



# Enrollment Application

**Child's Last Name** 
**Child's First Name** 
**Enrollment Date**

**Child's Home Address**

**City** 
**State** 
**Zip Code**

**Gender**  M  F
 **Date of Birth** 
**Child's Home Phone Number**

**Emergency Contact:** If parents/guardians cannot be reached, give the name, address and phone number of who to call:
 
**Relationship**

**Program Needs (check all that apply)**  
 Private Kindergarten is a Full-Time Program only. Please indicate below if you will be needing Before School Care.
  Full-Time
  Before School Care (additional fee of \$20/week) (6:45 am - 7:45 am)

**Child's Legal Guardian** 
 Both Parents
  Mother
  Father
  Other \_\_\_\_\_

**Child's Living Arrangements** 
 Both Parents
  Mother
  Father
  Other \_\_\_\_\_

## Parent Information

**1st Parent's Last Name** 
**First Name** 
**2nd Parent's Last Name** 
**First Name**

**Address** 
**Address**

**Home Phone** 
**Cell Phone** 
**Home Phone** 
**Cell Phone**

**Work Phone** 
**Place of Employment** 
**Work Phone** 
**Place of Employment**

**Address of Employment**

**Address of Employment**

**Normal Work Hours/Days**

**Normal Work Hours/Days**

**Email**

**Email**

**Water Activities**

I give  do not give  permission for my child to participate in (check all that apply):  
 Splash Pad  Water Table

**Siblings**

**Last Name**

**First Name**

**School/Classroom**

**Last Name**

**First Name**

**School/Classroom**

**Last Name**

**First Name**

**School/Classroom**

**Individual Needs**

Please explain if there are certain situations that may cause your child difficulty. How can we best work with you and/or your child's teacher to help your child in these situations? Does your child have any limitations or require any special provisions or accommodations?

**Health Information**

List any medical issues that your child may have, such as allergies, existing illnesses, previous serious illnesses, injuries and hospitalizations during the past 12 months, any medications prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

My child's immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

**Parent/Guardian Signature**

**Date**

**Room Assignment, Rates, Fees, and Additional Information**

**Starting Room**

Kindergarten

**Room Rate**

\$285

A non-refundable registration fee of \$150 (\$250 family) is required upon enrollment and \$150 individual (\$250 family) annual supply fee thereafter, unless specified differently per program.

**Signature**

Another registration fee will be due if the child is withdrawn and then re-enrolls.

**Signature**

Tuition is due Friday for the upcoming week. Tuition not paid by Tuesday close of business will incur a \$15 late fee. An additional \$10 per day fee is added for each late day of payment. Payments not made by close of business the following Friday will result in denied care until the account is paid in full.

**Signature**

A \$20 Before School care fee will be added if children arrive to school before 7:45am.

**Signature**

A \$30 fee will be charged for all returned checks.

**Signature**

A two week written notice is required when withdrawing. A charge of up to two weeks tuition will be incurred for improper notification.

**Signature**

I agree to pay the current weekly tuition rate throughout my child's enrollment including the two week withdrawal notice period.

**Signature**

I agree to keep the center informed as to changes in telephone numbers, addresses, and changes to health conditions of the child.

**Signature**

To insure that my child is able to participate in all activities and events, I will make sure that my child has closed toed shoes.

**Signature**

I agree to label all items brought into the center and understand any item brought into the center not labeled will be labeled by the child's teacher. Labeling needs to consist of first and last name.

**Signature**

**Parent/Guardian Signature**

**Date**

# Health Information & Emergency Permission

## To be completed by child's physician

Physician's Name

Phone Number

Address

City

State

I have examined the above named within the past year and find that he/she is able to take part in the child care program.

Physician's Signature

Date

## Hearing and Vision Screening

The Hearing and Vision Screening Program – Texas Health and Safety Code requires that all children enrolled in any public/private parochial, or denominational school or licensed child-care center must be screened or have a professional examination for possible hearing and/or vision problems. **The requirements for hearing and vision screening apply to children who are 4 years old by September 1st.**

Right Eye

Left Eye

Pass?

 Pass  Fail

Signature

Date

Right Ear

 1000 Hz  2000 Hz  4000 Hz

Left Ear

 1000 Hz  2000 Hz  4000 Hz

Pass?

 Y  N

Signature

Date

## Elementary School Age Children Only

My child has a current immunization, vision and hearing screening record on file at the following school:

School Name

School Phone Number

Parent/Guardian Signature

Date

Note: If medical diagnosis and treatments and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attached to this form.

## Immunizations

**Child's Name**

**Date**

|                             | Date/Dose 1 | Date/Dose 2 | Date/Dose 3 | Date/Booster | Date/Booster |
|-----------------------------|-------------|-------------|-------------|--------------|--------------|
| Immunizations               |             |             |             |              |              |
| DTP/DTaP/DT                 |             |             |             |              |              |
| Polio IPV or OPV            |             |             |             |              |              |
| Measles (Rubeola/Serampion) |             |             |             |              |              |
| Mumps                       |             |             |             |              |              |
| Rubella                     |             |             |             |              |              |
| Hib                         |             |             |             |              |              |
| Hepatitis A                 |             |             |             |              |              |
| Hepatitis B                 |             |             |             |              |              |
| TB Test (if required)       |             |             |             |              |              |
| Varicella (see below)       |             |             |             |              |              |

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date): \_\_\_\_\_ and does not need varicella vaccine.

**Parent/Guardian Signature**

**Date**

**Physician Signature**

**Date**

**Staff Signature** (When making handwritten copy)

**Date**

**Admission Requirement:** One of the following must be presented when your child (under the age of 5 years) is admitted to the day care facility or within one week of admission. Check to indicate the option you select:

Doctor's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program.

**Physician Signature**

**Date**

A form or written statement from a health service or clinic.

A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated.

**If you do not have any of the above:**

Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in the day care program. Name and address of physician or address of EPSDT Screening Site:

Within the next 12 months, I will obtain a physician's statement, a copy of the medical screening form from the EPSDT Program, or a form or statement from a health service or clinic and will submit it to the day care facility.

My child has an appointment for a physical examination on \_\_\_\_\_ at \_\_\_\_\_

I will submit the physician's statement, EPSDT form, or health service or clinic for to the day care facility following the examination.

**Parent/Guardian Signature**

**Date**

# Health & Emergency Permission

Child's Full Name

Date of Birth

Street Address

City

State

Zip Code

Parent/Guardian Name

Phone 1

Work Phone

Parent/Guardian Name

Phone 1

Work Phone

Doctor's Name

Phone

Dentist's Name

Phone

Health Insurance Provider

Phone

Does your child have physical problems, mental health disorders or developmental disabilities affecting participation in school activities? (Specify)

Y  N

Does your child have allergies, food restrictions, or food preferences? (food, medications, insects, etc.)

Y  N

Are there any special procedures required in caring for your child?

Y  N

## Emergency Contacts & Additional Pick-Up Contacts (if guardian cannot be reached)

Name

Address

Phone

Relationship

Pickup?

Y  N

Name

Address

Phone

Relationship

Pickup?

Y  N

**Kids 'R' Kids of Round Rock emergency 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.

**Hospital Center Uses**

I, \_\_\_\_\_ give permission for Kids 'R' Kids of Round Rock to seek medical attention and/or transport my child, \_\_\_\_\_ in the event of an emergency if I cannot be reached. I further agree to hold harmless and release Kids 'R' Kids of Round Rock and Kids 'R' Kids International, Inc., from all liability. I further agree to keep the facility informed of any changes in the information stated above.

# Enrollment Agreement

**Please check appropriate boxes and initial besides each item listed below.**

\_\_\_\_\_ I understand that my child will be provided all snacks and lunch served daily during their hours of attendance. Breakfast is served until 8:30am. My child will  will not  eat breakfast at the center. Outside food is allowed with permission from Director.

\_\_\_\_\_ 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 date.

\_\_\_\_\_ 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, as well as properly logging them in and out using the touch screen computer in the lobby.

\_\_\_\_\_ If my child needs diapers or wipes, I will provide whatever disposable diapers are required.

\_\_\_\_\_ My child has  has not  been potty trained.

\_\_\_\_\_ A clean change of clothes for any child up through the pre-k program must be in the classroom at all times and labeled with the child's full name on each item.

\_\_\_\_\_ KRK children 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ I understand that if my child is ill, including but not limited to a severe cough, undetermined rash or spots, temperature over 100.4 oral, or 99.4 armpit, 24 hours fever free, severe headaches, upset stomach, pink eye or diarrhea, the child 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.

\_\_\_\_\_ If I have not picked up my child by 6:00pm, and we are unable to contact the parents and other emergency contacts, KRK will contact Child Protective Services and the Round Rock Police. A late fee will be charged after 6:00pm.

\_\_\_\_\_ I understand it is my responsibility to keep the center advised on changes of address, phone numbers and contacts.

\_\_\_\_\_ I will provide a current immunization form, or the school where the form is located prior to enrollment and will update as required.

\_\_\_\_\_ I understand that I will need to sign a permission slip for each field trip (older children only).

\_\_\_\_\_ If my child is part of the after school program, I must notify the school no later than 1:30 pm if the child will not be riding the bus for that day. Failure to notify the center will result in delays as we attempt to locate you child and will result in a \$15 fee.



# Transportation Agreement & Rules

I, \_\_\_\_\_, allow Kids 'R' Kids of Round Rock to transport my child, \_\_\_\_\_ for the following reasons:

- To school**  
Name of School:  Begins at:  am
- From school**  
Name of School:  Ends at:  pm
- Field trips** Individual permission forms will also be signed for each trip
- Emergencies**

## School Age Children Only

Yes, I received a copy of the rules that my child is expected to follow while being transported. I will review these rules with my child.

## TRANSPORTATION GUIDELINES/RULES

The school bus rules and policies were created to ensure the safety of our students. Inappropriate behavior by students on the school bus can cause the driver to divert his/her attention away from the road, compromising the safety of all passengers and to surrounding traffic. Because of this, bus drivers are required to report student discipline issues to the Director. Repeated violations of the rules may include the following disciplinary actions:

- Counsel/re-instruct the student
- Move the student to another seat
- Note to home or call to the parent
- Student suspended from riding the bus
- It is vital that Kids 'R' Kids of Round Rock be notified of any changes in the above scheduled transportation. We will assume that the above schedule will be followed unless we receive different instructions from the parent/guardian. **Notify us as quickly as possible if your child does not need afternoon transportation.** Failure to notify us of changes in the afternoon pickup causes confusion and delays in our schedule while we learn the whereabouts of your child. **Failure to adhere to this policy may result in a \$5 charge to your account.**
- In the event that the designated location is unable to receive children, they will be returned to Kids 'R' Kids of Round Rock.
- Children will not be left unattended in any vehicle used for transportation.
- Children will wear seat belts.
- Your child must be at the center **no later than 7:15am to be transported to school in the mornings. If your child needs breakfast, he/she needs to be at the center by 7:00am.**
- Follow the driver's instruction.
- Remain seated, facing forward at all times.
- Keep the aisle clear – books and bags are tripping hazards and can block the way in an emergency.
- Keep all body parts and other objects inside the bus.
- Talk quietly and use respectful language, be courteous.
- Do not throw anything inside or from the bus.
- Do not eat or drink on the bus, to include gum and candy.
- Wait for the bus to stop completely before undoing the seatbelt and getting up from your seat.
- Do not mark upon, deface or cut the bus seats or otherwise cause damage to the bus. Parents are held responsible for damages incurred by their child.
- Feet must remain on the floor at all times.

Parent/Guardian Signature

Date

Child's Signature (if applicable)

Date

# Internet & Photo Agreement

Technology has allowed Kids 'R' Kids to give parents the opportunity to monitor their child's classroom through computers, video and the internet. By enrolling your child in Kids 'R' Kids of Round Rock, you agree to allow your child's image to be on the internet. **To access this service certain standards must be maintained at all times:**

1

Access codes (issued to those parents wishing to avail themselves of this service) are used to limit access to the images of our children, but you should realize that this system works through the internet. Authorized access permits access by that person to the images of all children within the field of view of the camera, including your child, whose image cannot be excluded, even if you choose not to utilize this internet service.

2

You agree not to (or permit any other person to) divulge, reproduce, print or save, in any way or on any medium, any images, prints or video images of any portion of the center's premises or any of the center's children without prior consent of the center. This involves security of the center and the children and should always be observed.

3

Unauthorized access to the image of your child could occur as a result of a breach of the internet or a breach of security by holders of access codes. Although all available measures are taken to prevent any unauthorized access, this is beyond the center's control, and we do not guarantee against such unauthorized access.

4

You agree that our method of assigning access codes and maintaining the confidentiality of such codes, so long as conducted in a manner consistent with usual, ordinary and reasonable business practices, shall be all that is required of the center in safeguarding your children's video images, and that no other or different safeguards of internet video images of the children or the premises shall be expected or required of the center.

5

You agree that only those persons, if any, listed below shall be given an access code. You agree that it is solely your responsibility to instruct each such person regarding the provisions of the agreement and to take from each such person their express agreement to:

- Not divulge the access code to any other person
- Abide by all the provisions of this agreement.
- Listed below are persons (first and last names) for whom access codes are requested:

6

Your signature below constitutes affirmation of your full and voluntary understanding and acceptance of these conditions with respect to your children, your express waiver of all Rights of Privacy in connection therewith, release of the center from any and all liability for any damage of any nature arising or resulting from its furnishing of this service, whether negligent or not.

7

Other parents may photograph children at the center. Photographs may also be posted within the center. I give my permission for my child to be photographed.

**I hereby warrant that I am of full age and competent to contract for the minor names below in so far as the above is concerned. I have read the foregoing releases and warrant that I fully understand the contents thereof.**

**Parent/Guardian Signature**

**Date**

# Child's Profile

**Child's Full Name**

**Date of Birth**

**Parent/Guardian Names**

This profile will stay with your child. As your child grows and develops, changes should be noted or added to this form to keep your child's teachers in touch with the growth and development of your child. We need your input on any changes taking place outside of school that may affect your child while in our care. Thank you for your cooperation.

**Has your child had previous daycare/preschool experiences? (Explain)**

Y  N

**What would you like most for your child to experience with us?**

**What does your child most enjoy doing?**

**Do you consider your child shy or outgoing?**

**What are your child's favorite toys?**

**Does your child play with other children?**

Y  N

**List the names and ages of other children in your family.**

**What words are spoken in your home for toileting?**

**Does your child take a nap? How long?**

**Does your child need a favorite item (such as a blanket or stuffed animal) for a nap? Type?**

**How many hours of sleep does your child usually receive at night?**

**Does your child have allergies? Explain:**

**Does your child have any special medical or physical needs?**

**Do you have a special interest or hobby you would like to share with the children?**

**Are you available to help us with field trips or other special events?**

Y  N

**Does anyone else care for your child(ren)?**

Y  N

**What language(s) is (are) spoken in your home?**

**Is your child "potty trained"?**

Y  N

**Additional notes or comments:**

# Policies Regarding Health

In our center, we have very specific guidelines for parents to reference regarding health. These policies are intended to be very clear on what health issues make it necessary for your child to be kept out of school. It is our hope that these policies address all concerns from parents and staff. Administered correctly and fairly, they should protect the best interest of all of our children, well and ill, as well as our staff. In order to keep the children healthy and maintain a safe environment, we ask for your help with the following guidelines:

- 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 other children at risk.
- A child with an axillary (armpit) temperature of 99.4 degrees or greater or an oral temperature of 100.4 degrees must be sent home (per Texas Minimum Standards for Child Care Centers). We ask that the child be kept out of school until he/she has been fever free for 24 hours without fever relieving medicine.
- A child showing signs of the following symptoms will be sent home:
  - Diarrhea or vomiting (twice in 24 hours)
  - Deep or hacking cough or sore throat
  - Continuous runny nose with a yellow or green color
  - Any suspicious rash that has not been diagnosed by a physician
  - Undiagnosed and untreated pink, swollen, matted or runny eyes
- A child may return to school when any of the following occur:
  - Temperature has been normal for 24 hours
  - Active signs of illness (diarrhea or vomiting) have been gone for 24 hours
  - 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)
- A child that is taking prescription medications MUST have a release from the physician to return to school.
- All prescribed medications must be left at the front desk with the person in charge. A medication form must be filled out completely and signed by the parent/guardian before any medications can be administered.
- Medications must be in the original container and labeled as follows: child's name, current date, amount of medication to be given, times to be given, expiration date, and any other special instructions.
- For Kids 'R' Kids of Round Rock to administer over-the-counter medication, there MUST be a written release from the physician presented to the center. The release must state the child's name, medication and dosage. It must also be in the original container.
- Medications will only be dispensed by the person or persons designated by the owner or director of the center.
- Parent must keep the child current on immunizations as per the Texas Department of Health and a copy must be supplied to the center.
- Medicine is given at 11am and 3pm daily. To insure your child is included, please coordinate your child's morning dose with these dosage times.

**I have read and fully understand the policies regarding health at Kids 'R' Kids of Round Rock.**

**Parent/Guardian Signature**

**Date**

# Gang Free Zone

## WHAT IS A GANG-FREE ZONE?

A gang-free zone is a designated area around a specific location where prohibited gang related activity is subject to increased penalty under Texas law. The specific locations include day care centers. The gang-free zone is within 1000 feet of your child care center. For more information about what constitutes a gang-free zone, please consult sections 71.028 and 71.029 of the Texas Penal Code.

## HOW DO PARENTS KNOW WHERE THE GANG-FREE ZONE ENDS?

The area that falls within a gang-free zone can vary depending on the type of location. The local municipal or county engineer may produce and update maps for the purposes of prosecution. Parents may contact their local municipality or court house for information about obtaining a copy of a map if they choose to do so.

## WHAT IS THE PURPOSE OF GANG-FREE ZONES?

Similar to the motivation behind establishing drug-free zones, the purpose of gang-free zones is to deter certain types of criminal activity in areas where children gather by enforcing tougher penalties.

**Parent/Guardian Signature**

**Date**

# Emergency Care Plan for Child with Severe Allergies/Asthma

**Child's Name**

**Date of Birth**

**Parent/Guardian Name**

**Emergency Phone Number**

**Parent/Guardian Name**

**Emergency Phone Number**

*(see emergency contact information for alternate contacts if parents/guardian are unavailable)*

**Primary Health Provider's Name**

**Emergency Phone Number**

**Asthma Specialist's Name (if any)**

**Emergency Phone Number**

**Allergy to:**

**Known Triggers for Asthma** (check all that apply)

|   |  |                                       |  |   |
|---|--|---------------------------------------|--|---|
| <input type="checkbox"/> Colds                  | <input type="checkbox"/> Mold            | <input type="checkbox"/> Exercise     | <input type="checkbox"/> Tree pollens  | <input type="checkbox"/> Room deodorizers |
| <input type="checkbox"/> House                  | <input type="checkbox"/> Dust            | <input type="checkbox"/> Strong odors | <input type="checkbox"/> Grass/flowers |   |
| <input type="checkbox"/> Excitement             | <input type="checkbox"/> Weather changes | <input type="checkbox"/> Animals      | <input type="checkbox"/> Smoke         |   |
| <input type="checkbox"/> Foods (specify): _____ |  |                                       |  |   |
| <input type="checkbox"/> Other (specify): _____ |  |                                       |  |   |

**Activities** (for which this child has needed special attention in the past – check all that apply)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Field trip to see animals | <input type="checkbox"/> Outdoors on cold or windy days      | <input type="checkbox"/> Sitting on carpets                        |
| <input type="checkbox"/> Running hard              | <input type="checkbox"/> Playing in freshly cut grass        | <input type="checkbox"/> Pet care                                  |
| <input type="checkbox"/> Jumping in leaves         | <input type="checkbox"/> Kerosene/wood stove/heated rooms    | <input type="checkbox"/> Recent pesticides application in facility |
| <input type="checkbox"/> Gardening                 | <input type="checkbox"/> Art projects with chalk/glues/fumes | <input type="checkbox"/> Painting or renovation in facility        |
| <input type="checkbox"/> Other (specify): _____    |  |  |

**Can this child use a flowmeter to monitor need for medication in child care?**  Yes  No

**Personal best reading**

**Reading to give extra med dose**

**Reading to get medical help**

**How often has this child needed urgent care from a doctor for an attack of asthma?**

In the past 12mos?

In the past 3mos?

**Typical Signs and Symptoms** – child’s asthma episodes (check all that apply)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Fatigue                   | <input type="checkbox"/> Sucking in chest/neck   | <input type="checkbox"/> Complaints of chest pain/tightness            |
| <input type="checkbox"/> Face red, pale or swollen | <input type="checkbox"/> Restlessness, agitation | <input type="checkbox"/> Gray or blue lips or fingernails              |
| <input type="checkbox"/> Grunting                  | <input type="checkbox"/> Dark circles under eyes | <input type="checkbox"/> Flaring nostrils, mouth opening (panting)     |
| <input type="checkbox"/> Breathing faster          | <input type="checkbox"/> Persistent coughing     | <input type="checkbox"/> Difficulty playing, eating, drinking, talking |
| <input type="checkbox"/> Wheezing                  | <input type="checkbox"/> Other (specify): _____  |  |

**REMINDERS IN ASTHMA SITUATIONS**

- 1 Notify parents immediately if emergency medication is required.
- 2 Get emergency medical help if:
  - the child does not improve 15 minutes after treatment and family cannot be reached
  - after receiving a treatment for wheezing, the child:
    - is working hard to breathe or grunting
    - is breathing fast at rest (>50/min)
    - has trouble walking or talking
    - has nostrils open wider than usual
    - won’t play
    - has gray or blue lips or fingernails
    - cries more softly and briefly
    - is hunched over to breathe
    - is extremely agitated or sleepy
    - has sucking in of skin (chest or neck) with breathing
- 3 Child’s doctor and child care facility should keep a current copy of this form in child’s record.

**Medication For Routine and Emergency Treatment of Asthma**

Child’s Name

Date of Birth

| Name of medication   |  |  |  |
|--|--|--|--|
| Routine or Emergency   |  |  |  |
| When to use (symptoms, time of day, frequency, etc.)   |  |  |  |
| How to use (by mouth, by inhaler, with or without spacing device, nebulizer, with or without dilution, diluting fluid, etc.) |  |  |  |
| Amount (dose) of medication  |  |  |  |
| How soon treatment should start to work  |  |  |  |
| Expected benefit for the child   |  |  |  |
| Possible side effects, if any  |  |  |  |
| Date instructions were last updated by child’s doctor  |  |  |  |
| Parent/guardian’s permission to follow this medication plan  |  |  |  |



# ALLERGIES – SIGNS OF AN ALLERGIC REACTION

| Systems | Symptoms  |
|---------|---|
| Mouth   | itching and swelling of the lips, tongue, or mouth                              |
| Throat  | itching and/or a sense of tightness in the throat, hoarseness and hacking cough |
| Skin    | hives, itchy rash, and/or swelling about the face or extremities                |
| Gut     | nausea, abdominal cramps, vomiting, and/or diarrhea                             |
| Lung*   | shortness of breath, repetitive coughing, and/or wheezing                       |
| Heart*  | “weak” pulse, “passing out”   |

\*Can potentially progress to a life threatening situation. The severity of symptoms can quickly change.

## To Be Completed by Health Care Provider

If reaction is suspected give immediately:

Treatment Prescription #1

Dosage

Description of Procedure

Treatment Prescription #1

Dosage

Description of Procedure

Precautions and/or possible adverse reactions

Call rescue squad/emergency responders?  Yes  No Phone Number \_\_\_\_\_

Other pertinent information

NOTE: In the case of a severe allergy to bee stings, the provider will attempt to quickly remove the stinger by scraping with a fingernail or other object.

Physician's Signature

Date

I give my permission for the provider to follow this plan of care prescribed by the physician. I also give my permission to call the health care provider(s) listed above for any additional medical information about my child. I understand that a photo of my child, including my child's name and specific allergies and treatment may be posted to this form.

Parent/Guardian Signature

Date

# Acknowledgment and Receipt of Family Handbook

The registration of a 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 Family 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 and to sign this form.

**We have read, understood and agree to abide by and honor all statements and provisions set forth in the Family Handbook as posted online ([kidskidsRR.com](http://kidskidsRR.com)) or as they may be changed from time to time by the school.**

**Child**

**Age**

**Date**

**Parent/Guardian**

**Relationship**

**Date**

# Acknowledgment & Receipt of Discipline & Behavior Management Policy

Praise, positive reinforcement, and redirection are effective methods for the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy taken from the Kids 'R' Kids Family Handbook and the NAEYC Code of Ethics.

At Kids 'R' Kids Schools of Quality Learning we use a method of 'redirection' to guide children toward appropriate behavior. If a child is engaged in behavior that is not conducive to a safe and happy learning environment, the teacher will "redirect" the child toward appropriate behavior.

"Above all, we shall not harm children. We shall not participate in practices that are disrespectful, degrading, dangerous, exploitative, intimidating, emotionally damaging, or physically harmful to children." (NAEYC Code of Ethics – Principle-1.1)

**I, the undersigned parent or guardian of \_\_\_\_\_, do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.**

**Date of Enrollment**

**Parent/Guardian Signature**

**Date**

**Signature of Director (or designated staff member)**

**Date**

# Parent Financial Agreement

Please familiarize yourself with Kids 'R' Kids policies and procedures outlined in our Parent Handbook and this Parent Financial Agreement. Please take time to read these policies and discuss with the center director any questions you may have. A parent initial is required next to each policy as an acknowledgment that you have been informed of these policies and that you agree to comply with Kids 'R' Kids policies, procedures, and terms, including the disciplinary procedures outlined in the Parent Handbook.

## TUITION POLICIES

\_\_\_\_\_ All tuition is billed on Friday for the upcoming week. All tuition fees are published and there are no special arrangements for tuition fees. Center Directors do not have the authority to discount published tuition fees. Tuition is due on Friday for the following week or the first day of attendance. All tuition is payable in advance.

\_\_\_\_\_ Tuition is considered late if not paid by Tuesday at 6:00 PM. All accounts will be assessed an automatic late fee of \$15.00 and \$10.00 a day thereafter until balance is paid in full. Failure to pay on time is considered serious. Families whose account is in two weeks in arrears will be asked to dis-enroll their child until payment is made in full. Any cost associated with collection of past due amounts will be paid by the customer.

\_\_\_\_\_ No tuition credit will be given for days absent due to weather, illness, holidays, or vacation. Children attending part time may not switch days to make up for days absent or closed for Holidays.

\_\_\_\_\_ A 5% multi-child discount applies to the fee charged for the oldest child if 2 children are enrolled from a family. When 3 or more children are enrolled, a 10% discount is offered to the oldest child. The multi-child discount does not apply to all part time programs or other discounts.

\_\_\_\_\_ A TWO-WEEK WRITTEN NOTICE is required for all withdrawals: notice must be given in writing to a member of management. Informing teaching staff is not considered adequate notice.

\_\_\_\_\_ We are closed the following holidays each year: New Year's Eve (at noon), New Year's Day, Good Friday, Memorial Day, 4th of July, The business day before the 1st day of RRISD new school year, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, and Christmas Day. Normal tuition will be charged for the week the holiday occurs. If the holiday falls on a Saturday, we will be closed the Friday before. If the holiday falls on a Sunday, we will be closed the following Monday. Children attending part time may not switch a scheduled attendance day because of holiday closures.

\_\_\_\_\_ Children attending fewer than 5 days per week are required to have a set schedule of days of attendance. All part time schedules are subject to space availability. Parents understand that if their child attends part time, they will be limited to their children attending only on the days that have been scheduled. Families needing to make a permanent schedule change understand that any change must be approved by the Center Director and can only be done if there is space available in that particular classroom. Two week notice is required.

\_\_\_\_\_ Cash is not accepted. Only manual or electronic checks, money orders, ACH, and credit cards paid through our website.

## VACATION POLICIES

Full time families: In order to receive vacation credit a full time family must be enrolled for at least one year. For any vacation taken prior to 6 months, the family will be charged full tuition. After one year of continual enrollment a full time family will receive 2 full weeks of vacation. Vacation may not be used one day at a time, and will only be given for a full week of absence. Vacation credit is only extended to those times when a child

is not in attendance. There are no tuition free weeks given in lieu of not taking an actual vacation. Additional weeks of absence will be charged full tuition. Two week written notice is required for taking a vacation. Vacation forms are at the front desk.

Part time families: In order to receive vacation all part time families must be enrolled for at least one year (this include school-age students). After one year of continual enrollment part time families will receive 1 full week of vacation. Vacation may not be used one day at a time, and will only be given for those times when a child is not in attendance. There are no free tuition weeks given in lieu of not taking an actual vacation. All other absences will be charged normal weekly tuition. Two week written notice is required for taking vacation. Vacation forms are at the front desk.

Part Day Pre-K students are not eligible for vacation credit/tuition.

## GENERAL POLICIES

We close at 6:00 PM and we ask that parents be respectful of that closing time. We ask that if a parent is going to be late they call the center to inform the office staff. All late pickup fees will be charged automatically to families who arrive after 6:00 PM. The child may be dis-enrolled if tardiness is a continual problem. If we are unable to reach a parent or guardian after 30 minutes, we must call CPS.

There is a \$30.00 returned check fee that will be charged for any check returned by the bank. All the fees associated with collection will be the responsibility of the parent. The amount of the returned check and check fee will be added to the parent account. At any time the center may refuse payment by check and require a cashier's check. The family will not be allowed to have their child attend the center until returned check and all fees are paid.

All Enrollment Information and forms must be submitted one (1) week before the child's first day of attendance. It is the responsibility of the family to update this information annually or more frequently if information changes.

All Medical and Immunization forms must be provided on the child's first day of attendance and updated as prescribed by the Texas Department of Human Services.

Parents and authorized persons must escort their child in and out of the center and deliver the child to the proper classroom. EVERY CHILD MUST BE SIGNED IN AND OUT EVERYDAY BY USING THE COMPUTER AT THE FRONT DESK. Each parent will be given an individual pin number, that number will be used to sign the child(ren) in and out.

Kids 'R' Kids hours of operation are from 6:45 AM to 6:00 PM, Monday through Friday, excluding the major holidays identified in this agreement and closing due to inclement weather or virus outbreak.

Kids 'R' Kids inclement weather and virus policy includes the ability to open late, close early, or not open at all due to severe weather or a major virus outbreak. In case severe weather/virus outbreak notification of delayed opening, or not opening at all will be on our website (KidsRKidsrr.com) and through the voice mail system at the school. If the decision is made to close the school early, the management will contact families by telephone and email. Decisions to close the school will be made by assessing the safety and well-being of the children, parents, and staff. Tuition will not be adjusted due to necessary delays or closures associated with severe weather or major virus outbreak.

All parents will be required to sign written permission forms for all field trips sponsored by Kids 'R' Kids. No child will be allowed to participate in field trips without a signed permission form.

Children attending before school program must be dropped off no later than 7:10 AM. After this time they will miss the bus runs and not be bused or taken to their school.

\_\_\_\_\_ Parents agree to follow all the Kids 'R' Kids policies outlined in the Family Handbook, including written authorization for dispensing medication including over the counter medicine. Also, it is very important to follow our illness policies.

\_\_\_\_\_ Parents will need to pick up your child(ren) within 2 hours of being notified of a sickness or as detailed by the state licensing department.

\_\_\_\_\_ Parents of Infants will provide a day's supply of pre-mixed bottles. Every bottle will be labeled with the child's full name and date. In addition, the parents will provide diapers, foods, and other supplies as requested by the staff.

\_\_\_\_\_ Policy changes are required from time to time. Minor changes will be emailed in our weekly newsletter.

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### Financial Agreement

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**Child(ren) name(s)** \_\_\_\_\_ will be attending Kids 'R' Kids.

**Child(ren)'s Birthday(s)**

**Age(s)**

Monday  Tuesday  Wednesday  Thursday  Friday

**Normal Hours of Attendance**

**Current Tuition Rate\***

Full Day  Part Time

**I acknowledge that I have been advised of the policies of Kids 'R' Kids and have initialed each policy. By doing so I agree to follow Kids 'R' Kids policies. I agree to the weekly tuition rate.**

\*The tuition may change based on the age of the child. Additionally, KRK may have a tuition increase as defined in the Parent Handbook.

**Parent/Guardian Signature**

**Date**

# Registration Confirmation

This is in receipt of a registration fee of (amount) \_\_\_\_\_ for (child) \_\_\_\_\_  
who will begin attending on (date) \_\_\_\_\_ in (classroom) \_\_\_\_\_

I understand that this registration fee is nonrefundable. I further understand that a place for my child will be held only until the above enrollment date and if I choose to enroll at a later date, there may no be space available. If space is available, another registration fee will be required. All enrollment paperwork, including immunization records must be completed and turned in on or before the enrollment date in order for my child to attend.

**Parent/Guardian Signature**

**Date**

**Manager – KRK of Round Rock Signature**

**Date**

\_\_\_\_\_  
**For Office Use Only**  
\_\_\_\_\_

**Door Code**

**Computer ID**

**Password**

# Topical Ointment & Cream Authorization

All topical ointments and creams must be current, in its original container and labeled with the child's full name. Follow state guidelines for new authorization. If guidelines are not stipulated, all authorizations must be updated every 12 months.

|   |                      |                        |                      |
|---|----------------------|------------------------|----------------------|
| <b>Child's Full Name</b>  | <input type="text"/> | <b>Date of Birth</b>   | <input type="text"/> |
| <b>Classroom</b>  | <input type="text"/> | <b>Start Date</b>      | <input type="text"/> |
|   |                      | <b>End Date</b>        | <input type="text"/> |
| <b>Sunscreen Product Name</b>                                     | <input type="text"/> | <b>Expiration Date</b> | <input type="text"/> |
| <b>Insect Repellent Product Name</b>                              | <input type="text"/> | <b>Expiration Date</b> | <input type="text"/> |
| <b>Non-Prescription Ointment Product Name</b> (e.g. diaper cream) | <input type="text"/> | <b>Expiration Date</b> | <input type="text"/> |
| <b>Other (Specify)</b>  | <input type="text"/> | <b>Expiration Date</b> | <input type="text"/> |
| <b>Other (Specify)</b>  | <input type="text"/> | <b>Expiration Date</b> | <input type="text"/> |
| <b>Other (Specify)</b>  | <input type="text"/> |                        |                      |

|                                  |                      |             |                      |
|----------------------------------|----------------------|-------------|----------------------|
| <b>Parent/Guardian Signature</b> | <input type="text"/> | <b>Date</b> | <input type="text"/> |
|----------------------------------|----------------------|-------------|----------------------|

**For Center Use Only**

|  |                                      |                      |
|--|--------------------------------------|----------------------|
| <b>Disposal of Leftover Ointment</b>                                 | <b>Authorized Person's Signature</b> | <b>Date</b>          |
| <input type="checkbox"/> Returned <input type="checkbox"/> Discarded | <input type="text"/>                 | <input type="text"/> |

**Distribution**

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Front Desk Forms | <input type="checkbox"/> Infant/Toddler Classroom Log | <input type="checkbox"/> Preschool/School-Age Classroom |
|---|---|---|