorized access to the image of your child could occur as a result of a breach of the Internet or a breach of security by holders of Access Codes. Although all available measures are taken to prevent any unauthorized access, this is beyond the Center's control, and we do not guarantee against such unauthorized access.
4. You agree that our method of assigning Access Codes and maintaining the confidentiality of such codes, so long as conducted in a manner consistent with usual, ordinary and reasonable business practices, 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. You agree that only those persons, if any, listed below shall be given an Access Code. 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 to:
 - a. not divulge the Access Code to any other person
 - b. abide by all the provisions of this agreement.

Listed below are persons (first and last names) for whom Access Codes are requested:

a) _____ b) _____ c) _____

6. Your signature below 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 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.

Parent/Guardian Signature _____

Date: _____



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Child's Name _____

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, including any social 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

Signature of Guardian

Printed Name of Guardian

Date



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Child's Name _____

CHILD PROFILE

1. Has your child had previous preschool experiences? Yes No

Explain. _____

2. What would you like most for your child to experience with us?

3. Does your child have any particular fears?

4. Does your child play well with other children? Yes No Not Sure

5. List the names and ages of other children in your family?

6. Does your child take a nap? Yes _____ No _____ How long? _____

At Kids R Kids, there is a daily quiet time when children are expected to nap. If they are unable to nap, they will read or work on a quiet activity during that time.

7. What is the primary language spoken in your home? _____

Please fill out for children 2 years and older

Is your child potty trained? If not, what stage is he/she in? _____



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POLICIES AND PROCEDURES

1. Kids R Kids does not have the right to withhold a child from any parent/guardian having custody or joint custody. If there is a current court order stating that one parent does not have access to a child, we must have a copy in the child's file. We cannot deny any parent access to their child without such an order. The center cannot become involved in custody disputes and a child will be disenrolled if such disputes occur.
2. I understand that up to a maximum of four weeks of vacation credit may be used when front office staff is notified in writing and in advance that a child will be absent all five consecutive days of a week (Monday – Friday). Vacation credit is equal to half the regular tuition and must be paid in advance. Vacation credit weeks cannot be carried over to the next year. Vacation Request Forms are available for you to complete at the front desk; which will be sufficient notification.
3. I understand that it is my responsibility to escort my child into and out of and to sign my child in and out of the center. **I understand responsibility and supervision of children is transferred at the point of releasing/receiving children to/from Kids R Kids staff.** I understand that staff members will escort my child into the center when being transported by district or Kids R Kids transportation.
4. If my child wears diapers, I understand I am to provide them. Only disposable diapers are permitted in the school.
5. This is a peanut free school; no peanut products or traces of peanut products may be in foods brought in. Gum, candy, sodas and non-nutritional foods should not be brought in. If my child's diet consists of breast milk/formula not provided by the school, I understand I will provide the appropriate number of prepared bottles containing the formula/breast milk necessary for my child each day. Each bottle will be clearly labeled with my child's full name and date prepared.
6. 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 100⁰, severe headaches, upset stomach, pink eye or diarrhea, he/she cannot be accepted into the center until well. **Children must be fever free for 24 hours (without fever reducing medications)** before returning to the school. In the event my child has a communicable disease, a release from a medical source may be required before my child reenters the school. Kids R Kids will notify me if a reportable disease has been introduced into the school.
7. I understand that the center has a specific policy regarding the administration of medication. I agree to provide the center with all required information in accordance with this policy. The school reserves the right to administer medicines only as prescribed by a licensed physician including over the counter drugs. Medications must be in original containers. **Medication is administered at 10:30 and 2:30.**
8. I understand it is my responsibility to keep the school advised of changes of address, phone numbers, and contacts.
9. I understand the school closes at 6:30 pm and my child must be picked up by that time. A late fee of \$25 plus \$1 per minute per child will be charged after 6:30 pm. If I have not picked up my child by 7:00 pm and all attempts to contact me and all my emergency contacts fail, Kids R Kids is obligated to call Family Protective Services and the Police.

I have read and understand the above statements. I have received and agree to abide by all policies and procedures of Kids R Kids #25 as outlined in this agreement and the School Handbook which is available on our website or by requesting one at the front desk. I also understand that the School Handbook is not an all inclusive list of child care regulations and that I may view the state licensing standards at any time.

Parent/Guardian's Signature: _____

Date: _____

Manager's Signature: _____

Date: _____



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Date: _____

Doctor Office Fax: _____

To Whom It May Concern:

I _____ hereby authorize Kids R Kids to request medical information for my child _____, date of birth: _____ that is enrolling in this childcare facility.

Please fax the completed Health Information Form and/or the immunization record to the school.

If you have any questions regarding this request, please contact me at _____.

Parent Signature

_____ Health Information Form to be Completed by Physician (attached) (please fax to 281-575-7818)

_____ Immunization Record (please fax to 281-575-7818)



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AUTHORIZATION FOR RECURRING DIRECT PAYMENTS (ACH DEBITS)

Merchant Name: DNAT Corporation dba Kids R Kids 25 TX
Address: 11118 Hwy. 6 South
Sugar Land, TX 77498
Phone: 281-575-0011

RE: ACH Authorization for Recurring Charges

In consideration of the services provided to me by Kids R Kids 25TX. I hereby authorize Kids R Kids 25TX to initiate a debit entry to my account indicated below at the depository financial institution named below 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. I agree to notify Kids R Kids 25TX of any change to the payment account designated above from which the funds are to be debited within two weeks, or as soon as possible from the effective date of such change. I understand that failure to do so may delay receipt of funds to Kids R Kids 25TX and that I will be responsible for any resulting late fees or returned item fees.

Depository Bank Name: _____

Branch (City, State, Zip): _____

Account Number: _____ Routing Number: _____

☐ Checking ☐ Savings

Frequency: Weekly (on Friday)

Amount: Current balance as of Monday for the following week (may include annual enrollment fee, late pickup fees, school holiday fees, unpaid returned items, etc.)

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.

Your Name: _____

(Please Print)

Date: _____

Signature: _____

PLEASE PROVIDE A VOIDED CHECK