

Director: Cynthia D.
Chambers
cynthia.c@kidsrkidsshadowcreekbranch.com



12015 Broadway St.
Pearland, TX 77584
Office: 713-436-3688
Fax: 713-436-3664

CHILD			
LAST NAME	FIRST NAME	MALE () FEMALE ()	D.O.B. (Month/Day/Year) ____/____/____
CHILD'S ADDRESS			
STREET:			
CITY, STATE:			
ENROLLMENT DATE:		WITHDRAWAL DATE:	
STARTING SUITE NUMBER:		RATE:	
1 ST PARENT		2 ND PARENT	
LAST NAME _____		LAST NAME _____	
FIRST 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 _____	
EMAIL _____		EMAIL _____	
CHILD'S LEGAL GURDIANS __ BOTH PARENTS __ MOTHER __ FATHER _____ OTHER			
CHILD'S LIVING ARRANGEMENTS __ BOTH PARENTS __ MOTHER __ FATHER _____ OTHER			
WATER ACTIVITIES- I HEREBY () GIVE() DO NOT give consent for my child to participate in these water activities: () SPLASH PAD () WATER TABLES			
EXPECTED DAYS/HOURS IN CARE () MON () TUE () WED () THUR () FRI			
HOURS: FROM _____ TO _____			
Check the meals you want your child to receive: Breakfast () AM Snack () Lunch () PM Snack () or, I will provide my child's food () By checking this box I understand that Kids 'R' Kids #42 is not responsible for the nutritional value of the food, or if it meets the child's daily food needs.			
<ul style="list-style-type: none"> A Non-Refundable Registration fee of \$150 (\$250 per family) is required upon enrollment and annually thereafter. Tuition is due Friday for the upcoming week. Tuition not paid by Monday before 6:25 pm will incur a \$15 late charge. There are no deductions for holidays or partial week attendance. A two-week written notice is required when withdrawing. I agree to pay the current tuition rate throughout my child's enrollment. Rate is subject to change. 			Initials: _____ Initials: _____ Initials: _____ Initials: _____ Initials: _____

Signature-Parent or Legal Guardian: _____ Date: _____

Director:
Cynthia D. Chambers
cynthia.c@kidsrkidsshadowcreek
ranch.com



12015 Broadway St.
Pearland, TX 77584
Office: 713-436-3688
Fax: 713-436-3664

CHILD'S FULL NAME: _____ D.O.B: ____/____/____

HEALTH AND EMERGENCY PERMISSION

List any ALLERGIES or SPECIAL DIETS your child has or write "NONE":

Please describe the REACTIONS your child will have if they come in contact with, or ingests the item(s):

List any special problems, existing illnesses, and hospitalizations for the past twelve months. List medications prescribed for long term continuous use, and any other information we should be aware of:

I, _____, give permission for 'Kids 'R' Kids' #42 to seek medical attention for my child, _____, in the event of an emergency if I can't be reached, and to hold harmless and release Kids 'R' Kids #42 and Kids 'R' Kids International, Inc., from liability. I also give permission to transport my child in the event an evacuation becomes necessary. I further agree to keep the facility informed of changes in telephone numbers, etc. Where I can be reached.

Child's Physician Information:

Dr. _____ Phone #: _____

Street: _____ City, State, Zip: _____

Kids 'R' Kids #42 Emergency Medical Procedure will be:

1. Administer first Aid/CPR
2. Call 911 if necessary
3. Contact parent, legal guardian, or other emergency contacts
4. Have medical team transport child to the nearest hospital
5. Medical attention will be given by the doctor on call at: 16100 South Fwy, Pearland, TX 77584 713-413-5000

EMERGENCY CONTACTS

The persons listed below maybe contacted in the event of an emergency AND are AUTHORIZED with proper ID to pick up my child. (EMERGENCY CONTACTS MUST BE 18 YEARS OR OLDER) WE MUST HAVE PARENT/GUARDIAN AND AT LEAST 1 MORE PERSON FOR A TOTAL OF 3 CONTACTS.

NAME	RELATIONSHIP	PHONE HOME/CELL/WORK	ADDRESS
	1 ST PARENT/GUARDIAN		
	2 ND PARENT/GUARDIAN		

Signature-Parent or Legal Guardian: _____ Date: _____

Director:
Cynthia D. Chambers
cynthia.c@kidsrkidsshadowcreek
ranch.com



12015 Broadway St.
Pearland, TX 77584
Office: 713-436-3688
Fax: 713-436-3664

CHILD'S FULL NAME: _____ D.O.B: ____/____/____

HEALTH INFORMATION
INFANTS THROUGH PRIVATE KINDERGARDEN ONLY

To be filled out by the 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 childcare program. Physician's Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Date: _____
Physician's Signature: _____ **Status Of: (Vision: R 20/____ L 20/____ PASS____ FAIL____)**
HEARING (R): 1000 Hz _____ 2000 Hz _____ 4000 Hz _____ PASS _____ FAIL _____ Hearing (L): 1000 Hz _____ 2000 Hz _____ 4000 Hz _____ PASS _____ FAIL _____

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 childcare program. Within two (2) weeks of admission, I will obtain a health care professional's signed statement and will submit it to Kids 'R' Kids #42, TX.
Parent/Guardian Signature: _____ Date: _____

I UNDERSTAND THAT KIDS 'R' KIDS IS REQUIRED TO HAVE A COPY OF MY CHILD'S UPDATED SHOT RECORDS WITH THE PEDITRICIAN'S SIGNATURE OR STAMP. SHOT RECORDS ARE REQUIRED BEFORE YOUR CHILD CAN START CARE.

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.

School Age Children ONLY

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

<input type="checkbox"/> Don Jeter Elementary 2455 Cr 58 Manvel Tx 77578 281-245-2055	<input type="checkbox"/> Mary Marek Elementary 1947 Kirby Pearland, Tx 77584 281-245-3232
<input type="checkbox"/> Glenn York Elementary 2720 Kingsley Dr Pearland, Tx 77584 281-245-2100	<input type="checkbox"/> Bel Nafegar Sanchez Elementary 1721 Sterling Lakes West Dr Rosharon, Tx 77583 713-814-7000
<input type="checkbox"/> Wilder Elementary 2225 Kingsley Dr Pearland, Tx 77584 281-245-3090	<input type="checkbox"/> Red Duke Elementary 2900 Cr 59 Manvel, Tx 77578 281-345-3400
<input type="checkbox"/> Savannah Lakes Elementary 5151 Savannah Pkwy Rosharon, Tx 77578 281-245-3214	<input type="checkbox"/> Meridiana Elementary 9815 Merdiana Pkwy Iowa Colony, Tx 77583 281-245-3636
<input type="checkbox"/> Dill Brothers Elementary 2910 Half Bay Moon Dr Pearland, Tx 77584 281-245-3660	<input type="checkbox"/> Nolan Ryan 11500 Shadow Creek Pkwy Pearland, Tx 77584 281-245-3210
<input type="checkbox"/> McNair Junior High 2950 Kingsley Pearland, Tx 77584 713-8147200	<input type="checkbox"/> EC Mason Elementary 7400 Lewis Ln Manvel, Tx 77578 281-145-2832
<input type="checkbox"/> Pomona Elementary 4480 Kirby Dr. Manvel, TX 77578 281-245-3670	<input type="checkbox"/> Heritage Rose Elementary 636 Glendale Lakes Dr. Rosharon, TX, 77583 281-327-5400

Signature-Parent or Legal Guardian: _____ Date: _____

Director:
Cynthia D. Chambers
cynthia.c@kidsrkidsshadowcreek
ranch.com



12015 Broadway St.
Pearland, TX 77584
Office: 713-436-3688
Fax: 713-436-3664

CHILD'S FULL NAME: _____ D.O.B: ____/____/____

TRANSPORTATION AGREEMENT

I, _____, allow Kids 'R' Kids #42 to transport my child, _____, for the following reasons:

- ☐ Medical Emergencies- Child will be transported by EMS team
- ☐ Building Emergencies- if the building should become unsafe, children will be transported to an evacuation site.
- ☐ To school Name of School: _____ Begins at: _____ A.M
- ☐ From School Name of School: _____ Ends At: _____ P.M
- ☐ Field Trips Individual permission forms will also be signed for each trip

TRANSPORTATION GUIDELINES

- It is vital that Kids 'R' Kids 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 or guardian. **NOTIFY US AS QUICKLY AS POSSIBLE IF YOUR CHILD DOES NOT NEED AFTERNOON TRANSPORTATION.** Failure to notify us of any changes causes confusion and delays in our schedule. **FAILURE TO ADHERE TO THIS POLICY MAY RESULT IN A \$5 CHARGE TO YOUR ACCOUNT.**
- In this event that the designated location is unable to receive children, they will be returned to Kids 'R' Kids #42
- 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 7:05 A.M TO BE TRANSPORTED TO THE SCHOOL IN THE MORNINGS. IF YOUR CHILD NEEDS TO BE SERVED BREAKFAST, HE/SHE NEEDS TO BE HERE BY 6:50 A.M.**

TRANSPORTATION RULES

- Always listen to and follow directions of the driver.
- Always walk on the bus with an adult.
- Wait until the bus stops and doors open before you step near the bus.
- Always wear your seat belt and keep the aisle clear.
- Always remain seated, facing forward.
- Talk softly, never throw things or fight. The driver can't concentrate if riders are disruptive.
- Keep body parts and all other objects inside the vehicle.
- Don't eat or drink on the bus.
- Students should not mark upon, deface, cut seats, or otherwise cause damage to the bus.
- Never bring pets or insects on the bus without getting permission.
- Wait for the bus to stop before unbuckling your seatbelt or leaving your seat.
- Gather all your belongings; be sure you have left nothing behind.
- If you drop something near the bus, ask an adult to get them for you.

Failure to follow the above rules may result in suspension or termination of transportation.

Signature-Parent or Legal Guardian: _____ Date: _____

Director:
Cynthia D. Chambers
cynthia.c@kidsrkidsshadowcreek
ranch.com



12015 Broadway St.
Pearland, TX 77584
Office: 713-436-3688
Fax: 713-436-3664

CHILD'S FULL NAME: _____ D.O.B: ____/____/____

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 #42, you agree to allow your child's image to be on the internet.

To access this service certain standards must always be maintained:

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 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 chose 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 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 the 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 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) of whom Access Codes are requested:

A) _____ B) _____ C) _____

Your signature below constitutes affirmation of your full and voluntary understanding and acceptance of these conditions with respect to your children, you or express waiver of all the Rights of privacy in connection herewith, as well as your agreement that you expressly assume all risks involved in furnishing 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 above. I have read the foregoing release and warrant, and I fully understand the content thereof.

Signature-Parent or Legal Guardian: _____ Date: _____

Director:
Cynthia D. Chambers
cynthia.c@kidsrkidsshadowcreek
ranch.com



12015 Broadway St.
Pearland, TX 77584
Office: 713-436-3688
Fax: 713-436-3664

CHILD'S FULL NAME: _____ **D.O.B:** ____/____/____

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, including any social 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 may 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 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.

Minor's Name

Printed Name of Parent

Signature-Parent or Legal Guardian: _____ **Date:** _____
6 of 10

Director:
Cynthia D. Chambers
cynthia.c@kidsrkidsshadowcreek
ranch.com



12015 Broadway St.
Pearland, TX 77584
Office: 713-436-3688
Fax: 713-436-3664

CHILD'S FULL NAME: _____ **D.O.B:** ____/____/____

CHILD'S PROFILE

1. Has your child had previous preschool experience? **YES () NO ()**

Explain

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

3. Does your child have any 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 primary language is 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?

Signature-Parent or Legal Guardian: _____ Date: _____

CHILD'S FULL NAME: _____ D.O.B: ____/____/____

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 order. The Center cannot become involved in custody disputes and a child will be disenrolled if such disputes occur.
2. I understand that up to a maximum of **two weeks** of vacation credit may be used when the front office staff is notified in writing and in advance that a child will be absent all five consecutive days of a week (Monday-Friday.) Vacation credit is equal to half of the regular tuition and must be paid in advance. Vacation credit weeks cannot be carried over to the next year. Vacation Request Forms are available for you to complete at the front desk, which will be sufficient notification.
3. I understand that it is my responsibility to escort my child into and out of Center, as well as signing my child in and out of the Center. I understand that staff members will escort my child into the center when being transported by the district or Kids 'R' Kids transportation.
4. If my child wears diapers, I understand that I am to provide them. Only disposable diapers are permitted in the school.
5. I understand that I am totally responsible for any food not on the menu required by my child. This is a peanut free school; no peanut products or traces of peanut products may be in foods brought in. Gum, candy, sodas, and non-traditional foods should not be brought in. If my child's diet consists of breast milk/formula not provided by the school, I understand I will provide the appropriate number of prepared bottles containing the formula/breastmilk necessary for my child each day. Each bottle will be clearly labeled with my child's full name and date prepared.

Signature-Parent or Legal Guardian: _____ Date: _____

Director:
Cynthia D. Chambers
cynthia.c@kidsrkidsshadowcreek
ranch.com



12015 Broadway St.
Pearland, TX 77584
Office: 713-436-3688
Fax: 713-436-3664

CHILD'S FULL NAME: _____ D.O.B: ____/____/____

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 100°, 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 the medication. I agree to provide the center with all the 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. Medications must be in original containers. **Medication is administered at 10:30 AM and 2:30 PM.**
8. I understand it is my responsibility to keep the school advised of changes of the 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 \$15 plus \$1 per minute**, after a 5-minute grace period per child, will be charged after 6:30 pm. 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 law enforcements.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS. I HAVE RECEIVED AND AGREE TO ABIDE BY ALL POLICIES AND PROCEDURES OF KIDS 'R' KIDS #42 AS OUTLINED IN THIS AGREEMENT AND THE SCHOOL HANDBOOK WHICH IS AVAILABLE ON OUR WEBSITE OR BY REQUESTING ONE AT THE FRONT DESK. I ALSO UNDERSTAND THAT THE SCHOOL HANDBOOK IS AN ALL-INCLUSIVE LIST OF CHILDCARE REGULATIONS AND THAT I MAY VIEW THE STATE LICENSING STANDARDS AT ANY TIME.

Signature-Parent or Legal Guardian: _____ Date: _____

Director:
Cynthia D. Chambers
cynthia.c@kidsrkidsshadowcreek
ranch.com



12015 Broadway St.
Pearland, TX 77584
Office: 713-436-3688
Fax: 713-436-3664

CHILD'S FULL NAME: _____ D.O.B: ____/____/____

HEALTH INFORMATION & IMMUNIZATION REQUEST

***I UNDERSTAND THAT KIDS 'R' KIDS IS REQUIRED TO HAVE A COPY OF MY CHILD'S UPDATED SHOT RECORDS WITH THE PEDITRICIAN'S SIGNATURE OR STAMP. SHOT RECORDS ARE REQUIRED BEFORE YOUR CHILD CAN START CARE.**

***A STATEMENT OF HEALTH SIGNED BY YOUR CHILDS PHYSICIAN IS ALSO REQUIRED BEFORE YOUR CHILD CAN START CARE**

PARENT PERMISSION: I _____, hereby authorize KIDS 'R' KIDS OF SHADOW CREEK RANCH to request medical information for my child _____, D.O.B: ____/____/____ that is enrolling with KIDS 'R' KIDS OF SHADOW CREEK RANCH.

DOCTOR'S STATEMENT

The following child: _____, has been examined within the past year and it has been found that the above child is physically able to attend care at KIDS 'R' KIDS OF SHADOW CREEK RANCH and is in good health.

Doctor's Name: _____

Office Number: _____

Office Fax Number: _____

Office Name: _____

Doctor's Stamp or Signature: _____

Date: _____

- ☐ Health Information Form to be completed by physician (attached)
- ☐ Immunizations Record
- ☐ Health Statement signed by the child's physician

Please fax to (713) 436-3664

Signature-Parent or Legal Guardian: _____ Date: _____