



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 _____	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Home Address _____	Home Phone _____
	Cell Phone _____
Place of Employment _____	Business Phone _____
Email Address _____	Parent Date of Birth _____
	Parent Social Security _____
Parent/Guardian Name _____	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Home Address _____	Home Phone _____
	Cell Phone _____
Place of Employment _____	Business Phone _____
Email 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



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Parental/Guardian Agreement with Kids 'R' Kids #12

- 1. Kids 'R' Kids #12 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 by Monday close of business every week.
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. I also understand that no outside food is allowed (preschool and school age only).
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 # 12 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





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## Health and Emergency Permission

This form must be completed for all enrolled children

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

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

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

<b>Emergency Contacts</b>			
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



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### Transportation Agreement

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

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

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

**Kids 'R' Kids #12 emergency transportation/medical procedure:**

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

**Emergency Medical Facility the center uses: Gwinnett Medical Center (Lawrenceville)**

**Address: 1000 Medical Center Blvd Lawrenceville, GA 30046 Phone: 678.312.1000**

I, \_\_\_\_\_ give permission for Kids 'R' Kids #12 to seek medical attention and /or transport my child \_\_\_\_\_, in the event of any emergency if I cannot be reached. I further agree to keep the facility informed of any changes in the information below.

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

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

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

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

- In the event the designated location is unable to receive children they will be returned to Kids 'R' Kids #12.
- It is vital that Kids 'R' Kids #12 be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids #12 will assume the above schedule of transportation will be followed unless we receive different instructions from parents. Instructions should be received at Kids 'R' Kids #12 by the earliest possible time.

I, \_\_\_\_\_ agree for my child to be transported by Kids 'R' Kids #12.

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

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

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

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

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

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

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





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### 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 #12, 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



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### Child Profile

Indicator 3.06 AdvancED

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 their new classroom.

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

Child's living arrangements: ( ) Both Parents ( ) Mother ( ) Father ( ) Other

What is the primary language spoken in the home? \_\_\_\_\_

Family Members in the household: \_\_\_\_\_  
\_\_\_\_\_

Is this your child's first experience in group care? ( ) Yes ( ) No

What milestone(s) has your child reached? \_\_\_\_\_  
\_\_\_\_\_

Please list any special accommodations needed to most effectively meet your child's needs while at this school:

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

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

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



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Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel 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 Kids R Kids #12, 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

\_\_\_\_\_ Bactine or similar first aid spray

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Insect Repellent

\_\_\_\_\_ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

\_\_\_\_\_ Baby Powder

Other (please specify) \_\_\_\_\_

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

\_\_\_\_\_  
Date



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### Child Allergy Profile

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

Allergy: \_\_\_\_\_

Symptoms of Allergic Reaction:

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

Emergency Care Plan:

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

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

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

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

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





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### Credit Card Authorization For Payment on Returned Checks and Past Due Accounts

We require a major credit card number to be placed in our file. We will only charge your card in the event of your check being returned for any reason or if you withdraw your child and leave a balance on your account. Then we will charge you for your full balance, or for the returned check amount including a return check fee of \$35.00 and a late fee of \$20.00, unless prior agreements are made. In the event your card is declined for payment and prior agreements are not made with us, we will not be able to continue service the next day and/or until your account is paid in full. If payment is not made within the agreed upon period, your balance plus 45% will be sent for collection.

Please provide credit card information below:

Type: Master Card    Visa    American Express    Discover

Expiration Date: \_\_\_\_/\_\_\_\_

Three Number Code on the back of the card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

By signing this you agree to this entire letter and purpose.

Thank you for your cooperation,

KidsRKids Management

### Acknowledgement and Receipt of Family Handbook

The registration of a child is considered an acceptance, on his/her part and on the part of his/her families or guardians, of the terms and conditions of the Family Handbook and all of our School's rules and regulations, including the School's judgment on disciplinary sanctions or dismissal of a child.

The rules and regulations contained in this Handbook are not meant to be comprehensive. Rather, they presuppose the good will and judgment of a child in all circumstances in which he/she may find himself/herself and are subject to the School's ultimate discretion, judgment and interpretation.

Children and families or guardians are asked to familiarize themselves with all of the information contained in this Family Handbook and to sign this form.

We have read, understood and agree to abide by and honor all statements and provisions set forth in the Family Handbook or as they may be changed from time to time by the School.

_____ Child	_____ Age	_____ Date
_____ Family Member or Guardian	_____ Relationship	_____ Date

(School File Copy)

### Acknowledgement and Receipt - Discipline and Behavior Management Policy

Praise, positive reinforcement, and redirection are effective methods for the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy taken from the Kids 'R' Kids Parent Handbook and the NAEYC Code of Ethics.

At Kids 'R' Kids Learning Academy we use a method of 'redirection' to guide children toward appropriate behavior. If a child is engaged in behavior that is not conducive to a safe and happy learning environment, the teacher will "redirect" the child toward appropriate behavior.

"Above all, we shall not harm children. We shall not participate in practices that are disrespectful, degrading, dangerous, exploitative, intimidating, emotionally damaging, or physically harmful to children." (NAEYC Code of Ethics - Principle-1.1)

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I, the undersigned parent or guardian of \_\_\_\_\_ (print child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Signature of Director (or designated staff member): \_\_\_\_\_





Center: Kids R Kids #12 CACFP Meal Benefit Income Eligibility Statement\*

PART I: Child(ren) or Adult enrolled to receive day care

Table with columns for Name, DOB, SNAP/TANF/FDPIR case number, and categories: Head Start, Foster Child, Migrant, Runaway, Homeless.

PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

A. Child Income - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often?

Table for household members with columns: Name of Other Household Members, 1. Earnings from work before deductions, 2. Welfare, child support, alimony, 3. Social Security, pensions, retirement, 4. All other income.

C. Total Household Members (Adults and Children) listed in Part I and Part II

Social Security Number. If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below.

Last four Digits of Social Security Number XXX-XX-XXXX I do not have a Social Security Number

PART III: Enrollment Information: Children Only

My child is normally in attendance at the facility between the hours of 6 am [am/pm] to 7 pm [am/pm]. Circle the days your child will normally attend the center: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Circle the meals your child will normally receive while in care: Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART IV: Signature

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information.

Signature: X Print Name: Date: Address: City: State: Zip: Phone:

PART V: Participant's Ethnic and Racial Identities (optional)

Check (✓) one ethnic identity: Hispanic/Latino Not Hispanic/Latino Check (✓) one or more racial identities: Asian White Black or African American Indian or Alaska Native Hawaiian or other Pacific Islander

Official Use Only Section for Provider: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total income: Per: Week Every 2 weeks Twice a month Monthly Year Household Size: Categorical Eligibility: check (✓) if applicable Eligibility: check (✓) one Free Reduced Paid Day Care Homes Only: check (✓) one Tier I Tier II

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: Date: Confirming Official's Signature: Date: Follow Up Official's Signature: Date: