



Kids 'R' Kids Learning Academy of Prairie Hills

2201 W Trevi Pl

Sioux Falls, SD 57108

Phone: 605-215-1341 Email: [info@kidsrkidspairiehills.com](mailto:info@kidsrkidspairiehills.com)

### General Information

Center Hours:	7:00 AM – 6:00 PM
Owners:	Mike and Leslie Smith
Meals:	Breakfast is at 7:30 AM. Morning snack, lunch, and afternoon snack times varies by classroom.
Curriculum:	Kids 'R' Kids International provides each franchise with an excellent curriculum that includes Brain Waves, STEAM and Technology related activities.
Security:	Our entry door is always locked, and keypad operated.
Tuition:	Tuition is due each Friday for the following week. Payments can be made with check, credit card, or ACH. Accounts with a remaining balance at the close of the business day on Monday will incur a \$50 late fee. Tuition is based on your reserved spot, not on days attending. Sick or vacation days missed are not prorated.
Enrollment:	A one-time, non-refundable registration fee is due at the time your registration is received. Current immunizations are required upon enrollment.
Closures:	<p>The School will be closed for the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, the Friday after Thanksgiving, Christmas Eve, and Christmas Day. We will alert you if we will be closed additional days before or after New Year's or Christmas.</p> <p>We will also be closed for teacher professional development days a minimum once in the spring and once in the fall.</p> <p>You will be notified as soon as possible if we incur delays or closures due to inclement weather.</p> <p>Tuition will not be prorated on any of these weeks.</p> <p>School-aged children who are in attendance for full days that do not normally attend full days, will incur an extra charge. See the front desk for more information.</p>
Illness:	Although it is a priority to keep parents at work when a child does not feel well, we will send children home who: have a temperature of 100.4 or higher or have been vomiting or had diarrhea. Children may only return with a doctor's note or when they have been symptom-free for 24 hours. State regulations require us to send home any student that has been diagnosed with a communicable disease.

**I have read the policies regarding payment of tuition fees and understand the policies as stated above.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*This form was developed by Kids 'R' Kids International, Inc. and edited to meet the requirements of Kids 'R' Kids of Prairie Hills.*

KRKPH/MS/5/2022



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### Center Policies

1. I agree to provide the School with all information pertaining to medications for my child.
2. I understand that my child will be provided with breakfast, all snacks and a nutritious lunch served daily during their hours of attendance if a full-time student.
3. I understand that a team member will escort my child into and out of the School when being transported by KKK transportation.
4. If my child wears diapers, I understand that it is my responsibility to provide the center with the necessary amount of disposable diapers and wipes for my child each day/week. I will also provide topical cream if I so desire and understand I need to fill out medication authorization before it can be applied.
5. I understand that I must inform the School of ANY special diet required for my child. Special diets include but aren't limited to allergies, vegetarian, and any religious preferences. (To prevent allergic reaction to newly introduced foods for infants, we ask that parents provide the School with baby food that has already been tried by the child at home. Each jar is to be unopened and labeled with the child's full name.) (Nut products are not allowed in the building under any circumstances. I further understand that if a special diet is required, I may incur an additional fee. No outside food or drink (other than water) is allowed inside the School above Suite 150.
6. Transportation is provided to and from school and on planned field trips with parental permission. A separate form and signature will be required for this service. School transportation agreements will be signed once each school year. I give my consent for my child to be transported in case of an emergency.
7. Should my child become ill or suffer a serious injury during the time he or she is in the care at Kids 'R' Kids, the School shall undertake to contact me immediately. The School shall be authorized to secure such medical attention and care for my child as may be necessary. (The parent will assume responsibility for payment.)
8. I agree to keep the School informed as to changes in telephone numbers, addresses, etc. where I may be reached.
9. I understand that Kids 'R' Kids of Prairie Hills, while a Kids 'R' Kids franchise, is independently owned and operated, I further understand that if my child has not been picked up by 6:30pm and all attempts to reach me and all my emergency contacts fail, Kids 'R' Kids will call the police.
10. I understand that Kids 'R' Kids of Prairie Hills is not responsible for ANY personal items that are left, lost, damaged, and or stolen. This includes but is not limited to clothes, toys, backpacks, etc.
11. Should my child have any allergies or special needs, I understand and agree that a picture will be displayed in the allergy area of the classroom and kitchen to help substitutes and teachers identify my child for safety reasons.

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Signature

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Date

## Enrollment Application

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

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

### Child

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

Child's Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

### Parent/Guardian(s)

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

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

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

Email \_\_\_\_\_

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

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

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

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

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

Email \_\_\_\_\_

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



### Child Profile

For children ages 1 and up

A new form is required with each classroom transition

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. List any nicknames your child may have. \_\_\_\_\_

2. Has your child had previous group care experiences? Yes\_\_\_\_ No\_\_\_\_  
Explain: \_\_\_\_\_

3. What language(s) is spoken in your home? \_\_\_\_\_

4. What words are spoken in your home for toileting? (if applicable)  
\_\_\_\_\_

5. Does your child play with other children? Yes\_\_\_\_ No\_\_\_\_

6. List the names and ages of siblings.  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you have pets at home? ☐Yes ☐ No If yes, please list type of pet and name.  
\_\_\_\_\_

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

9. What would you like most for your child to experience with us?  
\_\_\_\_\_  
\_\_\_\_\_

10. What does your child enjoy doing?  
\_\_\_\_\_  
\_\_\_\_\_

11. Does your child have any fears?  
\_\_\_\_\_  
\_\_\_\_\_



12. Do you consider your child shy or outgoing?  
\_\_\_\_\_  
\_\_\_\_\_
13. What are your child's favorite toys?  
\_\_\_\_\_  
\_\_\_\_\_
14. About what things does your child express the most curiosity?  
\_\_\_\_\_  
\_\_\_\_\_
15. Does your child take a pacifier? (if applicable) \_\_\_Yes \_\_\_No When?  
\_\_\_\_\_
16. How often and how long does your child nap? (if applicable)  
\_\_\_\_\_
17. Does your child need a favorite item (such as a blanket or stuffed animal) for a nap  
Yes\_\_\_\_\_ No\_\_\_\_\_
18. How many hours does your child sleep at night? \_\_\_\_\_
19. Does your child have allergies? Yes\_\_\_\_\_ No\_\_\_\_\_  
Explain: \_\_\_\_\_
20. Does your child have any special medical or physical needs? Yes\_\_\_ No\_\_\_  
Explain: \_\_\_\_\_
21. What words are spoken in your home to describe everyday things (I.e. toileting, nap, eat, play and outside)?  
\_\_\_\_\_  
\_\_\_\_\_
22. List any additional care plan instructions?  
\_\_\_\_\_  
\_\_\_\_\_
23. Are you available to help us with field trips or other special events? Yes\_\_\_\_\_ No\_\_\_\_\_

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

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

## Parental/Guardian Agreement with Kids 'R' Kids of Prairie Hills

1. Kids 'R' Kids of Prairie Hills 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 as well as a registration fee of \$150 that will be due annually. Payment will be due on the first week of March.
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 #, Allergy Action Plan, 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: \_\_\_\_\_  
 The following special accommodation(s) may be required to meet my child's needs most effectively 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 and will provide a doctor's note indicating so. 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 every two hours, or 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 field trip.
11. I give consent for my child to participate in the following water activities: ☐ water table play, ☐ sprinklers, ☐ slip and slide.
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 100.4 degrees, severe headaches, upset stomach or diarrhea, he or she cannot be accepted into the school until 24 hours well without symptoms or medication. In the event my child has a notifiable disease, a release form from a medical source may be required before my child can re-enter 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 of Prairie Hills is 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 team member will escort my child into the school when being transported from school by 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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### **Policies Regarding Health**

In our School, we have very specific guidelines for parents to reference regarding health. These policies are intended to be very clear on what issues make it necessary for your child to be kept out of school. It is our hope that these policies address all concerns from parents and team members. Administered correctly and fairly, they should protect the best interest of **ALL** our children, well and ill, as well as our team members. To keep the children healthy and maintain a safe environment, we ask for your help with the following guidelines.

- Please do not send an ill child to school. Small children are prone to infection because their immune systems are not fully developed. One sick child place all the other children at risk.
- A child with a fever of 100.4 degrees or higher will be sent home. It is required that the child be kept out of school until he/she has been fever-free for 24 hours.
- A child showing signs of the following symptoms will be sent home:
  - Diarrhea or vomiting
  - Deep or hacking cough, or a sore throat
  - Continuous runny nose with a yellow or green color
  - Any suspicious rash that has **NOT** been diagnosed by a physician
  - Undiagnosed and untreated pink, swollen, or matted eyes
- A child may return to school when any of the following occur:
  - Temperature has been normal for 24 hours without fever reducer.
  - Active signs of illness (diarrhea, vomiting, rash, etc.) have been gone for 24 hours.
  - Return to school release form from the physician stating he/she is **NOT** contagious.

*(Please note: Your child **MUST** be picked up within **two hours** after being contacted. A child may return to school with secondary symptoms from colds and flu, as they may linger for several weeks without the child being contagious)*

- All over the counter medication **MUST** be in its original container labeled with the child's full name. Over the counter medications can **ONLY** be administered in amounts according to the label directions and **MUST** have a return to school release form from the physician that says he/she is not contagious.
- All medicine **MUST** have a Medication Authorization form filled out with the dosage amounts, times to be given, and the parent's signature. Authorization form to dispense over the counter medication expires **2 weeks** from signature date.
- Medications will be administered at 11:00am and 3:00pm each day. Please try to coordinate your child's morning dose with these dosage times.

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Parent Signature

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Date



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## 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 _____	Name of Hospital or Clinic _____	Full Address _____	Telephone _____
Dentist:			
Name _____	Name of Dental Practice _____	Full Address _____	Telephone _____
Health Insurance Provider:			
Name _____	Full Address _____	Telephone _____	
Does your child have special needs (serious illness, injuries, physical problems, mental health disorders, mental retardation of development disabilities) 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			
Is your child on prescribed medication for Illness/Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> 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



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### **Discipline and Behavior Management Policy**

Praise, positive reinforcement, and redirection are effective methods for 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 Kids 'R' Kids parent handbook and the NAEYC code of ethics.

At Kids 'R' Kids, 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 will 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 of guardian of \_\_\_\_\_ (print child's full name), do hereby state that I have received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director (or the other designated Leadership team member) has discussed the facility's Discipline and Behavior Management Policy with me.

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

\_\_\_\_\_  
Signature of Parents or Guardian

\_\_\_\_\_  
Signature of Director (or designated Leadership team member)



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### **Photo Release**

I hereby assign and grant to the photographer, or those for whom the photographer is acting as indicating above, the right and permission to copyright and/or use and/or publish, and republish, photographic pictures and portraits of the minor named below in which said minor may be included in whole or in part, in color or black and white, made through any media by the photographer at his studio or elsewhere, including the use of any printed matter in conjunction with such photographs.

I hereby waive my right to inspect and/or improve the finished or advertising copy or printed matter that may be used in conjunction with such photographs, or to the eventual use that is 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 actin, from and against any liability because 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 full age and competent to contract for the minor named below in so far as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents thereof.

\_\_\_\_\_  
Minor's Name

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

\_\_\_\_\_  
Date

### **Photo Posing Permissions**

I hereby give specific permission to post my child's picture (check applicable boxes):

- ☐ On the Kids 'R' Kids of Prairie Hills Facebook and Instagram sites
- ☐ On the Kids 'R' Kids of Prairie Hills website
- ☐ I do not wish for my child's picture to be posted on the Kids 'R' Kids of Prairie Hills social media pages and website

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

\_\_\_\_\_  
Date

### **Movie Release**

Kids 'R' Kids of Prairie Hills periodically shows movies that are theme related to the curriculum. We may also have a "movie day" for entertainment purposes for our **2-year old's and older** on inclement weather days. (check applicable boxes):

- ☐ My child has my permission to watch PG-rated movies while at Kids 'R' Kids of Prairie Hills.
- ☐ My child does not have my permission to watch PG-rated movies while at Kids 'R' Kids of Prairie Hills.

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

\_\_\_\_\_  
Date



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## Transportation Agreement

**The following information is required to be updated by Kids 'R' Kids annually and when transportation situation changes**

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

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

### Kids 'R' Kids of Prairie Hills emergency transportation/medical procedure:

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

The Emergency Medical Facility the Academy uses: Avera Heart Hospital

Address 4500 W 69<sup>th</sup> St, Sioux Falls, SD 57108

Phone 605-977-7000

I, \_\_\_\_\_ give permission for Kids 'R' Kids of Prairie Hills to seek medical attention and /or transport my child \_\_\_\_\_, in the event of any emergency. I further agree to hold harmless and release Kids 'R' Kids of Prairie Hills and Kids 'R' Kids International, Inc. from all liability. 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 immediately*

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 of Prairie Hills.
- It is vital that Kids 'R' Kids of Prairie Hills be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids of Prairie Hills will assume the above schedule of transportation will be followed unless we receive different instructions from parents in writing. Instructions should be received at Kids 'R' Kids of Prairie Hills by the earliest possible time before scheduled pickup or drop off.

I, \_\_\_\_\_ agree for my child to be transported by Kids 'R' Kids of Prairie Hills.

☐ To school at \_\_\_\_\_ (am/pm)

☐ From school at \_\_\_\_\_ (am/pm)

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

☐ I give permission for my child to attend field trips that require transportation in Kids 'R' Kids of Prairie Hills vehicles.

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

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

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

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



# WHAT TO BRING ON YOUR FIRST DAY

The first day at a new school can be overwhelming, so we've compiled a list of items that you will need to bring. Infant parents may even want to bring in some items the week before to make the first drop off a little easier.

## Infants

6 weeks to 12 months

- Diapers/Wipes (labeled)
- Diaper Rash Ointment (labeled)
- Cereal & Jars of Baby food (labeled & dated)
- Pre-made bottles (labeled & dated)
- Changes of clothing (labeled)
- Infant Information Sheet
- OTC authorization form

## Toddler & Twos

12 months to Two years

- Diapers/Pull-ups/Wipes (labeled)
- Diaper Rash Ointment (labeled)
- Change of clothing, size and weather appropriate (2 sets and labeled)
- Blanket (labeled)
- OTC authorization form

## Preschoolers

Three to Five years

- Pull-ups/wipes (as needed & dated)
- Blanket (labeled)
- Change of clothing, size and weather appropriate (labeled)

As always, if you have any questions do not hesitate to contact us. We look forward to seeing you on your first day!

# 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
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

ROUTING  
NUMBER

ACCOUNT  
NUMBER

CHECK  
NUMBER

#### FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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**IMPORTANT NOTICE:** WatchMeGrow provides this sample for informational purposes only and makes no claims, representations or warranties regarding its sufficiency or compliance with applicable law in any jurisdiction. This sample is provided “as is” and is provided for Center’s convenience only. Any use of this sample is at Center’s own risk. WatchMeGrow disclaims all liability or losses in connection with Center’s use of this sample. In addition, local law may place certain obligations on you regarding signage or other compliance obligations that may not be satisfied by this form. Note that a consent may be required for ALL individuals present on Center property (including visitors and employees), and not just parents. You should consult with local counsel prior to using this sample in any manner.

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## VIDEO/AUDIO RECORDING ACKNOWLEDGEMENT & CONSENT FORM

**About Our Services.** Kids ‘R’ Kids of Prairie Hills (the “Center”) offers WatchMeGrow video services which provides (a) families with the opportunity to view their children online and share in their day via streaming video (“Video Streams”) and (b) administrators of Center with the ability to view and listen, only at applicable locations where such recording is enabled, to the activities of all individuals on their premises for their internal purposes (“Recordings”). If you would like more information about WatchMeGrow please contact WatchMeGrow Customer Support at [www.watchmegrow.com/support](http://www.watchmegrow.com/support). In consideration for the services provided by Center, I hereby agree to the following:

1. I hereby expressly confirm my consent to the streaming and recording of video and audio, where the Recordings are applicable, of myself and my child while on Center premises as referenced above for the Video Streams and Recordings. I understand and agree that the Video Streams and Recordings may capture sensitive information about me or my child, including my and my child’s presence on Center premises, and that neither I nor my child has an expectation of privacy on the Center premises as it pertains to the Video Streams and Recordings.
2. I hereby expressly grant permission to Center to film and record either me or my child, and to use my, or my child’s, likeness and other personal characteristics in connection with the WatchMeGrow Video Streams and Recordings. Further, I hereby irrevocably permit the Center, its affiliates, licensees, agents and assigns to (a) use and display, distribute, and perform the Video Streams via WatchMeGrow’s online services, including any likenesses of me and my child, for purposes of providing WatchMeGrow’s services, including, providing Center customers with real-time access to the Video Streams and (b) use, display, distribute, perform and store the Recordings for WatchMeGrow’s business purposes, including for purposes of permitting Center administrators to monitor the video for internal purposes. You further acknowledge and agree that other children may be visible in connection with the WatchMeGrow services and that you will not record, copy or share their images.
3. I hereby release and discharge Center and WatchMeGrow from any and all liability arising out of my participation in the Video Streams and Recordings referenced above, including but not limited to my rights of privacy or publicity or copyright. I hereby acknowledge and agree that the Recordings are the sole

property of Center. By executing this consent, I also hereby release Center and WatchMeGrow from any and all claims, demands, liabilities, suits, judgments, damages, actions or other rights that I, or my child, have, or in the future may have, arising out of or from the collection and use of such Video Streams and Recordings.

4. I agree that the Center is and will be the sole and exclusive owner of all right, title, and interest in and to the Video Streams and Recordings, including without limitation all copyrights and other intellectual property rights therein, in perpetuity throughout the world.
5. This Authorization, Consent and Release will be governed in accordance with the law of the State of South Dakota without giving effect to any conflicts of laws principles that may require the application of the laws of a different jurisdiction. You expressly agree that the releases set forth herein are intended to be as broad and inclusive as permitted by South Dakota law. Any claims relating hereto will be brought in the state and federal courts in South Dakota and I hereby submit to personal jurisdiction in such venue. I hereby waive any and all equitable and injunctive rights and acknowledge that my sole remedy for a breach of this release or otherwise shall be an action at law for damages.
6. I verify that I have authority to enter into this agreement and that I and my heirs, and my child, will be bound by its terms. This Consent contains the full terms of my authorization, consent and release intended hereby and may not be changed except in writing signed by both Center and me.

**Acknowledgement.** I acknowledge and agree that Center (a) may record video and audio IN THE FORM OF THE RECORDINGS, WHERE APPLICABLE, of myself and my child while on Center premises FOR THEIR INTERNAL ADMINISTRATIVE USE and (B) may stream THE LIVE VIDEO STREAMS via the WatchMeGrow service TO CENTER CUSTOMERS. I represent and warrant that I HAVE CAREFULLY READ THIS CONSENT AND UNDERSTAND THAT IT IS A RELEASE OF ANY RIGHT I MIGHT HAVE TO BRING CERTAIN LEGAL ACTION AND THAT I AGREE TO BE BOUND BY THESE TERMS.

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Your Name

Your Signature

Today's Date

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Your Name

Your Signature

Today's Date