



ENROLLMENT APPLICATION

CHILD			
Fullname	Ndrname	Sex	Date of Birth-Month, Day, Year
Child's Address	Starting Date		Starting Room#

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

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

Emergency Contacts					
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.		()	()	()	

Additional Pickup Authorizations : 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 _____



Child Profile

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

Parent/Guardian's Name: _____
(Please Print)

This profile will help your child's teacher get to know your child better. The more the teacher understands your child's personality and family dynamics, the more she/he will be able to meet your child's needs. Your input will also help with your child's adjustment to the new classroom.

1. List any nicknames your child may have. _____

2. Has your child had previous group care experiences? Yes _____ No _____

Explain: _____

3. What would you like most for your child to experience with Kids 'R' Kids?

4. What does your child most enjoy doing? What toys they like best? _____

5. Does your child have any fears? _____

6. Do you consider your child shy or outgoing? _____

7. What are your child's favorite toys? _____

8. List the names and ages of siblings. _____

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

10. What words are spoken in your home for toileting? _____

11. Does your child take a nap? Yes No How long? _____



12. Does your child need a favorite item (such as a blanket or stuffed animal) for naptime? Yes No If yes, please describe: _____

13. How many hours of sleep does your child usually receive at night? _____

14. What language(s) is/are spoken in your home? _____

15. Does your child have any allergies? _____

16. Does your child have any other special dietary needs besides food-related allergies? (i.e., no pork, no beef, vegetarian, etc.)

17. Does your child have any special medical or physical needs? Yes ___ No ___
Explain: _____

18. Are you available to help us with field trips or special events? Yes ___ No ___

19. What is the marital status of the child's parents? _____

20. Who, besides the immediate family, resides in the home? _____

Parent/Guardian Signature

____/____/____
Date



Distribution • Child's File • Infant/Toddler Classroom Log

Infant Child Profile

For children ages 6 weeks- 12 months
 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. Has your child had previous group care experiences? Yes No
2. What language(s) is spoken in your home? _____
3. List the names and ages of siblings.

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

5. What milestone(s) has your child reached? (I.e. rolling over or crawling)

6. Does your child take a pacifier? Yes No When? _____
7. How often and how long does your child nap? _____
8. How many hours does your child sleep at night? _____
9. List any additional care plan instructions, i.e. diapering or sleeping _____

 Parent/Guardian Signature

___/___/___
 Date



Policies Regarding Health

At KRK Rosenberg, we have very specific guidelines for parents to reference regarding health. These policies are intended to clearly indicate what health issues make it necessary for your child to be kept out of school. Administered correctly and fairly, these policies should protect the best interest of all of our children and staff. In order to keep the children healthy and maintain a safe environment, we ask that you please adhere to the following guidelines:

1. 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 places all the other children at risk.
2. A child with a fever of 100 degrees will be sent home. We ask that the child be kept out of school until he/she has been fever free for 24 hours. This means the child must stay home one day after the fever has stopped.
3. A child showing signs of the following symptoms will be sent home:
 - a. Diarrhea or vomiting (three times in 24 hours).
 - b. Deep or hacking cough, or a sore throat.
 - c. Continuous runny noses with a yellow or green color.
 - d. Any suspicious rash that has NOT been diagnosed by a physician.
 - e. Undiagnosed and untreated pink, swollen, matted, or runny eyes.
 - f. All types of communicable disease.
 - g. A child who has been on a doctor's prescribed medication less than 24 hours for any highly infectious illnesses.
4. A child may return to school when any of the following occur:
 - a. Fever free for a minimum of 24 hours.
 - b. Active signs of illness (diarrhea or vomiting) have been gone for 24 hours.
 - c. The child's physician releases the child to return to school.

(Please note: 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.)
5. A child sent home for a contagious disease **MUST** have a return to school release from a physician indicating the child is no longer contagious.
6. Only prescription medicine in the original container labeled with the child's name, expiration date, prescribing physician, and directions for administering will be administered without written consent from the child's physician. Non-prescription medicine will only be administered if a note from a physician is provided with child's name and instructions for administering the medicine. All non-prescription medicine **MUST** be in the original container with the child's name on it.
7. All medication **MUST** have a medication form filled out with the dosage amounts, times to be given, dates to be given, and the parent's signature. Medication **CAN NOT** be administered without this form.
8. Medications will be given at **11am** and **3pm** each day. Please coordinate your child's morning dose with these dosage times.

I have read and fully understand the policies regarding health at KRK Rosenberg.

Parent/Guardian Signature

Date



HEALTH AND EMERGENCY PERMISSION RECORD

Child's Name: _____ Birth Date: _____

Mother's Name: _____ Father's Name: _____

Address: _____

Home Phone: _____ Cell Phone(s): _____

Does the child have physical problems, mental health disorders, or developmental disabilities, which would limit the child's participation in the program and activities?

Yes _____ No _____ Specify: _____

Does the child have allergies or existing illness? (foods, medications, insects, etc.)

Yes _____ No _____ Specify: _____

Are there any special procedures that are required in caring for the child?

Yes _____ No _____ Specify: _____

Has the child been hospitalized in the past 12 months or any previous serious illness or injury?

Yes _____ No _____ Specify: _____

Please list any medications your child is currently taking:

Table with 4 columns: Name of Medication, Dosage, Frequency, Reason for Medicine

Please list your emergency contacts:

Table with 6 columns: Contact Name, Address, Relation, Phone, etc.

I, _____ give my permission for Kids 'R' Kids Rosenberg TX to seek medical attention for my child, _____, in the event of an emergency if I cannot be reached, and to hold harmless and release Kids 'R' Kids Rosenberg TX and Kids 'R' International, Inc., from all liability. I further agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached.

Parent's signature _____ Date: _____
Parent's signature _____ Date: _____
Parent's signature _____ Date: _____
Parent's signature _____ Date: _____

Doctor: The doctor on call from the hospital, and the phone number of the hospital stated below: Hospital center uses: OakBend Medical Center - Williams Way Hospital Campus, 22003 Southwest Fwy, Richmond, TX 77469 Phone: (281) 341-2000



TRANSPORTATION AGREEMENT

Kids R Kids of Rosenberg (KRK # 83 TX)
502 FM 2977, Rosenberg, Texas 77469

I, _____, agree for my child, _____ to be
(Parent's Name) (Child's Name)

transported by Kids R Kids of Rosenberg (check all that apply):

- To school _____
- From school _____
- Emergencies _____
- Field trips _____.

TRANSPORTATION GUIDELINES

In the event the designated location is unable to receive children they will be returned to Kids R Kids Rosenberg.

Children will not be left unattended on any vehicle used for transportation.

Children will wear seat belts.

It is **vital** that Kids R Kids Rosenberg be notified of any changes in the above scheduled transportation.

Kids R Kids Rosenberg will assume the above schedule of transportation will be followed unless we receive different instructions from parents (instructions should be received by Kids R Kids Rosenberg at the earliest possible time.)

Your child must be at the center no later than 7:30am to be transported to school in the mornings or 30 minutes prior to any departure time for field trips.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

YOU WILL RECEIVE A COPY OF THE RULES THAT CHILDREN ARE EXPECTED TO FOLLOW WHILE IN THE VEHICLE. WE ASK THAT YOU REVIEW THESE RULES WITH YOUR CHILD/CHILDREN.

IT IS OUR GOAL TO PROVIDE A SAFE ENVIRONMENT FOR EACH CHILD WHILE IN THE VEHICLE.



Kids R Kids of Rosenberg (KRK #83 TX)

502 FM 2977

Rosenberg, Texas 77469

Phone #: (281) 454-3604

Fax #: (281) XXX-XXXX

I hereby authorize Dr. _____ to release shot records

and/or this signed Physician's Statement for my child

_____ to Kids 'R' Kids Rosenberg.

My child's birth date is _____.

All forms and statements are to be faxed to Kids R Kids.

Parent/Guardian Signature

Date

Physician's Phone Number

Physician's Fax Number

Physician's Statement:

This child has been examined within the past year and he/she is physically able to take part in the normal activities of a childcare program.

Physician's Signature

Date

Shots are current? YES _____ NO _____

Please attach the following checked forms:

_____ Please attach shot records

_____ Please attach vision/hearing screening



Discipline Policy

At Kids R Kids Rosenberg, we have very specific guidelines regarding discipline. This policy is intended to clearly indicate what behavior is inappropriate at our school. Administered correctly and fairly, these policies should protect the best interest of all of our students and staff. In order to maintain a safe environment, the following behaviors are considered severely inappropriate:

- Throwing of objects across the classroom;
- Violence towards a teacher or student (including but not limited to kicking, hitting, choking, etc.)
- Biting of teachers and/or students (Suites 350 and older)
- Destruction of school property;
- Inappropriate language (profanity, sexual related, etc.)
- Running out of classrooms (Suite 350 and older)

If a child exhibits any of the above mentioned behaviors, one or more of the following actions will occur.

1. An incident report will be written and signed by parents. A phone call to parent at the time the incident occurs.
2. Conference with parents, teachers, and management staff.
3. Parents will be contacted and asked to pick-up student from school within one (1) hour.
4. Parents will be contacted and asked to pick-up the student from school within one (1) hour. Student will be suspended for one day.
5. Dis-enrollment from school.

Discipline and Guidance Policy for Kids R Kids of Rosenberg

Name of Operation

- ◆ Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) 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:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

parent

employee/caregiver

household member of child-care home



Policies Regarding Payment Of Tuition and Fees

1. Tuition is due Friday for the upcoming week. Parents are welcome to pay tuition weekly, bi-weekly or monthly. Tuition may be paid by check, money order or credit card. Credit card payments are subject to surcharge.
2. For the safety of the children and staff, we **DO NOT** accept cash for tuition payment.
3. Tuition that remains unpaid on Monday after 10:30a.m. of the week that tuition is due will incur a late payment fee of \$50.00. Account balances that remain into the next week are assessed the same late payment fee again until the account is brought to a zero balance.
4. Late pick-up fees are assessed beginning 1 minutes after school closing time at the rate of \$1.00 for every 1 minutes thereafter till 15 minutes and \$ 2.00 for every 1 minutes thereafter till next 15 minutes. \$100 for late pickup after 30 minutes of school closings. Late pickup applies to regular schedule and early school closings.
5. There is a \$30.00 returned check fee and/or Credit Card denial .
6. One day's attendance constitutes a full week. Illness days, vacation days, Public holidays, school closure due to emergencies CISD or facility related are not prorated out of that week.
7. If the School has been informed by Wednesday of prior week child/children will be out the entire week for any reason, they pay one-half of their tuition for that week. This policy ensures your child's enrollment in a particular class. If school is not informed in a timely manner in prior week than full tuition is due only exception is medical emergency which requires Doctor's note
8. Enrollment fees and Supply fees are paid upon registration and annually on your child's anniversary date. All enrollment fees and supply fees are NON-REFUNDABLE.
9. Written withdrawal Notice of two weeks is required to withdraw from our program. A student must be out for at least 4 weeks to withdraw and pay registration fee. A student will not be re-enrolled for a period of 4 weeks following withdrawal unless payment of tuition is made for the intervening 4 week period. A new registration fee will be due upon re-enrollment.
10. Holding fee can be paid in advance if children will be out for longer period exceeding 4 weeks to keep their spot in the school.

I have read and fully understand the policies regarding payments of tuition and fees at Kids 'R' Kids of Rosenberg.

Parent/Guardian 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 Rosenberg (Kids 'R' Kids # 83 TX), 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

*** Checkmark here if you DO NOT wish to consent media release _____



Bus Rider Rules

All students riding the bus and/or van should follow the following guidelines. These rules will help ensure the safety of all students when riding the Kids R Kids Rosenberg (KRK#83 TX) vehicles.

1. While getting on and off the bus or van, please stay in line, watch your step, and board one student at a time.
2. Remain seated with seatbelt on until vehicle is parked and comes to a complete stop.
3. Please keep feet and belongings out of the walkway.
4. Students are not allowed to change seats after bus/van is moving.
5. Be nice to all riders, and allow others to sit with you.
6. If necessary, the driver may assign seats. Please sit in your assigned seat if you are given one.
7. Please use low voices, and refrain from yelling or calling out. This can cause distractions to the driver.
8. No fighting, rough play, and/or bad language allowed. NO EXCEPTIONS.
9. Do not throw objects inside the bus /van or out of the windows or doors.
10. Keep all body parts in the bus and not out the window.
11. Ensure you have all personal belongings before leaving the bus/van.
12. Do not touch, pull, or lean on the RED emergency handles. The emergency handles should only be touched during an emergency, when asked by the driver and/or teachers.
13. No food or drinks allowed on the bus, unless approved by Kids 'R' Kids management.
14. Never pick up anything you drop around the bus, ALWAYS ask for help.

Your child's safety and the safety of the other children on the bus and van is our number one concern. Parents, please review these rules with your child and ensure that they understand the importance of these rules.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Food Program Enrollment Form

Facility Name: **KIDS R KIDS Rosenberg**

Please COMPLETE the following 7 items: (ALL 7 MUST BE COMPLETED)
Completar por favor los siguientes 7 articulos

(1) FULL NAME OF CHILD/ *Nombre completo del niño*:

PLEASE INCLUDE ANY NICKNAMES OR ALT. LAST NAMES

(2) CHILD'S DATE OF BIRTH/ *Fecha de nacimiento*

(3) TIMES IN CARE/ *Las horas en cuidado*: _____ TO _____ Example: 6am-5:30pm

(4) DAYS IN CARE/ *Los días en cuidado*: _____ Example: Mon-Fri

(5) MEALS NORMALLY SERVED TO CHILD WHILE IN CARE:
Las comidas servidas normalmente al niño mientras en el cuidado:

BREAKFAST AM-SNACK LUNCH PM-SNACK SUPPER EVENING-SNACK

(Please circle meals)

(6) _____
Signature- Parent or Adult Household Member
Firma de un miembro adulto de la unidad familiar

(7) _____
Today's enrollment date into Food Program
fecha

(8) WITHDRAWAL DATE: _____

Non-discriminatory Policy:

In accordance with Federal Law and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Office of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 202-260-1026, 866-632-9992 (toll free) or 202-401-0216 (TDD). USDA is an equal opportunity provider and employer.



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

NAME: _____ CASE 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 case number: NAME: _____ CASE NUMBER: _____

Check here if no case number

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

A. Name (List only household members with income) (Example) Jane Smith	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$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:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> 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) case 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: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

Items Needed For First Day of School

Infant Room Classrooms

1. 3 photos of your child (2 with child only and 1 with child and family)
2. Diapers
3. 6 Bibs and 2 burp cloths
4. 2 boxes of wipes (labeled)
5. Bottles
 - a. All bottles must be labeled with child's first name, last name, and date bottle was made.
 - b. Please provide enough bottles to cover all feedings during school hours.
6. Two change of clothing. Please plan to switch out for the different seasons.
7. Pacifier (optional)
8. Any medicines that need to be administered during school hours.

Toddler Classrooms

1. 3 photos of your child (2 with child only and 1 with child and family)
2. Diapers (if needed)
3. 2 boxes of wipes (labeled)
4. Two change of clothing. Please include lots of underwear, if child is potty training. Please plan to switch out for the different seasons.
5. Blanket
6. Small pillow (optional)

Preschool, Pre-K, and Kindergarten Classrooms

1. 3 photos of your child (2 with child only and 1 with child and family)
2. One change of clothing. Please plan to switch out for the different seasons.
3. Blanket
4. Small pillow (optional)
5. Stuffed animal (optional)
6. Any medicines that need to be administered during school hours.



I fully understand that my enrollment fee deposit of _____ ensures enrollment of my child(ren) at Kids 'R' Kids Rosenberg (KRK # 83 TX) for a proposed start date of _____.

I also understand that the Enrollment Fee is NON-REFUNDABLE. The reason the fee is non-refundable is that the school will hold a spot for my child and determine space availability for new enrollees based on my future enrollment.

I understand that if my child has not started attendance at Kids 'R' Kids Rosenberg by the second week AFTER my proposed start date (listed above) and I have made no effort to contact the school, Kids R Kids Rosenberg reserves the right to cancel my enrollment.

Signature: _____ Date: _____



I fully understand that my enrollment fee deposit of _____ ensures enrollment of my child(ren) at Kids 'R' Kids Rosenberg (KRK # 83 TX) for a proposed start date of _____.

I also understand that the Enrollment Fee is NON-REFUNDABLE. The reason the fee is non-refundable is that the school will hold a spot for my child and determine space availability for new enrollees based on my future enrollment.

I understand that if my child has not started attendance at Kids 'R' Kids Rosenberg by the second week AFTER my proposed start date (listed above) and I have made no effort to contact the school, Kids 'R' Kids Rosenberg reserves the right to cancel my enrollment.

Signature: _____ Date: _____



Parent Handbook Receipt and Acknowledgement Form

Student Name(s): _____

Parent's Name: _____

Date: _____

By signing this form, I acknowledge that I have received and reviewed a copy of the Parent Handbook via our website at "www.kidsrkids.com/rosenberg" for:

Kids 'R' Kids Learning Academy
502, FM 2977
Rosenberg, Texas
(281) 464-3604

I have read and understand the information provided in the Parent Handbook.

Parent Signature _____ Date _____



Parent Handbook Receipt and Acknowledgement Form

Student Name(s): _____

Parent's Name: _____

Date: _____

By signing this form, I acknowledge that I have received and reviewed a copy of the Parent Handbook via our website at "www.kidsrkids.com/rosenberg" for:

Kids 'R' Kids Learning Academy
502, FM 2977
Rosenberg, Texas
(281) 464-3604

I have read and understand the information provided in the Parent Handbook.

Parent Signature _____ Date _____

Kids R Kids Rosenberg

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**

KIDS R KIDS of Rosenberg _____ 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) (Convenience Fee 3%)

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

SECTION B (Bank Account) (Convenience Fee No Fee)

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



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