



SANDY PLAINS ENROLLMENT APPLICATION

Start Date: _____ Estimated Due Date: _____

Child's Full Name: _____
(Last, First, Middle)

Child's Date of Birth: _____ Current Age: _____ Sex of Child: Male/Female

Primary Guardian Information

Name of Primary Guardian: _____ Relation: _____

(Primary guardian will receive all financial documents and is responsible for billing and enrollment)

Full Street Address, City, State & Zip: _____

Employer Name and Full Street Address, City, State & Zip : _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Marital Status: Married / Single / Widowed / Divorced

EMAIL Address: _____

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

Other (Please explain): _____

Secondary Guardian Information

Name of Primary Guardian: _____ Relation: _____

(Primary guardian will receive all financial documents and is responsible for billing and enrollment)

Full Street Address, City, State & Zip: _____

Employer Name and Full Street Address, City, State & Zip : _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Marital Status: Married / Single / Widowed / Divorced

EMAIL Address: _____



SANDY PLAINS ENROLLMENT APPLICATION

Kids 'R' Kids Sandy Plains will provide care for _____ from 6:30 am to 6:30 pm on ____Monday ____Tuesday ____Wednesday ____Thursday ____Friday. I understand that I am required to pay a monthly fee of \$ _____ on the last Friday of every month but no later than the following Tuesday at close of business for the upcoming month. I understand that this is a contract of enrollment and I am responsible for payment regardless of my child's attendance. If I decide to dis-enroll my child from the school, I must submit a four week written notification. (Please refer to Parent Handbook for specific information regarding tuition policy.)

Kids 'R' Kids Sandy Plains will provide breakfast, lunch and an afternoon snack (with the exception of infants) providing my child is here within the scheduled meal time and during business hours. I understand that it is my responsibility to notify the school, in writing, of any food allergies or special food accommodations. I understand that I am responsible for any special diet my child may require.

1. My child has the following FOOD ALLERGIES: _____
Symptoms that will appear: _____
Treatment required: _____
**** If your child requires an EPI-PEN for treatment, please complete the Food Allergy Action Plan ****
2. My child has the following MEDICATION ALLERGIES: _____
Symptoms that will appear: _____
Treatment required: _____
3. My child has the following OTHER ALLERGIES: _____
Symptoms that will appear: _____
Treatment required: _____
4. My child requires the following SPECIAL ACCOMODATIONS (ex. Soy Milk, No Pork):

5. My child is currently taking medication(s) for long term continuous use and/or has the following existing or previous illness or health concern that would be relevant in the event of an emergency:

I understand that it is my responsibility to escort my child into and out of the school and sign my child in and out of the School Leader Check Point computer. I understand that a staff member will escort my child into the school when being transported on the school bus to or from another school or by any means of transportation provided by Kids 'R' Kids Sandy Plains.

Primary Guardian Signature & Date

Administrator Signature & Date



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I understand that I will provide diapers, pull-ups or other approved undergarments. I understand that my child must be fully potty trained to enter the preschool program (ages 3 and up.) I understand that I am to provide necessary clothes during potty training times.

If my child's diet consists of infant formula, breast milk and/or baby food, I am responsible for providing the appropriate number of bottles, containing enough formula/food on a daily basis. Each bottle of milk must be clearly labeled with your child's first and last name and the current date. Bottles brought to school must be ready to use.

Kids 'R' Kids Sandy Plains does not provide transportation to and from school. Transportation is provided for school field trips with parental permission. A separate consent form is required for each planned activity. I understand that additional cost may be applied for transportation for field trips.

While under the supervision of Kids 'R' Kids Sandy Plains, I understand the school will notify the primary guardian and/or secondary guardian and/or an authorized person(s) on record until someone is reached, immediately if my child becomes ill or involved in an accident requiring medical attention. I understand the school is authorized to secure medical attention and care for my child as may be necessary. Kids 'R' Kids Sandy Plains or emergency medical services will transport any child requiring medical treatment to: WellStar Kennestone Hospital 677 Church St. Marietta, GA 30060. Phone: 770-793-5000. I understand that I am responsible for financial costs for treatment provided.

_____ I understand that Kids 'R' Kids Sandy Plains will transport my child to the nearest Emergency Center, WellStar North Fulton Hospital, in the event of an emergency. I understand I am responsible for financial cost for treatment provided.

(OR)

_____ I do not want my child transported to WellStar Kennestone Hospital. I understand I am responsible for financial cost for treatment provided. In the event of an emergency please use:

Name of Hospital or Medical Facility: _____
Address, City, State & Zip: _____
Phone Number: _____

I understand that I am to provide Kids 'R' Kids Sandy Plains with a Georgia State Immunization Record (3231) upon enrollment or within 30 days of enrollment. Immunization forms are due immediately upon expiration date. If I opt not to receive immunizations for religious or medical reasons, I understand that a waiver from my child's pediatrician must be submitted before enrollment.

I understand that Kids 'R' Kids Sandy Plains opens at 6:30 am and closes at 6:30 pm. It is my responsibility to arrive by 6:25 to pick up my child. If I have not picked my child up by 6:35 pm, I will be charged a late fee of \$2.00 per minute thereafter. Kids 'R' Kids Sandy Plains will exhaust all attempts to contact all authorized guardians. If we cannot contact an authorized guardian by 7:00 pm, we will contact Cobb County Police Department and The Department of Family and Children Services.

I agree to abide by all policies and procedures as outlined in the Kids 'R' Kids Sandy Plains Parent and Student Handbook. I understand that it is my responsibility to update my child's record if phone numbers, addresses, allergies or special accommodations change.

Primary Guardian Signature & Date

Administrator Signature & Date



SANDY PLAINS ENROLLMENT APPLICATION

Authorized Guardians

I hereby authorize the following person(s) to pick up my child from Kids 'R' Kids Sandy Plains when the primary and secondary guardians cannot be reached, or as designated by primary guardians, or in the event of an emergency. Kids 'R' Kids Sandy Plains will contact the primary and secondary guardians first. Two guardians in addition to primary and secondary guardians must be listed. Additional guardians will only be contacted when primary and secondary guardians cannot be reached.

Name of Guardian: _____

Relationship to child: _____ **Relationship to parent:** _____

Full Street Address, City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

Name of Guardian: _____

Relationship to child: _____ **Relationship to parent:** _____

Full Street Address, City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

Name of Guardian: _____

Relationship to child: _____ **Relationship to parent:** _____

Full Street Address, City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

I hereby authorize Kids 'R' Kids Sandy Plains to contact my child's pediatrician or physician in the event guardians cannot be reached.

Child's Pediatrician/ Physician Name: _____

Address, City, State & Zip: _____

Phone Number: _____

Primary Guardian Signature & Date

Administrator Signature & Date



SANDY PLAINS ENROLLMENT APPLICATION

Child Profile

This form is a guideline to help our staff determine your child's needs at our preschool. Please list any necessary information that will help make transition into class as successful as possible. If your child is an infant, please complete as much information as possible. Thank you for your cooperation.

Child's Name: _____ Date of Birth: _____ Sex: Male /Female

1. Has your child had previous preschool or group care experiences? Explain: _____

2. What would you like most for your child to experience at our preschool? _____

3. What activities / toys / games does your child enjoy at home? _____

4. Does your child have any fears? _____

5. Do you consider your child shy or outgoing? _____
6. Is your child curious about particular things? If so, explain: _____

7. Does your child like to play with children? Yes _____ No _____
8. Does your child like to play alone? Yes _____ No _____
9. Does your child have any siblings? Yes _____ No _____
10. What words do you generally use at home for potty training? _____
11. Does your child usually nap? Yes _____ No _____ How long? _____
12. Does your child have a favorite item (ex. blanket or animal)? _____
13. How many hours of sleep does your child get on a daily basis? _____
14. Does your child have any problems with speech? _____
15. Does your child have any special physical needs? _____
16. Would you like to help with special events at the school? Yes _____ No _____
17. With proper notification, are you able to chaperone field trips? Yes _____ No _____
18. What is the primary language spoken in your home? _____

Please list any additional information we should know about your child: _____

Primary Guardian Signature & Date

Administrator Signature & Date



SANDY PLAINS ENROLLMENT APPLICATION

Health and Permission Record

It is vital that all information be completed on this form. This form accompanies your child on all field trips and activities outside of the school. It may appear that we are asking for you to repeat the same information, but the forms are separated and distributed to different places.

Child's Full Name: _____

Child's Date of Birth: _____ Current Age: _____ Sex of Child: Male / Female Child's

Pediatrician/ Physician Name: _____

Address, City, State & Zip: _____

Phone Number: _____

1. My child has the following FOOD ALLERGIES: _____

Symptoms that will appear: _____

Treatment required: _____

**** If your child requires an EPI-PEN for treatment, a Food Allergy Action Plan form must be completed ****

2. My child has the following MEDICATION ALLERGIES: _____

Symptoms that will appear: _____

Treatment required: _____

In the event of an emergency, please contact the following guardians:

Name of Guardian: _____

Relationship to child: _____ Relationship to parent: _____

Full Street Address, City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

Name of Guardian: _____

Relationship to child: _____ Relationship to parent: _____

Full Street Address, City, State & Zip: _____

Home Phone: _____ Cell Phone: _____

I, _____, give Kids 'R' Kids Sandy Plains permission to seek medical attention for my child, _____, in the event of an emergency, and hold and release Kids 'R' Kids Sandy Plains and Kids 'R' Kids International Inc. from liability. I further agree to keep the facility informed of changes in telephone numbers, allergies or other pertinent information.

Primary Guardian Signature & Date

Administrator Signature & Date



SANDY PLAINS ENROLLMENT APPLICATION

Transportation Agreement

I, (Guardian Name) _____, authorize Kids 'R' Kids Sandy Plains to transport my child, (Child's Name) _____ for the following reasons:

Please check all that are applicable:

☐ From School: _____
(Name of school)

Please specify which days KRK Sandy Plains will pick your child up at the school listed above:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

☐ Field trips / School activities – An additional form must be signed for each specific field trip.

☐ Emergencies

In the event the designated location is unable to receive your child or there is a cancellation due to unforeseen circumstances, you will be notified before alternate plans are made. Your child will never be left unattended on the vehicle. All seats have seatbelts and children are required to always wear them when bus is in operation.

It is vital that Kids 'R' Kids Sandy Plains be notified of any changes in the above scheduled transportation. Any change in the transportation agreement must be made in writing. We will assume the schedule of transportation daily unless a notification has been made by the primary or secondary guardian. If your child is absent from school, please notify us as soon as possible. Our school uses every precaution to provide a safe and secure environment.

Primary Guardian Signature & Date

Administrator Signature & Date



SANDY PLAINS ENROLLMENT APPLICATION

Bus Safety Rules

1. Children shall never cross the street to board the bus
2. Children shall never be left unattended on the bus
3. Children will be checked on/off each time they board or exit the bus
4. All children must be seated and buckled while on the bus
5. Children will not be on the bus at any time during fueling
6. Children will not remove items from their book bags while on the bus
7. Children will keep their voices low
8. Children will not touch others in an aggressive manner
9. Children will keep hands, arms, head, feet and legs inside the bus at all times

Bus safety rules will be reviewed with children who are transported. Evacuation drills will be conducted periodically.

Bus Evacuation Plan

1. In the event of an emergency, pull the vehicle over to the side of the road and turn hazard lights to the on position.
 2. Contact 911 if necessary. If you are unable to contact 911 at that time, contact them as soon as possible.
 3. Prepare to evacuate the bus using the appropriate method based on the emergency. Render first aid if necessary.
 4. Turn on hazard lights (if possible)
 5. Have all passengers move as far away from the road as possible
 6. Complete a sweep of the bus to ensure that all passengers are off the bus
 7. Complete headcount and make sure all passengers are present
 8. Again, render first aid if necessary
 9. Contact Kids 'R' Kids Sandy Plains as soon as possible (770) 552-8877
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- ✓ If you are exiting the bus through the back door, have passengers leave from back to front.
 - ✓ If you are exiting the bus through the front door, have passengers leave from front to back.
 - ✓ If you are exiting through the window, push the window out by lifting the latch, and have someone assist the passengers on the outside of the vehicle as you help them through the opening. If you do not have another person with you, instruct each passenger where to go once outside and make sure they get through the window safely.



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Photo Release

Child's Full Name: _____

I hereby assign and grant the photographer, or those whom the photographer is acting as indicated above, the right and permission to copyright and/or use and/or publish, republish, photogenic pictures and portraits of the minor child named above in which said minor may be included in whole or 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, it assigns, and all persons acting 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.

Primary Guardian Signature & Date

Administrator Signature & Date



SANDY PLAINS ENROLLMENT APPLICATION

Topical Ointment Authorization Form

Child's Name: _____ Date of Birth: _____ Class Room _____

I give Kids 'R' Kids Sandy Plains permission to apply one or more of the following topical ointments and/or creams to the child listed above in accordance with the directions on the label of the container. Topical ointments, creams and medications must have a current date, child's full name and be in the original container. Authorization forms are good for one year from the date signed. **I authorize the following non-prescription ointments and topical treatments:**

_____ Diaper Cream (Check all that are applicable)

- ☐ Aquaphor – Expiration Date: _____
- ☐ Desitin – Expiration Date: _____
- ☐ Balmex – Expiration Date: _____
- ☐ Boudreaux's Butt Paste – Expiration Date: _____
- ☐ A & D – Expiration Date: _____
- ☐ Triple Paste Medicated Ointment – Expiration Date: _____
- ☐ Compounded / Homemade Paste made of: _____

_____ Sunscreen (Product Name): _____ Expiration Date: _____

_____ Antibiotic Cream

_____ Hydrocortisone Cream

_____ Vaseline

_____ Anti-Itch Cream

_____ Anti-Septic Spray

_____ Insect bite pain reliever spray

_____ Band-Aids

_____ Hydrogen peroxide

_____ Rubbing alcohol

_____ Other, please specify: _____ Expiration Date: _____

This form is valid for one year beginning: _____ to _____

Primary Guardian Signature & Date

Administrator Signature & Date



SANDY PLAINS ENROLLMENT APPLICATION

Infant Feeding Plan

Child's Full Name: _____ Date: _____

1. Does your child take a bottle? _____ YES _____ NO () Formula () Breast Milk () Both

- What type of formula do you use? _____
- How much formula does your child drink? _____
Do you warm the bottle? _____ YES _____ NO
- Can your child hold his/her bottle? _____ YES _____ NO
- Do you want your child to be awakened to eat? _____ YES _____ NO

2. Does your child eat strained baby foods? _____ YES _____ NO () Stage 1 () Stage 2 () Stage 3

- What are your child's favorite food items? _____
- What food items does your child dislike? _____
- Has your child had any reactions to any foods? _____

3. Does your child eat table food? _____ YES _____ NO

Please list specific instructions for introducing solid foods: _____

4. Does your child drink juice? _____ YES _____ NO

5. Does your child drink _____ whole dairy milk _____ Soy Milk _____ other _____

| Child's Schedule | Approximate Time | Types of Food and Amount to be served |
|------------------|------------------|---------------------------------------|
| Feeding #1 | | |
| Feeding #1 | | |
| Feeding #1 | | |
| Feeding #1 | | |
| Nap Time | | |
| Nap Time | | |
| Nap Time | | |

I understand it is my responsibility to keep Kids 'R' Kids Sandy Plains updated, in writing, as my child's needs change. This form must be update bi –weekly or more often if needed.

Primary Guardian Signature & Date

Teacher Signature & Date