



1455 Red Bud Lane
 Round Rock, TX 78664
 512-248-2178
 www.kidsrkidsroundrock.com

ADMISSION INFORMATION

CHILD			
LAST NAME	FIRST NAME	<input type="checkbox"/> MALE	BIRTHDATE
		<input type="checkbox"/> FEMALE	MONTH DAY YEAR
ADDRESS		ENROLLMENT DATE	STARTING ROOM
STREET			
CITY, STATE, ZIP		WITHDRAWAL DATE	RATE

1 ST PARENT Account will be listed under this parent's name	2 ND PARENT
Last Name _____ First Name _____	Last Name _____ First Name _____
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Place of Employment _____	Place of Employment _____
Address of Employment _____	Address of Employment _____
Normal Work Hours _____	Normal Work Hours _____
Email _____	Email _____

Child's Legal Guardians Both Parents Mother Father Other _____

Child's Living Arrangements Both Parents Mother Father Other _____

Expected Days & Hours in care Mon Tues Wed Thurs Fri Hours: From _____ to _____

A Non-refundable Registration fee of \$125 (\$200 per family) is required upon enrollment and every August thereafter. Another Registration fee will be due if the child is withdrawn and then re-enrolls.	Signature
Tuition is due Friday before the upcoming week. If the tuition and fees are not paid in full by close of business day the following Tuesday, a late fee of \$20 will be assessed and the child will be subject to dismissal. An additional \$5/day starting Thursday will be charged to the account until the balance is paid. If the account is not paid in full, to include late fees, by 6:30pm on Friday, your child will be dis-enrolled until the account is current and all late fees are paid. You will then be required to pay the registration fee to be able to return to school.	Signature
We do not pro rate weekly tuition for any reason (holidays, staff development days, sick days, or partial week attendance, etc.).	Signature
A \$35 fee will be charged for all returned checks.	Signature
A two week written notice is required when withdrawing. The notice must be given to the front desk office staff. A charge of up to two weeks tuition will be incurred for improper notification.	Signature
Upon enrollment, I agree to pay the registration fee plus two weeks of tuition which will be put into an escrow account and cover the last two weeks your child attends. If money is owed to you at the end of those two weeks, a refund will be issued to you on the last day of attendance.	Signature

Parent/Guardian's Signature: _____ Date _____



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Child's Name _____

Address _____

HEALTH AND EMERGENCY PERMISSION

List any **allergies** or **special diets** your child has (if none, write "**NONE**"): _____

Please explain the **reaction** your child has if he/she comes in contact with or ingests the item(s) listed above. _____

List any special problems that your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past twelve months, and medication prescribed for long-term continuous use, and any other information that caregivers should be aware of. If none write "**NONE**":

I, _____, give permission for Kids R Kids #3 to seek medical attention for my child, _____, in the event of an emergency if I cannot be reached, and to hold harmless and release to Kids R Kids #3 and Kids R Kids International, Inc., from liability. I further agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

Parent Signature _____ Date _____

Kids R Kids #3 emergency medical procedure will be:

- Contact Parent or other emergency contacts
- Call emergency medical team, if necessary
- Have emergency medical team transport child to nearest hospital
- Medical attention will be sought from the doctor on call at:

Child's Physician Information

Dr. _____

Phone # _____

Street _____

City, State, Zip _____

EMERGENCY CONTACTS

The persons listed below may be contacted in the event of an emergency AND are authorized with proper identification to pick up this child. We must have the Parent/Guardian and at least 1 other contact listed.

Name	Relationship	Home Phone	Cell Phone	Work Phone	Address
	1 st parent				
	2 nd parent				

Parent/Guardian's Signature: _____ Date: _____



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Child's Name _____

TRANSPORTATION AGREEMENT

I, _____, allow Kids 'R' Kids #3TX to transport my child,
(Parent, Legal Guardian)

_____, for the following reasons:
(child)

- 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

- It is vital that Kids 'R' Kids #3TX 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 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 \$10 charge to your account.**
- In the event that the designated location is unable to receive children, they will be returned to Kids 'R' Kids #3TX.
- 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 7:10am to be transported to school in the mornings. If your child needs breakfast, he/she needs to be here by 7:00am.

Parent/Guardian's Signature: _____ Date: _____



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INTERNET RELEASE

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 #3TX, 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 this Agreement and to take from each such person their express agreement to:
 - a. not divulge the Access Code to any other person
 - b. abide by all the provisions of this agreement.

Listed below are persons (first and last names) for whom Access Codes are requested:

a) _____ b) _____ c) _____

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, as well as your agreement that you expressly assume all risks involved in furnishing such images, and your 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.

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

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____ Date: _____



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Photo Release

I hereby assign and grant to the photographer, or those for whom the photographer is acting as indicated above, the right and permission to copyright and/or use and/or publish, and republish, photographic pictures and portraits of the minor named below in which said minor may be included in whole or in part, in color or black and white, made through any media by the photographer at his studio or elsewhere, including the use of any printed matter in conjunction with such photographs.

I hereby waive my right to inspect and/or approve the finished photograph or advertising copy or printed matter that may be used in conjunction with such photographs, or to the eventual use that it might be applied.

I hereby release and discharge the above, its assigns, and all persons acting under its permission or authority or those for whom it is acting, from and against any liability as a result of any distortion, blurring, alteration, or optical illusion that may occur in the taking of the picture, or processing or reproduction of finished product.

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

By signing below you accept the terms above.

Minor's Name

Signature of Parent or Guardian

PRINTED NAME

If you decline, sign below.

Minor's Name

Signature of Parent or Guardian



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Child's Name _____

POLICIES AND PROCEDURES

1. Kids R Kids does not have the right to withhold a child from any parent having custody or joint custody. If there is a current court order stating that one parent does not have access to a child, we must have a copy in the child's file. We cannot deny any parent access to their child without such an order. The center cannot become involved in custody disputes and a child will be disenrolled if such disputes occur.
2. I understand that a maximum of one week of vacation credit may be used every 6 months when front office staff is notified by a written two-week notice and the child will be absent all five consecutive days in a given week (Monday – Friday). Your vacation credit week cannot be carried over to the next year.
3. I understand that it is my responsibility to escort my child into and out of the building and to sign my child in and out of the center. I understand that staff members will escort my child into the center when being transported by district or Kids R Kids transportation.
4. If my child wears diapers, I understand I am to provide them. Only disposable diapers are permitted in the school.
5. I understand I am totally responsible for any food not on the menu required by my child. This is a nut free school; no nut products or traces of nut products may be in foods brought in. Gum, candy, sodas and non-nutritional foods should not be brought in. If my child's diet consists of formula taken from a bottle, I understand I will provide the appropriate number of prepared bottles containing the formula necessary for my child each day. Each bottle will be clearly labeled with my child's full name.
6. I understand that if my child is ill, including but not limited to: a severe cough or sore throat, undetermined rash or spots, temperature over 100⁰, severe headaches, upset stomach, pink eye or diarrhea, he/she cannot be accepted into the center until well. **Children must be fever free for 24 hours (without fever reducing medications)** before returning to the school. In the event my child has a communicable disease, a release from a medical source may be required before my child reenters the school. Kids R Kids will notify me if a reportable disease has been introduced into the school.
7. I understand that the center has a specific policy regarding the administration of medication. I agree to provide the center with all required information in accordance with this policy. The school reserves the right to administer medicines only as prescribed by a licensed physician including over the counter drugs. Medication is administered at 11 am.
8. I understand it is my responsibility to keep the school advised of changes of address, phone numbers, and contacts.
9. I understand the school closes at 6:30 pm and my child must be picked up by that time. **A late fee of \$10 will be charged after 6:30 pm and \$1 every minute after 6:35.** If I have not picked up my child by 7:00 pm and all attempts to contact me and all my emergency contacts fail, Kids R Kids is obligated to call Family Protective Services and the Police.

I have read and understand the above statements. I have received and agree to abide by all policies and procedures of Kids R Kids #3 as outlined in this agreement and the Parent Handbook.

Parent/Guardian's Signature: _____

Date: _____

Manager's Signature: _____

Date: _____



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Child's Name _____

HEALTH INFORMATION

INFANTS THROUGH PRE-K & PRIVATE KINDER ONLY

To be filled out by child's physician:

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 Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Physician's Signature: _____ *Date:* _____

Status Of:
Vision: _____
Hearing: _____

To be filled out by child's parent/guardian (if the above box is not signed)

My child has been examined within the past year by a health professional and is able to participate in the child care program. Within one (1) month of admission, I will obtain a health care professional's signed statement and will submit it to Kids R Kids #3 TX.

Parent/Guardian's Signature: _____ Date: _____

I understand that Kids R Kids is required to have a copy of my child's updated shot records. A copy must be turned in with this enrollment package. I also understand that if my child's shot records are not up to date, I will be sure my child receives the appropriate immunizations within the timeframe set by Kids R Kids.

Parent/Guardian's Signature: _____ Date: _____



Child's Name _____

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CHILD PROFILE

1. Has your child had previous preschool experiences? Yes No

Explain. _____

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

3. Does your child have any particular fears?

4. Does your child play well with other children? Yes No Not Sure

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

6. Does your child take a nap? Yes_____ No_____ How long?_____
At Kids R Kids, there is a daily quiet time when children are expected to nap. If they are unable to nap, they will read or work on a quiet activity during that time.

7. What is the primary language spoken in your home? _____

Please fill out for children ages 2-4

Is your child potty trained? If not, what stage is he/she in? _____
