



## ENROLLMENT APPLICATION

<b>CHILD</b>			
Fullname	Ncname	Sex	Date of Birth-Month, Day, Year
Child's Address	Starting Date		Starting Room#

<b>MOTHER</b>
Name _____
Street _____ APT _____
City : _____ State ____ Zip _____
Home Phone: (    ) _____ Work (    ) _____
Cell : (    ) _____ Email : _____
Place of Employment _____ Normal Hours : _____
Work Address _____

<b>FATHER</b>
Name _____
Street _____ APT _____
City : _____ State ____ Zip _____
Home Phone: (    ) _____ Work (    ) _____
Cell : (    ) _____ Email : _____
Place of Employment _____ Normal Hours : _____
Work Address _____

<b>Emergency Contacts</b>					
The persons listed below may be contacted in the event of an emergency, AND are also authorized to drop off and pick up this child. List at least 2 names.					
Name	Address	Home Phone	Work Phone	Cell Phone	Relationship
1.		(    )	(    )	(    )	
2.		(    )	(    )	(    )	
3.		(    )	(    )	(    )	

<b>Additional Pickup Authorizations</b> : In addition to the parents and emergency contacts above, the following may pick up & drop off this child.					
Name	Address	Home Phone	Work Phone	Cell Phone	Relationship
1.		(    )	(    )	(    )	
2.		(    )	(    )	(    )	

Mother's SS# \_\_\_\_\_ Mother's DL#/State \_\_\_\_\_

Father's SS# \_\_\_\_\_ Father's DL#/State \_\_\_\_\_

Child's Legal Guardians :    ( ) Both Parents    ( ) Mother    ( ) Father    ( ) Other \_\_\_\_\_

Child's Living Arrangements :    ( ) Both Parents    ( ) Mother    ( ) Father    ( ) Other \_\_\_\_\_

Parent's Marital Status :    ( ) Married    ( ) Single    ( ) Separated    ( ) Divorced    ( ) Widowed

Childs Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Hospital or Clinic: \_\_\_\_\_

Childs Allergies, special medical conditions or prescribed drugs : \_\_\_\_\_

I authorize Kids 'R' Kids to obtain any and all medical treatment to be performed as deemed necessary by Kids 'R' Kids staff, licensed medical personnel, including emergency personnel, ambulance personnel and doctors and nurses. I understand that Kids 'R' Kids does not provide accident insurance and further agree to be fully responsible for all medical expenses incurred and to hold harmless and release Kids 'R' Kids and Kids 'R' Kids Intl from all liability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

SCHOOL AGE CHILDREN: My Child attends \_\_\_\_\_. The phone number at the school is \_\_\_\_\_. I certify that my child's current immunizations are on file at the school.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Childs Name \_\_\_\_\_

1. My child will attend KRK the following days and hours: M T W TH F From: \_\_\_\_\_ To: \_\_\_\_\_.
2. I agree to pay the tuition every week in advance each Friday for the upcoming week. I understand that I must pay monthly if paying by credit card. I may pay weekly, bi-weekly, or monthly via check or money order. No cash is accepted. Late payment fee of \$50 will be applied if not paid by Monday end of day of the week due.
3. I understand that my child will be provided all snacks and lunch served daily during their hours of attendance. Breakfast is served until 7:45 am. Because of food allergies, outside food is not allowed in the school.
4. For infants, I understand I am responsible for any special diet required by my child. I will provide the food and formula daily to the center. All bottles and other containers will be clearly labeled with the Child's full name and dated.
5. I understand that it is my responsibility to escort my child into the center and to the classroom or café and insure the teacher is aware of the child's arrival or departure.
6. If my child needs diapers, I will provide whatever disposable diapers are required. My child has \_\_\_ has not \_\_\_ been potty trained.
7. Water activities: I give \_\_\_ do not give \_\_\_ permission for my child to participate in water activities.
8. A clean change of clothes for any child up through the pre-k program must be in the classroom at **all times**. These clothes must have the child's name on each item.
9. I have received a copy of the Parent Handbook. I have read and understand the Parent Handbook.
10. Children at the center may be photographed by other parents and are visible to other parents via the internet. Photographs may also be posted within the center or on the school web site. I give my permission for my child to be photographed or videotaped while in attendance at the center and during any field trip activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

11. I understand that the center has a specific policy regarding the administration of medicine. I agree to provide the center with all required information in accordance with this policy. Medicines including over the counter, are administered only as prescribed by a licensed physician.

Signature \_\_\_\_\_ Date \_\_\_\_\_

12. I understand that if my child is ill, including but not limited to a severe cough, undetermined rash or spots, temperature over 100 degrees, severe headaches, upset stomach, pink eye or diarrhea, he or she cannot be accepted into the center until well. In the event my child has a contagious disease, a release form from a medical source may be required before my child re-enters the center.
13. If I have not picked up my child by 7pm, and we are unable to contact the parents and other emergency and pickup contacts, Kids 'R' Kids will contact Child Protective Services or local police.
14. I understand it is my responsibility to keep the center advised on changes of address, phone numbers, and contacts.
15. I will provide a current immunization records prior to enrollment and will update as required.
16. I give my permission for the child listed on this application to participate in field trips sponsored by this center. I understand I will need to sign a permission slip for each field trip. (older children only)
17. I understand that I must give **two weeks written notice** to the Director prior to the withdrawal of my child. Tuition continues to be due and payable during this period.

I have read all of these policies and understand **any changes** to information submitted can only be made by the parent(s) that sign below. I have reviewed and/or received a copy of the Parent Handbook. I have read and understand the Parent Handbook.

Parent Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_