

# ENROLLMENT REGISTRATION FORM



## 1 TELL US WHO YOU ARE

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Special Requests \_\_\_\_\_

## 2 CIRCLE WEEKS TO ATTEND!

Awesome activities are designed around a variety of engaging themes.  
Circle the weeks you want your child to attend.



June 12-16



June 19-23



June 26-30



July 3-7



July 10-14



July 17-21



July 24-28



July 30-August



August 7-11



August 14-18



August 21-25

## 3 DELIVER TO FRONT DESK BY MONTH/DAY



of RTP

2502 Presidential Drive, Durham, NC 27703  
kidsrkidsrtp.com | 919.544.5050

# SUMMER CAMP CONTRACT



## Enrollment

Kids 'R' Kids RTP Learning Academy agrees to provide summer camp care for \_\_\_\_\_ (child's name) on M-Tu-W-Th-F from 7:00am to 6:00pm. I agree to pay the one-time summer camp registration fee in the amount of \$50.00.

Initial

## Tuition

Tuition is \$285.00 per week. There are 3 weeks that we are only open 4 days. The fee for those weeks is \$240.00. If your child attends 4 or 5 days of the week, the tuition is full price, \$285.00. If the child attends 1, 2, or 3 days, the drop-in fee is \$60.00 per day. Tuition is due on the Monday of that week. My first payment is due on \_\_\_\_\_ (date). I agree to pay tuition using ACH, credit card, check, or cash on or before the due date. Tuition received after the due date is subject to a late fee in the amount of \$20.00.

Initial

## Technology

We have designed our camp experience to encourage students to be unplugged, explore their creativity, and build relationships. Electronic devices (cell phones, laptops) are NOT allowed to be brought to camp. Kids 'R' Kids RTP Learning Academy will not be responsible for any lost, stolen or damages devices.

Initial

## Water Play

Water park days are scheduled for Mondays. Your student will need to bring swimwear, a towel, and closed-toe shoes suitable for water. Sandals or flip-flops are not acceptable. Please apply sunscreen in the morning before arriving at school. Our camp staff will assist students in an afternoon application, provided there is an authorization form on file.

Initial

## Field Trips

We are dedicated to making sure that all students are included on every field trip. Review the following guidelines for field trips.

1. Authorize your child's attendance for each field trip prior to departure. This is required for each trip. Our staff will do our best to remind you, but any student that does not have written guardian consent, will not be permitted to attend the field trip.
2. Arrive at least one hour prior to the field trip departure time. The bus will leave at 9:30am for field trips.
3. Dress your child in closed-toe shoes and your KRK field trip shirt (t-shirts will be kept at KRK).
4. Prepare your child for the day with sunscreen, bug spray, and a water bottle. (Make sure to sign off on a topical ointment form).
5. Remember students must arrive and depart the same way on field trips. For example, if a student rides the bus to a field trip, they must return to the school by riding the bus. Parents cannot drop off or pick up at field trips.

Initial



Of RTP

2502 Presidential Drive, Durham, NC 27703  
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☐

Family Copy

☐

School Copy



# SUMMER CAMP CONTRACT



## Bus Etiquette

Bus transportation is something that Kids 'R' Kids RTP Learning Academy takes very seriously. We spend a lot of time training and preparing our teachers to be knowledgeable in all safety guidelines and take proper precautions. It is important to review the following rules with your child. Make sure that they understand that their behavior directly affects the safety of all others on the bus.

1. All students must wear their seat belts in the proper way for the duration of their time on the bus.
2. Students may speak quietly to friends but should refrain from any loud noises that may distract the driver.
3. Students must listen to all KRK staff and follow directions at all times.

Initial

## Compassion

All students are different and special in their own unique way. We encourage students to be respectful and mindful of others and how their actions and words impact other students. At Kids 'R' Kids RTP Learning Academy, we strive to make sure that all students are celebrated and appreciated in an environment where Kids 'R' Kind. Profanity and bullying will not be tolerated. Please review the following expectations with your student:

1. Students will use kind words toward one another.
2. Students will celebrate similarities and differences alike.
3. Students will strive to interact with compassion and empathy.

Initial

Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact (Relationship) \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor (When Guardians cannot be reached) \_\_\_\_\_ Phone # \_\_\_\_\_

Special Needs (Medication/Dietary) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Weeks Enrolled** (Circle week choices)

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11

**Cost:**

**Paid:**



Date Application Completed \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

**CHILD'S APPLICATION FOR ENROLLMENT***To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually***CHILD INFORMATION:**

Day of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Nickname

Child's Physical Address: \_\_\_\_\_

**FAMILY INFORMATION:**

Father/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email of Father: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email of Mother: \_\_\_\_\_

**Contacts/Emergency Contacts:** Please list the names of individuals to whom the center may release the child, as authorized by the person who signs the application. The operator, administrator, and staff shall release a child only to an individual(s) listed on the application.

Name	Relationship	Address	Phone Number
Name	Relationship	Address	Phone Number

**HEALTH CARE NEEDS:**

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health service, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional.

Is there a medical action plan attached? Yes ☐ No ☐

List any allergies and the symptoms and type of response required for allergic reactions. \_\_\_\_\_

List any health care needs or concerns, symptoms of and type or response for these health care needs or concerns. \_\_\_\_\_

List any particular fears or unique behavior characteristics the child has \_\_\_\_\_

List any medication taken for health care needs \_\_\_\_\_

Share any other information that has a direct bearing on assuring safe medical treatment for your child \_\_\_\_\_

**EMERGENCY MEDICAL CARE INFORMATION:**Emergency medical care information must be on file for each individual child. This information must include the name, address, and telephone number of the parent or other person to be contacted in case of an emergency.

Name	Address	Phone Number
Name of health care professional		Office Phone
Hospital Preference		Phone

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_





## Enrollment Application

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

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

### Child

Child's Full Name \_\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

### Parent/Guardian(s)

Parent/Guardian Name \_\_\_\_\_ ☐ Parent ☐ Guardian

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Employment Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ ☐ Parent ☐ Guardian

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Employment Address \_\_\_\_\_

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other \_\_\_\_\_

Child's Legal Guardian(s): ☐ Both parents/guardians ☐ Mother ☐ Father ☐ Other \_\_\_\_\_

Child's Living Arrangements: ☐ Both parents/guardians ☐ Mother ☐ Father ☐ Other \_\_\_\_\_

### Emergency Contacts

The child may be released to the person(s) signing this agreement or to the following with photo ID:

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Emergency contact(s) when parents cannot be reached:

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Doctor to be contacted when parents cannot be reached:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Parent/Guardian Signature

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



## Parental/Guardian Agreement with Kids 'R' Kids #6

1. Kids 'R' Kids #6 agrees to provide childcare for \_\_\_\_\_ on M – Tu – W – Th – F from 7:00 am to 6:00 pm. Child's Full Name
2. I agree to pay the tuition fee of \$\_\_\_\_\_ as designated by the school as well as a registration fee of \$\_\_\_\_\_ that will be due annually. Payment will be due on \_\_\_\_\_.
3. My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_

I agree to provide the school with all necessary information pertaining to the administering of medication (date, prescription #, Allergy Action Plan, doctor's notes, direction, medication in original pharmaceutical container, etc.).

4. I agree to follow all requirements of the school's medical policy.
5. My child has the following special needs that may affect participation in school activities: \_\_\_\_\_
6. The following special accommodation(s) may be required to most effectively meet my child's needs while at this school: \_\_\_\_\_
7. I understand my child will be provided with all snacks and lunch served daily during his/her hours of attendance.
8. I understand I am responsible for any special diet required by my child and will provide a doctor's note indicating so. If my child's diet consists of breast milk or formula taken from a bottle, I understand I will provide Kids 'R' Kids with the appropriate number of bottles containing formula/ breast milk necessary for my child each day. Each bottle will be clearly labeled with my child's full name and current date.
9. If my child wears diapers, I understand I will provide whatever disposable diapers are necessary for my child. I understand that only disposable diapers are permitted in the school and that they will be changed every two hours, or as needed.
10. If child is of school age, what school does he/she attend: \_\_\_\_\_
11. Transportation is provided to and from school and on planned field trips with parental/guardian permission. A separate form and signature are required for this service. A School-Age Transportation Agreement form must be signed each school year. A field trip agreement form must be signed before each fieldtrip.
12. Should my child become ill during the time he or she is in the care of Kids 'R' Kids or suffers an accident of any nature, the school will contact me immediately and is authorized to secure such medical attention and care for my child as necessary. (The parent/guardian will assume responsibility for payment).
13. I understand that if my child is ill, including, but not limited to, a severe cough or sore throat, undetermined rash or spots, temperature over \_\_\_\_\_ degrees, severe headaches, upset stomach or diarrhea, he or she cannot be accepted into the school until well (24 hours well without symptoms or medication). In the event my child has a notifiable disease, a release form from a medical source may be required before my child can re-enter the school. Kids 'R' Kids will notify parents if a notifiable disease has been introduced into the school and guidelines will be followed per the CDC Chart/Health Dept.
14. I understand that Kids 'R' Kids # 6, Inc. nor any other Kids 'R' Kids is responsible for the actions or obligations of this school.
15. I understand that it is my responsibility to escort my child into and out of the school. And to sign my child in and out of the school. I understand that a staff member will escort my child into the school when being transported from school by county or Kids 'R' Kids transportation.
16. If I have not picked up my child 30 minutes after closing, and all attempts to contact my emergency contacts and me fail, Kids 'R' Kids will call the proper authorities.
17. I understand that it is my responsibility to keep the school advised of any changes to the information provided in this application.

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

\_\_\_\_\_  
Parent/Guardian Signature

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

\_\_\_\_\_  
Owner/Director Signature

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





# Immunization Record

## *State Specific Form*

Follow state requirements for Immunization Record Keeping

**\*Please provide Kids 'R' Kids of RTP with a copy of your child's Immunization Records.**

**-You will have 30 days from the date of your child's enrollment to provide Kids 'R' Kids RTP with a copy of these records.**

**Name of Child:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_

**I understand that I have 30 days from the time of my child's enrollment to provide a copy of my child's immunization records to Kids 'R' Kids of RTP. I also understand that if I do not provide Kids 'R' Kids of RTP a copy of the records, my child will not be able to return until the copy is provided.**

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Distribution**

- Child's File
- Infant/Toddler Classroom Forms
- Pre-School/School-Age Classroom Forms

**Child Profile**

For children ages 1 and up

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. List any nicknames your child may have. \_\_\_\_\_
2. Has your child had previous group care experiences? ☐ Yes ☐ No
3. What language(s) is spoken in your home? \_\_\_\_\_
4. List the names and ages of siblings.  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you have pets at home? ☐ Yes ☐ No If yes, please list type of pet and name.  
\_\_\_\_\_
6. What words are spoken in your home to describe everyday things (I.e. toileting, nap, eat, play and outside)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

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





## 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 # 6, 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, Instagram, 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



## Registration, Tuition, Policies and Fees

PLEASE RETURN WITH SIGNATURE

- The center is open from 7:00am to 6:00pm. Parents are welcome and encourage to visit at any time.
- We accept children without regard to race, color or national origin.
- Tuition includes educational programs, morning snack, a nutritious lunch, afternoon snack, and Internet viewing. I understand I am responsible for any special diet requirement for my child. If my child's diet consists of formula from a bottle, I will provide Kids R Kids with the appropriate number of bottles needed for the day. Each bottle will be clearly labeled with my child's name and dated as defined by state regulations.
- Kids R Kids will provide care for my child on M-F, MWF, or T Th. (circle appropriate schedule). The tuition is \_\_\_\_\_ per week.  
Child's name: \_\_\_\_\_
- **New Enrollment Registration Fees:** Registration and Equipment fees are payable upon registration and are non-refundable. If space is not available, your child will be placed on the waiting list. We will contact you when space becomes available. Siblings at our center do have priority on our waiting lists. These fees serve to ensure your child's placement in addition to covering the costs of processing the application for admission, supplies and education materials.
- **Annual Administrative Fee:** An annual fee is required and paid on March 1<sup>st</sup> of each calendar year. This fee covers the costs of supplies, educational materials, and insurance. The annual fee is currently set at \$150.00. Any student joining Kids R Kids in the six months prior to this annual charge is exempt.
- **Payment of Fees:** Tuition is paid weekly or monthly in advance with no deductions for absence of holidays. Weekly tuition is due Friday of the preceding week. If your fees are not paid in full by Monday at 6:30pm a \$20.00 late fee will be added. Monthly tuition is due on the 1<sup>st</sup> of the month for the upcoming month. If the tuition is not received that day a \$20.00 late fee will be charged. When a payment is delinquent for one week, the space can no longer be reserved for the child. Parents will be notified of any changes in tuition within four weeks of the change. A child will move to an older classroom group when she/he has reached the appropriate developmental level and when space is available. When a child moves into an older age (EG. 2, 3, 4) classroom, the new lower rate will be in effect the 1<sup>st</sup> Monday after the transition week. Kids R Kids reserves the right to change tuition and or program fees due to unforeseen increases in expenses. Any additional services such as drop-in extended days, field trips, etc. must be paid the same day services are rendered.
- **Returned Checks:** If your check is returned for any reason, a \$35.00 fee will be charged. This will be due in addition to any late charges prior to the beginning of the next week's class. Returned checks must be covered by a cashier's check or money order.
- **Late Pick Up:** Parents who pick up their children after 6:30pm will be charged a \$10 plus \$1 per minute for every minute past 6:35pm. This fee is payable immediately.
- **Withdrawal:** No portion of your weekly paid or outstanding tuition will be refunded or cancelled in the event of absence, withdrawal or dismissal from school. Should it become necessary to withdraw your child for any reason, a thirty-day written notice must be given to the school. We reserve the right to dismiss any student, should it be deemed necessary, at the sole discretion of the school's director and owner. Please list a valid credit card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ that will be billed automat 2 weeks in event of withdraw.
- **Family Vacation:** Full Time, Monday-Friday children, including school age, may be absent from Kids R Kids one week per year without changes after the student has been enrolled one year. Full Time Monday-Friday students accumulate one week of family vacation each year on the date of their anniversary.
  - 1- If the school is given two weeks' notice of vacation; and
  - 2- If the vacation is taken for an entire work week, (Monday- Friday)
  - 3- **Your free week vacation CANNOT be used during your disenrollment period.**
  - 4- **No more than 5 families can use their vacation week in the same week. You could be denied a vacation week if 5 families have already requested that week.**
- **Holidays:** Kids R Kids will be closed New Year's Day, Memorial Day, Labor Day, Independence Day, Thanksgiving (Thursday and Friday), Good Friday, and three days for Christmas and two teacher workdays per year. If the holiday falls on a Saturday, we will be closed the Friday before. If a holiday falls on Sunday, we will closed the following Monday. If Kids R Kids must close due to any additional unexpected circumstances such as dangerous weather, full payment of tuition is required. Kids R Kids reserves the right to close any additional days as needed and full tuition payment is expected.
- **Child Care Laws:** I have received, read, And fully understand The Summary of North Carolina Child Care Law and Rules.
- **Policies:** I have read and understand all the Kids R Kids Rules and Regulations.
- **Policies:** I acknowledge that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_





### Discipline and Behavior Management Policy

Praise and positive reinforcement are affective methods of 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 procedures.

#### We Do:

- Praise, reward, and encourage the children
- Reason with and set limits for the children
- Model appropriate behavior for the children
- Modify the classroom environment to attempt to prevent problems before they occur
- Listen to the children
- Provide alternatives for inappropriate behavior to the children
- Provide the children with natural and logical consequences of their behaviors
- Treat the children as people, respect their needs, desires and feelings
- Ignore minor misbehaviors
- Explain things to children on their level
- Stay consistent in our behavior management program

#### We Do Not:

- Spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the children
- Make fun of, yell at, threaten, make sarcastic remarks about, use profanity or otherwise verbally abuse the children
- Shame or punish the children when bathroom accidents occur
- Deny food or rest as punishment
- Relate discipline to eating, resting or sleeping
- Leave the children alone, unattended, or unsupervised
- Place the children in locked rooms, closets, or boxes as punishment
- Allow discipline of children by children
- Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name) 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/principal (or other designated management member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child Enrollment \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Date \_\_\_\_\_

**Distribution**

- Child's File
- Transportation Log

**Transportation Agreement**

The following information is required to be updated by Kids 'R' Kids annually and when transportation situation changes

Child's Full Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Kids 'R' Kids RTP emergency transportation/medical procedure:**

1. Call emergency medical team, if necessary
2. Contact parent/guardian (phone, email, text)
3. Contact alternate emergency contact, if necessary
4. Emergency medical team transports child to hospital.
5. Kids 'R' Kids representative will accompany child to hospital.

Emergency Medical Facility the center uses: \_\_\_\_\_ Duke Hospital \_\_\_\_\_

Address: 2301 Erwin Road Durham, NC 27710 \_\_\_\_\_ Phone 919-684-8111 \_\_\_\_\_

I, \_\_\_\_\_ give permission for Kids 'R' Kids RTP licensed by the Division of Child Development to seek/secure medical, dental and/or emergency attention and /or to provide emergency transportation for the above named minor, in the event of any emergency. I further agree to hold harmless and release Kids 'R' Kids RTP and Kids 'R' Kids International, Inc. from all liability. Non-emergency medical treatment is not included in this authorization. I further agree to keep the facility informed of any changes in the information below.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For School Age Use Only:** *If the child relocates to another school or the hours change, this form must be updated immediately*

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

- In the event the designated location is unable to receive children they will be returned to Kids 'R' Kids RTP.
- It is vital that Kids 'R' Kids RTP be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids RTP will assume the above schedule of transportation will be followed unless we receive different instructions from parents in writing. Instructions should be received at Kids 'R' Kids RTP by the earliest possible time before scheduled pickup or drop off.

I, \_\_\_\_\_ agree for my child to be transported by Kids 'R' Kids RTP

☐ To school at \_\_\_\_\_ (am/pm)

☐ From school at \_\_\_\_\_ (am/pm)

On the following days: Monday Tuesday Wednesday Thursday Friday

\_\_\_\_\_  
Parent/Guardian Signature

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

\_\_\_\_\_  
Owner/Director Signature

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

*This form was developed by Kids 'R' Kids International, Inc. It's important to review State Guidelines regularly to ensure compliance.*

KRK/REV/02/2020





## Health and Emergency Permission

This form must be completed for all enrolled children annually and as changes occur

Child			
Child's Full Name _____		Age _____	Gender _____
Date of Birth ____/____/____			
Child's Home Address _____		Home Phone _____	
Parent/Guardian(s)			
Parent/Guardian Name _____		Phone 1: _____	Phone 2: _____
Parent/Guardian Name _____		Phone 1: _____	Phone 2: _____
Medical Information			
Doctor to be contacted when parents cannot be reached:			
Name _____	Full Address _____	Telephone _____	
Dentist:			
Name _____	Full Address _____	Telephone _____	
Health Insurance Provider:			
Name _____	Full Address _____	Telephone _____	
Hospital Preferred for Emergency Medical Treatment: _____			
Does your child have special needs affecting participation in school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specify: _____			
Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your child on prescribed medication for Illness/Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specify: _____			
Actions Taken: _____			
Emergency Contacts			
The child may be released to the person(s) signing this agreement or to the following with photo ID:			
Name _____	Address _____	Telephone _____	Relationship _____
Emergency contact(s) when parents cannot be reached:			
Name _____	Address _____	Telephone _____	Relationship _____

### Field Trips and Activities Outside the Fenced Playground

I hereby give permission to Kids 'R' Kids RTP for my child to participate in a walking trip or be transported in a vehicle for a field trip. I further give permission to the facility for my child to participate in developmentally appropriate supervised activities outside the fenced playground.

\_\_\_\_\_  
Parent/Guardian Signature

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

\_\_\_\_\_  
Owner/Director Signature

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

**Prevention of Shaken Baby Syndrome and Abusive Head Trauma  
SAMPLE Policy**

**Parent or guardian acknowledgement form**

I, the parent or guardian of \_\_\_\_\_  
Child's name

acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

\_\_\_\_\_  
Date policy given/explained to parent/guardian

\_\_\_\_\_  
Date of child's enrollment

\_\_\_\_\_  
Print name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date





## Kids 'R' Kids RTP

### Belief Statement

We, **Kids 'R' Kids RTP** (name of facility), believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

### Background

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death<sup>1</sup>. According to North Carolina Child Care Rule (child care centers, 10A NCAC 09 .0608, family child care homes, 10A NCAC 09 .1726), each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT<sup>2</sup>.

### Procedure/Practice

#### Recognizing:

- Children are observed for signs of abusive head trauma including irritability and/or high pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

#### Responding to:

- If SBS/ABT is suspected, staff will<sup>3</sup>:
  - Call 911 immediately upon suspecting SBS/AHT and inform the director.
  - Call the parents/guardians.
  - If the child has stopped breathing, trained staff will begin pediatric CPR<sup>4</sup>.

#### Reporting:

- Instances of suspected child maltreatment in child care are reported to Division of Child Development and Early Education (DCDEE) by calling 1-800-859-0829 or by emailing [webmasterdcd@dhhs.nc.gov](mailto:webmasterdcd@dhhs.nc.gov).
- Instances of suspected child maltreatment in the home are reported to the county Department of Social Services. Phone number: \_\_\_\_\_

### Prevention strategies to assist staff\* in coping with a crying, fussing, or distraught child

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change.

If no physical need is identified, staff will attempt one or more of the following strategies<sup>5</sup>:

- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child's back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.
- Other \_\_\_\_\_
- Other \_\_\_\_\_

#### In addition, the facility:

- Allows for staff who feel they may lose control to have a short, but relatively immediate break away from the children<sup>6</sup>.
- Provides support when parents/guardians are trying to calm a crying child and encourage parents to take a calming break if needed.
- Other \_\_\_\_\_

## Prevention of Shaken Baby Syndrome and Abusive Head Trauma SAMPLE Policy

### Prohibited behaviors

Behaviors that are prohibited include (but are not limited to):

- shaking or jerking a child
- tossing a child into the air or into a crib, chair, or car seat
- pushing a child into walls, doors, or furniture

### Strategies to assist staff members understand how to care for infants

Staff reviews and discusses:

- The five goals and developmental indicators in the 2013 North Carolina Foundations for Early Learning and Development, [ncchildcare.nc.gov/PDF\\_forms/NC\\_Foundations.pdf](http://ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf)
- How to Care for Infants and Toddlers in Groups, the National Center for Infants, Toddlers and Families, [www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups](http://www.zerotothree.org/resources/77-how-to-care-for-infants-and-toddlers-in-groups)
- Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy, the Network of Infant/Toddler Researchers, pages 7-9, [www.acf.hhs.gov/sites/default/files/opre/nitr\\_inquire\\_may\\_2016\\_070616\\_b508compliant.pdf](http://www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf)

### Strategies to ensure staff members understand the brain development of children up to five years of age

All staff take training on SBS/AHT within first two weeks of employment. Training includes recognizing, responding to, and reporting child abuse, neglect, or maltreatment as well as the brain development of children up to five years of age. Staff review and discuss:

- Brain Development from Birth video, the National Center for Infants, Toddlers and Families, [www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth](http://www.zerotothree.org/resources/156-brain-wonders-nurturing-healthy-brain-development-from-birth)
- The Science of Early Childhood Development, Center on the Developing Child, [developingchild.harvard.edu/resources/inbrief-science-of-ecd/](http://developingchild.harvard.edu/resources/inbrief-science-of-ecd/)

### Resources

List resources such as a staff person designated to provide support or a local county/community resource:

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### Parent web resources

- The American Academy of Pediatrics: [www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx](http://www.healthychildren.org/English/safety-prevention/at-home/Pages/Abusive-Head-Trauma-Shaken-Baby-Syndrome.aspx)
- The National Center on Shaken Baby Syndrome: <http://dontshake.org/family-resources>
- The Period of Purple Crying: <http://purplecrying.info/>
- Other \_\_\_\_\_

### Facility web resources

- Caring for Our Children, Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma, <http://cfoc.nrckids.org/StandardView.cfm?StdNum=3.4.4.3&=+>
- Preventing Shaken Baby Syndrome, the Centers for Disease Control and Prevention, [http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing\\_SBS\\_508-a.pdf](http://centerforchildwelfare.fmhi.usf.edu/kb/trprev/Preventing_SBS_508-a.pdf)
- Early Development & Well-Being, Zero to Three, [www.zerotothree.org/early-development](http://www.zerotothree.org/early-development)
- Other \_\_\_\_\_





**Prevention of Shaken Baby Syndrome and Abusive Head Trauma  
SAMPLE Policy**

**References**

1. The National Center on Shaken Baby Syndrome, [www.dontshake.org](http://www.dontshake.org)
2. NC DCDEE, [ncchildcare.dhhs.state.nc.us/general/mb\\_ccrulespublic.asp](http://ncchildcare.dhhs.state.nc.us/general/mb_ccrulespublic.asp)
3. Shaken baby syndrome, the Mayo Clinic, [www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461](http://www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461)
4. Pediatric First Aid/CPR/AED, American Red Cross, [www.redcross.org/images/MEDIA\\_CustomProductCatalog/m4240175\\_Pediatric\\_ready\\_reference.pdf](http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf)
5. Calming Techniques for a Crying Baby, Children's Hospital Colorado, [www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques](http://www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques)
6. Caring for Our Children, Standard 1.7.0.5: Stress <http://cfoc.nrckids.org/StandardView/1.7.0.5>

**Application**

This policy applies to children up to five years of age and their families, operators, early educators, substitute providers, and uncompensated providers.

**Communication**

**Staff\***

- Within 30 days of adopting this policy, the child care facility shall review the policy with all staff who provide care for children up to five years of age.
- All current staff members and newly hired staff will be trained in SBS/AHT before providing care for children up to five years of age.
- Staff will sign an acknowledgement form that includes the individual's name, the date the center's policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgment
- The child care facility shall keep the **SBS/AHT staff acknowledgement form** in the staff member's file.

**Parents/Guardians**

- Within 30 days of adopting this policy, the child care facility shall review the policy with parents/guardians of currently enrolled children up to five years of age.
- A copy of the policy will be given and explained to the parents/guardians of newly enrolled children up to five years of age on or before the first day the child receives care at the facility.
- Parents/guardians will sign an acknowledgement form that includes the child's name, date the child first attended the facility, date the operator's policy was given and explained to the parent, parent's name, parent's signature, and the date the parent signed the acknowledgement
- The child care facility shall keep the **SBS/AHT parent acknowledgement form** in the child's file.

\* For purposes of this policy, "staff" includes the operator and other administration staff who may be counted in ratio, additional caregivers, substitute providers, and uncompensated providers.

January 2023  
Effective Date

This policy was reviewed and approved by:

  
Owner/Director (recommended)

1/1/2023  
Date

\_\_\_\_\_  
DCDEE Child Care Consultant (recommended)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Care Health Consultant (recommended)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Annual Review Dates



### Space and Equipment

There are space requirements for indoor and outdoor environments that must be measured prior to licensure. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Indoor and outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

**Licensed centers must also meet requirements in the following areas.**

### Staff Requirements

The administrator of a child care center must be at least 21 and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours, including ITS-SIDS training for any caregiver that works with infants 12 months of age or younger. All staff who work directly with children must have CPR and First Aid training, and at least one person who completed the training must be present at all times when children are in care. One staff must complete the Emergency Preparedness and Response (EPR) in Child Care training and create the EPR plan. All staff must also undergo a criminal background check initially, and every three years thereafter.

### Staff/Child Ratios

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. The minimum staff/child ratios and group sizes for single-age groups of children in centers are shown below and must be posted in each classroom. The staff/child ratios for multi-age groupings are outlined in the child care rules and require prior approval.

Age	Teacher: Child Ratio	Max Group Size
0-12 months	1:5	10
12-24 months	1:6	12
2 to 3 years old	1:10	20
3 to 4 years old	1:15	25
4 to 5 years old	1:20	25
5 years and older	1:25	25

### Additional Staff/Child Ratio Information:

Centers located in a residence that are licensed for six to twelve children may keep up to three additional school-age children, depending on the ages of the other children in care. When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.

### Reviewing Facility Information

From the Division's Child care Facility Search Site, the facility and visit documentation can be viewed. A public file is maintained in the Division's main office in Raleigh for every licensed center or family child care home. These files can be viewed during business hours (8 a.m. -5 p.m.) by contacting the Division at 919-814-6300 or 1-800-859-0829 or requested via the Division's web site at [www.ncchildcare.ncdhhs.gov](http://www.ncchildcare.ncdhhs.gov).

### How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be issued an administrative action, fined and/or may have their licenses suspended or revoked.

Administrative actions must be posted in the facility. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829.



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Child Development  
and Early Education

# Summary of the North Carolina Child Care Law and Rules (Center and FCCH)

Division of Child Development  
and Early Education

North Carolina Department of  
Health and Human Services  
333 Six Forks Road  
Raleigh, NC 27609

Child Care Commission  
<https://ncchildcare.ncdhhs.gov/Home/Child-Care-Commission>

Revised January 2021

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.



### What Is Child Care?

The law defines child care as:

- three or more children under 13 years of age
- receiving care from a non-relative
- on a regular basis - at least once a week
- for more than four hours per day but less than 24 hours.

The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development and Early Education. The purpose of regulation is to protect the health, safety, and well-being of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110.

The North Carolina Child Care Commission is responsible for adopting rules to carry out the law. Some counties and cities in North Carolina also have local zoning requirements for child care programs.

### Family Child Care Homes

A family child care home is licensed to care for five or fewer preschool age children, including their own preschool children, and can include three additional school-age children. The provider's own school-age children are not counted. Family child care home operators must be 21 years old and have a high school education or its equivalent. Family child care homes will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants. Licenses are issued to family child care home providers who meet the following requirements:

### Child Care Centers

Licensure as a center is required when six or more preschool children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose to meet the standards of the Notice of Compliance rather than the Star Rated License. Recreational programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

### Parental Rights

- Parents have the right to enter a family child care home or center at any time while their child is present.
- Parents have the right to see the license displayed in a prominent place.
- Parents have the right to know how their child will be disciplined.

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Local Child Care Resource and Referral agencies can provide help in choosing quality care. Check the telephone

directory or talk with a child care provider to see if there is a Child Care Resource and Referral agency in your community. For more information, visit the Resources page located on the Child Care website at: <https://ncchildcare.ncdhhs.gov/>. For more information on the law and rules, contact the Division of Child Development and Early Education at 919 814-6300 or 1-800-859-0829 (In State Only), or visit our homepage at: <https://ncchildcare.ncdhhs.gov/>.

### Child Abuse, Neglect, or Maltreatment

Every citizen has a responsibility to report suspected child abuse, neglect or maltreatment. This occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. It may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. It also occurs when a child does not receive proper care, supervision, appropriate discipline, or when a child is abandoned. **North Carolina law requires any person who suspects child maltreatment at a child care facility to report the situation to the Intake Unit at Division of Child Development and Early Education at 919-814-6300 or 1-800-859-0829.** Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of any child currently enrolled in writing of the substantiation of any maltreatment complaint or the issuance of any administrative action against the child care facility. **North Carolina law requires any person who suspects child abuse or neglect in a family to report the case to the county department of social services.**

### Transportation

Child care centers or family child care homes providing transportation for children must meet all motor vehicle laws, including inspection, insurance, license, and restraint requirements. Children may never be left alone in a vehicle and child-staff ratios must be maintained.

### Record Requirements

Centers and homes must keep accurate records such as children's, staff, and program. A record of monthly fire drills and quarterly shelter-in-place or lockdown drills practiced must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care. Prevention of shaken baby syndrome and abusive head trauma policy must be developed and shared with parents of children up to five years of age.

### Discipline and Behavior Management

Each program must have a written policy on discipline, must discuss it with parents, and must give parents a copy when the child is enrolled. Changes in the discipline policy must be shared with parents in writing before going into effect. Corporal punishment (spanking, slapping, or other physical discipline) is prohibited in all centers and family child care homes. Religious-sponsored programs which notify the Division of Child Development and Early Education that corporal punishment is part of their religious training are exempt from that part of the law.

### Training Requirements

Center and family child care home staff must have current CPR and First Aid certification, ITS-SIDS training (if caring for infants, 0 to 12 months), prior to caring for children and every three years thereafter. Emergency Preparedness and Response (EPR) in Child Care training is required and each facility must create an EPR plan. Center and home staff must also complete a minimum number of health and safety training as well as annual ongoing training hours.

### Curriculum and Activities

Four- and five-star programs must use an approved curriculum in classrooms serving four-year-olds. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Activity plans and schedule must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. A written activity plan that includes activities intended to stimulate the development domains, in accordance with North Carolina Foundations for Early Learning and Development. Rooms must be arranged to encourage children to explore, use materials on their own and have choices.

### Health and Safety

Children must be immunized on schedule. Each licensed family child care home and center must ensure the health and safety of children by sanitizing areas and equipment used by children. For Centers and FCCs, meals and snacks must be nutritious and meet the Meal Patterns for Children in Child Care. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. Children must have space and time provided for rest.

### Two through Five Star Rated License

Centers and family child care homes that are meeting the minimum licensing requirements will receive a one-star license. Programs that choose to voluntarily meet higher standards can apply for a two through five-star license. The number of stars a program earns is based upon the education levels their staff meet and the program standards met by the program, and one quality point option.

### Criminal Background Checks

Criminal background qualification is a **pre-service requirement**. All staff must undergo a criminal background check initially, and every three years thereafter. This requirement includes household members who are over the age of 15 in family child care homes.