

**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 _____ Email _____ ☐ Parent ☐ GuardianHome Address _____ Home Phone _____
_____ Cell Phone _____

Place of Employment _____ Business Phone _____

Employment Address _____

Parent/Guardian Name _____ ☐ Parent ☐ GuardianHome Address _____ Home Phone _____
_____ Cell Phone _____

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

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

1. Kids 'R' Kids # _____ 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 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 #, 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. 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 # _____ 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

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 _____ Address _____ Telephone _____

Dentist:

Name _____ Address _____ Telephone _____

Health Insurance Provider:

Name _____ Address _____ Telephone _____

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

Specify: _____

Does your child have allergies?: ☐ Yes ☐ No

Specify: _____

Actions Taken: _____

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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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

Family Members in the household: _____

What is the primary language spoken in the home? _____

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

Parent/Guardian Signature

____/____/____
Date

Child Allergy Profile

(place child's picture here)

Child's Full Name: _____ Suite: _____

Allergy: _____

Symptoms of Allergic Reaction:

Emergency Care Plan:

Parent/Guardian Signature

____/____/____
Date

Owner/Director Signature

____/____/____
Date

**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 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



Distribution
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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 # _____ 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: _____

Address _____ Phone _____

I, _____ give permission for Kids 'R' Kids # _____ 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 # ____.
- 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. Instructions should be received at Kids 'R' Kids # _____ by the earliest possible time.

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