Kids R Kids Learning Academy

Distribution
- *Child's File*

Enrollment Application

Entrance Date ___/___/___ Withdrawal Date ___/___/___

Child

Child's Full Name _____ Age ___ Gender_____ Date of Birth ___/___/____

Child's Home Address _____ Home Phone _____

_____

Parent/Guardian(s)

Parent/Guardian Name_____ ☐ Parent ☐ Guardian

Home Address _____ Home Phone _____

_____ 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

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

Kids 'R' Kids Learning Academy

Distribution
- *Child's File*

Parental/Guardian Agreement with Kids 'R' Kids #63

1. Kids 'R' Kids #63 agrees to provide child care for _____ on M – Tu – W – Th – F from 7:00 am to 6:00 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 $_____ that will be due annually. Payment will be due on _____.
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: _____

   _____.
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.
8. 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.
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 fieldtrip.
12. I give consent for my child to participate in the following water activities: ☐ water table play, ☐ sprinklers, ☐ slip and slide.
13. 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).
14. 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 100.3 degrees, severe headaches, upset stomach or diarrhea, he or she cannot be accepted into the school until well (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.
15. I understand that Kids 'R' Kids # 63 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.
16. 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.
17. 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.
18. 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

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

Kids R Kids Learning Academy

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

Health and Emergency Permission

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

Child

Child's Full Name _____ Age _____ Gender_____ Date of Birth ___/___/____

Child's Home Address _____ Home Phone _____

Parent/Guardian(s)

Parent/Guardian Name_____ Phone 1: _____ Phone 2: _____

Parent/Guardian Name_____ Phone 1: _____ Phone 2: _____

Medical Information

Doctor to be contacted when parents cannot be reached:
Name Full Address Telephone

_____

Dentist:
Name Full Address Telephone

_____

Health Insurance Provider:
Name Full Address Telephone

_____

Does your child have special needs affecting participation in school activities? ☐ Yes ☐ No
Specify: _____

Does your child have allergies? ☐ Yes ☐ No
Is your child on prescribed medication for Illness/Allergies? ☐ Yes ☐ No
Specify: _____

Actions Taken: _____

_____

Weight of Child: _____

Emergency Contacts

The child may be released to the person(s) signing this agreement or to the following with photo ID:
Name Address Telephone Relationship

_____

_____

Emergency contact(s) when parents cannot be reached:
Name Address Telephone Relationship

_____

_____

_____ ____/____/____
Parent/Guardian Signature Date

_____ ____/____/____
Owner/Director Signature Date

Kids R Kids Learning Academy

Distribution
- *Child's File*
- *Transportation Log*

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 63 **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.

Emergency Medical Facility the center uses: Methodist Richardson Medical Center

Address 2831 E President George Bush Hwy, Richardson, TX 75082 Phone (469) 204-1000

I, _____ give permission for Kids 'R' Kids 63 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 63 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_____.
- It is vital that Kids 'R' Kids_____ be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids_____ 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_____ by the earliest possible time before scheduled pickup or drop off.

I, _____ agree for my child to be transported by Kids 'R' Kids_____

☐ **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

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

Kids R Kids Learning Academy

Distribution
- *Child's File*
- *Infant/Toddler Classroom Forms*
- *Pre-School/School-Age Classroom Forms*

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
3. What language(s) is spoken in your home? _____
4. List the names and ages of siblings.

   _____

   _____
5. Do you have pets at home? □Yes □ No If yes, please list type of pet and name.

   _____
6. What words are spoken in your home to describe everyday things (I.e. toileting, nap, eat, play and outside)?

   _____

   _____

   _____

   _____

_____ ___/___/___
Parent/Guardian Signature Date

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

INFANT AND TODDLER SCHEDULE

(For children 6 weeks to 18 months)

Instructions to Parents/Guardians:

- Formula bottles must be pre-mixed, 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 child's full name and date of collection.
- Update diet information needed or every 30 days. Initial date changes on this form.

Does your child self-feed? ☐ YES ☐ NO

Does your child's bottle/food need to be heated? ☐ YES ☐ NO

Feeding recommendations from pediatrician_____

Known Allergies/Dietary Restrictions _____

Child's diet includes (check all that apply)			
☐ Formula (type: _____)	Bottles Formula Amount: _____		☐ Juice
☐ Mother's Milk	Mother's Milk Storage ___Bottles ___Disposable Nurser Bags ___ Milk Amount_____		
☐ Supplement (Type: _____)	☐ Strained Foods	☐ Table Foods	☐ Bottled Water

Feeding	Time of day	Type of Food	Amount of Food
ex. Breakfast	*8:00am*	*Peaches and Oats Baby Food Pouch*	*1 Pouch*
ex. Meal One	*7:00am*	*Baby Formula Bottle*	*6 ounces*

Initial/Date changes to dietary information:

Jan	Feb	Apr	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Sleeping Times: _____ **Routine:** _____

Elimination: Color: _____ Consistency: _____ Creams/Ointments: _____

Recommended times of changes: _____

Additional Information:

Form of discipline used at home: _____

Languages spoken at home: _____

Are there any indications of developmental, vision, hearing, or speech delays? _____

Printed Name: _____ Parent/Guardian Signature: _____ Date: _____

CACFP Food Program Enrollment Form

Center Name: Kids R Kids Richardson
Phone Number: (972) 235-5437

Child 1

1 – Child's Name:	
2 – Date of Birth:	
3 – Enrollment Date:	
4 – Days in Care: ☐ *Monday* ☐ *Tuesday* ☐ *Wednesday* ☐ *Thursday* ☐ *Friday* ☐ *Saturday* ☐ *Sunday*	
5 – Start Time in Care:	☐ *AM* ☐ *PM*
6 – End Time in Care:	☐ *AM* ☐ *PM*
7 – Meals Served to Child While in Care: ☐ *Breakfast* ☐ *AM Snack* ☐ *Lunch* ☐ *PM Snack* ☐ *Supper* ☐ *EV Snack*	
(For Office Use Only) **Withdrawal Date:**	

Child 2

1 – Child's Name:	
2 – Date of Birth:	
3 – Enrollment Date:	
4 – Days in Care: ☐ *Monday* ☐ *Tuesday* ☐ *Wednesday* ☐ *Thursday* ☐ *Friday* ☐ *Saturday* ☐ *Sunday*	
5 – Start Time in Care:	☐ *AM* ☐ *PM*
6 – End Time in Care:	☐ *AM* ☐ *PM*
7 – Meals Served to Child While in Care: ☐ *Breakfast* ☐ *AM Snack* ☐ *Lunch* ☐ *PM Snack* ☐ *Supper* ☐ *EV Snack*	
(For Office Use Only) **Withdrawal Date:**	

Child 3

1 – Child's Name:	
2 – Date of Birth:	
3 – Enrollment Date:	
4 – Days in Care: ☐ *Monday* ☐ *Tuesday* ☐ *Wednesday* ☐ *Thursday* ☐ *Friday* ☐ *Saturday* ☐ *Sunday*	
5 – Start Time in Care:	☐ *AM* ☐ *PM*
6 – End Time in Care:	☐ *AM* ☐ *PM*
7 – Meals Served to Child While in Care: ☐ *Breakfast* ☐ *AM Snack* ☐ *Lunch* ☐ *PM Snack* ☐ *Supper* ☐ *EV Snack*	
(For Office Use Only) **Withdrawal Date:**	

Child 4

1 – Child's Name:	
2 – Date of Birth:	
3 – Enrollment Date:	
4 – Days in Care: ☐ *Monday* ☐ *Tuesday* ☐ *Wednesday* ☐ *Thursday* ☐ *Friday* ☐ *Saturday* ☐ *Sunday*	
5 – Start Time in Care:	☐ *AM* ☐ *PM*
6 – End Time in Care:	☐ *AM* ☐ *PM*
7 – Meals Served to Child While in Care: ☐ *Breakfast* ☐ *AM Snack* ☐ *Lunch* ☐ *PM Snack* ☐ *Supper* ☐ *EV Snack*	
(For Office Use Only) **Withdrawal Date:**	

By signing this form, I acknowledge that I have received the enrollment and income form for the CACFP, as well all supplemental information, including Form 1625A, Letter to Households, Building for the Future and WIC flyers.

Did you complete **all 7 steps** for **each child**?	**8 – Signature – Parent or Guardian**	**9 – Date of Signature**
	Parent/Guardian Email Address	**Parent/Guardian Phone No.**

This center's CACFP is operated in accordance with the USDA's policies and does not permit discrimination on the basis of color, sex, disability, national origin, age, religion, or political beliefs. Complaints regarding discrimination should be forwarded to the following parties: (1) TDA, Civil Rights Dept, Austin, TX 78714 or (2) USDA, Office of Civil Rights, Washington, DC 20250- 9410.

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren): _____

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**
NAME: _____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____
Check here if no eligibility number ☐

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List **only** household members with income)	**B. Gross income and how often it was received** **Note:** Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) Jane Smith	$200/weekly	$150/twice a month	$100/monthly	$200/bi-monthly
	$____/____	$____/____	$____/____	$____/____
	$____/____	$____/____	$____/____	$____/____
	$____/____	$____/____	$____/____	$____/____
	$____/____	$____/____	$____/____	$____/____
	$____/____	$____/____	$____/____	$____/____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)
An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

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. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - ____ ☐ I do not have a Social Security Number

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
☐ Hispanic or Latino	☐ Asian	☐ American Indian or Alaska Native
☐ Not Hispanic or Latino	☐ White	☐ Native Hawaiian or Other Pacific Islander
	☐ Black or African American	

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

☐ **I do elect to allow my household information to be disclosed.**

☐ **I do not elect to allow my household information to be disclosed.**

Don't fill out this part. This is for official use only.

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, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___ Tier I_____ Tier II____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date:_____

Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Biting Policy

In even the best preschool settings, periodic outbreaks of biting occur among infant and toddlers, and sometimes even among preschoolers. Understand that this is not an unusual phenomenon among children who are going through the oral stage of their development. Children bite for a variety of reasons: simple sensory exploration, panic, crowding, teething, seeking to be noticed or intense desire for a toy. Repeated biting becomes a pattern of learned behavior that is often hard to extinguish because it does achieve results: the desired toy, excitement, and attention.

Our policy regarding biting is in place for situations that fall into two categories. The first is unprovoked bites; often children under the age of three that have not developed verbal skills. The second is unwarranted bites; biting that occurs in an aggressive nature when children have developed verbal skills enough to use language to express their feelings rather than biting. In all cases, the incident will be looked at intensively for any patterns in an effort to prevent further biting behavior.

1. **Biting Policy for Children Under the Age of Three:**
   - 1.1. When a child under the age of three bites *three times in a five day attendance period:* parents will be visited with and any relevant suggestions we can make will be discussed.
   - 1.2. If a child repeats the same pattern again within a 30 day period, a parent/teacher conference will be arranged and a plan of action will be constructed.
   - 1.3. If a child repeats the same pattern a third time, parents are asked to make arrangements for one week furlough from the center to give the child a break from biting as a "habit." (1st furlough)
   - 1.4. If the child returns from the first furlough and repeats the same pattern (3 bites/5days), we must dis-enroll the child for two weeks. (2nd furlough)
   - 1.5. If the child returns from their second furlough and repeats the same pattern (3 bites/5days), we must dis-enroll the child for thirty days. (3rd furlough)
   - 1.6. After a child returns from their 3rd furlough and repeats the same pattern (3 bites/5days), we must permanently dis-enroll the student until they reach the age of three.

2. **Biting Policy for Children Age Three and Older**
   - 2.1. When a child three or older bites *one time in a five day attendance period;* parents will be visited with and any relevant suggestions we can make will be discussed.
   - 2.2. We will then follow the policies state above with the exception that one bite in a five day period (1 bite/5 days) will warrant the next step in our policy to be taken.
   - 2.3. If after the 3rd furlough the child repeats that same pattern (1 bite/5days), we must permanently dis-enroll the child. It will be at the owner's discretion if the child may return in the future.

Child Name: _____

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

Kids R Kids
Discipline and Guidance/Conduct Policy

Discipline must be individualized and consistent for each child, appropriate to the child's level of understanding and directed toward teaching the child acceptable behavior & self-control.
A caregiver may only use positive methods of discipline and guidance that encourages self-esteem, self-control, and self-direction, which include at least the following:

- Using praise and encouragement instead of focusing on unacceptable behavior
- Reminding a child of behavior expectations daily, using clear positive statements
- Redirecting a child using positive statements
- Using brief supervised separation or time out from the group, when appropriate for the child's
- age and development, which is limited to no more than one minute per year of the child's age.
- There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
- Corporal punishment or threats of corporal punishment
- Punishment associated with food, naps, or toilet training
- Pinching, shaking or biting a child
- Hitting a child with hand or instrument
- Putting anything in or on a child's mouth
- Humiliating, ridiculing, rejecting, or yelling at a child
- Subjecting a child to harsh, abusive, or profane language
- Placing a child in a locked or dark room, bathroom, or closet with the door closed
- Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age
- The following conduct policies apply directly to each child and will be used in determining his/her eligibility to continue as a participant in the program. In accordance with the severity of the infraction and the number of times an infraction has occurred, a child may lose the privilege of participating in a specific activity, be denied field trip privileges, or be suspended from the school or be terminated from the program for:
- Repeatedly using foul language and being repeatedly rude and discourteous to staff and/or peers
- Defacing KRK property or the property of facilities visited during excursions
- Repeatedly engaging in fighting as the only means of resolving an issue.
- Biting (when the child has the cognitive ability to know it's wrong and/or hurtful)
- Repeatedly refusing to follow basic rules of safety
- Stealing or defacing other children's property
- Refusing to remain with his/her group in specified area or on outings

I have read and understand the Kids R Kids - McKinney Discipline and Guidance/ Conduct Policies. I understand that the offenses listed in the conduct policy are considered serious infractions and may be grounds for my/my child's dismissal from the school.

Date: _____ ***Parent Signature:*** _____

Kids R Kids Learning Academy

Distribution
- *Child's File*

Release

For and in consideration of the opportunity to have my minor child's name, voice, picture, portrait, artwork and/or likeness published and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned, on behalf of myself and my minor child, hereby agree as follows:

1. I hereby grant Kids 'R' Kids International, Inc., Kids 'R' Kids # _____, and its affiliates, franchisees, nominees, licensees, successors and assigns and those acting under their permission (hereinafter "KRK"), the unrestricted, absolute, perpetual, worldwide right to:

a. use my and my minor child's name, voice, picture, portrait, artwork and/or likeness, however obtained;

b. reproduce, copy, modify, alter, edit, publish, use, create derivatives in whole or in part, without limitation, my and my minor child's image, picture, portrait, artwork and/or likeness in still and/or video photography, film or tape taken of me or my minor child by or on behalf of KRK.

c. display, exhibit, distribute, transmit or broadcast the above or any part thereof; in any project or medium, whether now or hereafter existing, including, without limitation printed publications, television, radio, the internet, any online service or website, blog or social media, including, without limitation: Twitter, Facebook, Instagram, any number of times and for any purpose, including, without limitation, promotional, advertising and marketing purposes.

2. I agree that any picture, portrait, artwork or other product or material derived there from is wholly owned by KRK and that KRK may copyright any product or material containing same. If I receive any copy thereof, I shall not use it for any purpose nor authorize its use by anyone else.

3. I hereby waive my right to inspect and/or approve the finished product or material, or to the eventual use that it might be applied.

4. I hereby release and discharge KRK from and against any claim or liability arising out of invasion of privacy, right of publicity, defamation, portrayal in a false light, misappropriation, and copyright infringement arising out of or in connection with the use of materials referenced hereunder, including without limitation the use of my or my minor child's name, voice, picture, portrait, artwork and/or likeness in any manner authorized by this Release, whether now known or arising in the future.

5. I hereby warrant that I am eighteen years old or older and am the parent and/or legal guardian of the minor child named below and am competent to contract for the minor child named herein as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents hereof. I agree that this Release is intended to be as broad and inclusive as permitted under the laws of the State of Georgia, and that if any portion thereof is held to be invalid, that the balance shall continue in full force and effect.

6. This Release constitutes an Agreement between myself and KRK and contains the entire understanding between myself and KRK regarding the subject matter hereof. This Release cannot be modified except in a writing signed by all parties hereto and shall be governed in accordance with the laws of the State of Georgia.

_____ _____

Child's Full Name | Parent/Guardian Printed Name

_____ ___/___/___

Parent/Guardian Signature | Date

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

Kids 'R' Kids Learning Academy

3521 North Star Road

Richardson, Texas

Tuition Agreement

All Enrollment forms must be completed and returned 24 hours prior to your child's first day of attendance.

Registration and Supply Fees

In order to reserve a space for your child at Kids 'R' Kids Richardson, please return the Pre-Registration form with your child's registration fee of $100.This is a one time registration fee and is due at the time of enrollment. This fee is non-refundable. All Enrollment forms must be completed and returned 24 hours prior to your child's first day of attendance.

A supply fee of $50 will be charged out in September and again in February.

Tuition

The weekly rate for your child's class will be $_____. Your child's schedule will be _____ days per week.

Tuition Includes: Breakfast, Lunch, Afternoon Snack, Late PM Snack and Field Trips if applicable.

Tuition gets charged out weekly and is due by Tuesday close of business. If payment is received after Tuesday at close of business, a $25 late fee will be assessed to your account.

Your tuition payment reserves your child's spot. In order to ensure the quality of our program , your tuition is due even when your child is absent . You will receive two-week vacation credits after your child(ren) have been enrolled for six months. You may use one credit between January and June and the other credit between July and December.

Change of Enrollment Status

In the event you decide to cancel your child's enrollment, we do require a written two week notice.

** No portion of the weekly tuition will be refunded in the event of absence, holidays, school closings, withdrawals or dismissal from school.**

G.Y.M: During holiday breaks, i.e. Spring, Thanksgiving and Christmas Break our school is open and, therefore, tuition is billed according to your child's regular program. If your child attends the full day or full week, there are additional charges applied.

_____ _____

Parent Signature Date

_____ _____

Director/Management Signature Date

Kids R Kids
Learning Academy
Richardson

Security Agreement

Childs Name: _____

Child's Name: _____

Child's Name: _____

Circle One:

Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiration Date: _____

CVC #: _____

** I understand that even if tuition is paid by another payment method, I must still provide a credit card upon enrollment as per the security agreement below.

** I understand that if I am 2 weeks late on tuition payments or leave the center with a balance on my account, my credit card will be charged with the outstanding balance and the associated late fees.

** On every **Wednesday**, there is a late fee automatically charged $25.00 at the end of the business day.

_____ Check here. I acknowledge my agreement with the Kids "R" Kids Richardson security agreement by my signature below.

Cardholder's Signature: _____

Name as it appears on card: _____

Date: _____

Parent Handbook Highlights

Business Days, Hours, Closings

*Kids 'R' Kids is open Monday-Friday ~~6:30am-6:30pm~~ 7:00-6:00. *Holiday closings include Labor Day, Columbus Day, Thanksgiving Day and day after, Christmas Day and day after, New Year's Day, Good Friday, Independence Day, and Memorial Day.

Tuition and Fees

*Tuition is due on Monday of the same week, a late fee of $25 is administered on Wednesdays @ 6:30am. *Tuition is due regardless of attendance, including holiday weeks. Kids 'R' Kids does not give credit for days absent due to illness, vacation, holidays, inclement weather, or unforeseen emergencies. *Late pick up fees: $10 for 1st five minutes and $1/minute after. *Declined payment fees: $25 per returned item.

Please Do Not Bring

*Kids 'R' Kids is not responsible for any valuable items or toys from home that are lost, broken or stolen. *Kids 'R' Kids is a peanut free facility.

Leaving Kids 'R' Kids

*Kids 'R' Kids requires a written 2 week notice upon leaving the Center, tuition is due regardless of attendance.

School Age Policies

*Parents must inform Kids 'R' Kids by **2:00pm** if your child will not be riding the bus from school as scheduled. There will be a $10 fee posted to your account anytime Kids 'R' Kids is not notified in advance. *After a full year of enrollment school age students will receive one week of vacation during the school year and one week of vacation during the summer. *Full tuition is due regardless of attendance during holiday weeks.

Health and Wellness

*Children will be sent home for: fever of 100.0 or greater, 2 or more vomiting or diarrhea episodes. *Children may not return to school until they are fever/symptom free without the use of medication for **24 hours** unless a doctor note specifies otherwise. *All OTC medications require a doctor's note and medication authorization form; all prescribed medications require the original container with the prescription attached and a medication authorization form. *No medication may be placed in the child's bag or taken in to the classroom for any reason.

General Expectations

*Parents should sign students in and out at the front desk and accompany students to and from the classroom. *Students should have 2 labeled changes of clothes in their cubby for accidents. *Parents should notify the school in the event of illness/absence. * Students should be dressed appropriately for the weather and play; closed toe shoes are required.

Acknowledgement and Receipt of Family Handbook

The registration of your 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, ask questions and then sign this form.

We have read and understood 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)

Kids R Kids Learning Academy

Distribution
- *Infant/Toddler Classroom Forms*
- *Front Desk Forms*

_____
(Month)

Infant Feeding Plan

For children ages 6 weeks-12 months

Child's Full Name: _____ Date of Birth: ____/____/____

Instructions to Parents/Guardians:
- Bottles must be pre-mixed (if applicable), labeled with child's full name, current day's date and ready to be served.
- Disposable Nurser Bags must be refrigerated or frozen, stored only with the amount of milk for one feeding, labeled with the child's full name, and date of collection.
- Update diet information as needed or every 30 days. Use a new form or initial/date changes on this form.

Does child feed self? □Yes □ No

Child's diet includes (check all that apply):

Formula	□	Juice	□
Breast Milk	□	Baby Foods	□
Whole Milk	□	Strained Foods	□
Water	□	Table Foods	□

Formula type: _____
Bottle's Formula Amount: _____
Breast Milk Storage: □ Bottles □ Disposable Nurser Bags
Bottle's Breast Milk Amount: _____
Bag's Breast Milk Amount: _____

Food Likes: _____
Food Dislikes: _____
Allergies: _____
Restrictions: _____

Feeding	Time of Day	Type and Approximate Amount of Food

Additional Instructions (i.e. for the introduction of solid foods, dietary changes): _____

I understand it is my responsibility to keep Kids 'R' Kids # _____ updated, in writing, as my child's needs change or ***every 30 days,*** and that it is Kids 'R' Kids policy that bottles are held, not propped, during feeding & that bottles are discarded within an hour after warmed. Unused breast milk will be sent home. Not discarded.

_____ ____/____/____
Parent/Guardian Signature Date

Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? ◯Yes ◯No Plan Submitted on _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

_____ _____
Signature — Parent or Legal Guardian Date Signed

School Age Children

My child attends the following school	School Phone Number

My child has permission to (check all that apply):

☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission.

Check **only one** option:

1. ◯ Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

_____ _____
Signature — Health Care Professional Date Signed

2. ◯ A signed and dated copy of a health care professional's statement is attached.
3. ◯ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
4. ◯ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name	Address of Health Care Professional

_____ _____
Signature — Parent or Legal Guardian Date Signed

Kids R Kids
Learning Academy

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!