



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 \_\_\_\_\_ Phone Carrier \_\_\_\_\_
Email \_\_\_\_\_ 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
Parent/Guardian Signature

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



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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.
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



<b>Distribution</b> • Child's File 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

\_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_

### Child Profile

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



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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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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 me 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's File  
 Date \_\_\_\_\_

### 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

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_



**Bright from the Start: Georgia Department of Early Care and Learning  
CACFP Meal Benefit Income Eligibility Statement\***

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

<b>Name: (Last, First and Middle Initial)</b>	SNAP, TANF, or FDPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. <b>Note:</b> Do not use EBT numbers. Write case number and proceed to Part III.	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs)				
		Head Start	Foster Child	Migrant	Runaway	Homeless
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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<sup>1</sup>** - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often? income received by child household members listed in PART I here.  
\$ \_\_\_\_\_ / \_\_\_\_\_

**B. Other Household Members<sup>1</sup>**. List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often?	2. Welfare, child support, alimony / How often?	3. Social Security, pensions, retirement / How often?	4. All other income / How often?
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**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. (See Privacy Act Statement on next page). **Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.**

Last four Digits of Social Security Number XXX-XX \_\_\_\_\_  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 \_\_\_\_\_ [am/pm] to \_\_\_\_\_ [am/pm].  (✓) Check here if only before/after school care is provided.

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. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. **If not completed fully and signed, the participant will be placed in the Paid category.**

Signature: **X** \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.

**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: \_\_\_\_\_





# 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)

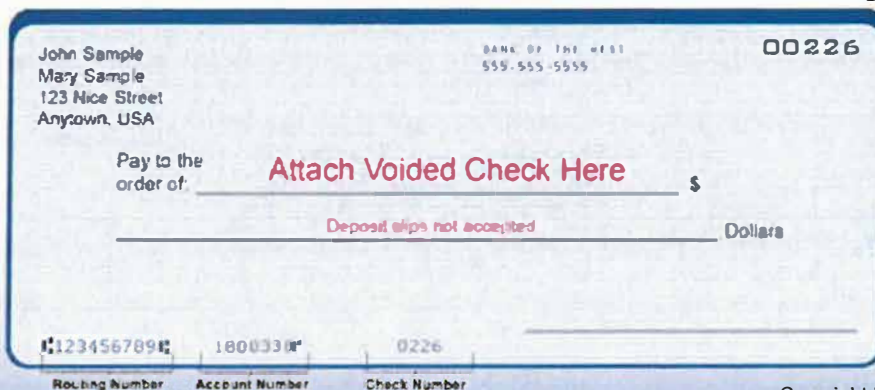
Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

#### 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			

#### For Official Use Only

Date Received
Employee Signature



A service of

