



Distribution
• Child's File

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 _____	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Home Address _____	Home Phone _____
	Cell Phone _____
Email _____	
Place of Employment _____	Business Phone _____
Employment Address _____	
Parent/Guardian Name _____	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Home Address _____	Home Phone _____
	Cell Phone _____
Email _____	
Place of Employment _____	Business Phone _____
Employment Address _____	

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____
Child's Legal Guardian(s): <input type="checkbox"/> Both parents/guardians <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
Child's Living Arrangements: <input type="checkbox"/> Both parents/guardians <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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

Parent/Guardian Signature

___/___/___
Date

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

1. Kids 'R' Kids # _____ agrees to provide child care for _____ on M – Tu – W – Th – F from _____ am to _____ 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. I give consent for my child to participate in the following water activities: water table play, sprinklers, slip and slide.
 13. 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).
 14. 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.
 15. I understand that Kids 'R' Kids # _____ a Kids 'R' Kids franchise, is independently owned and operated and that neither Kids 'R' Kids International, Inc. nor any other Kids 'R' Kids is responsible for the actions or obligations of this school.
 16. 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.
 17. 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.
 18. 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



Distribution
• *Child's File*

Photo and Social Media 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 # _____, 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

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



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 _____ 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: _____

Address _____ Phone _____

I, _____ give permission for Kids 'R' Kids _____ to seek medical attention and /or transport my child _____, in the event of any emergency. I further agree to hold harmless and release Kids 'R' Kids _____ and Kids 'R' Kids International, Inc. from all liability. I further agree to keep the facility informed of any changes in the information below.

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 _____.
- It is vital that Kids 'R' Kids _____ be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids _____ 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 _____ by the earliest possible time before scheduled pickup or drop off.

I, _____ agree for my child to be transported by Kids 'R' Kids _____

- 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

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Distribution

- Child's File
- Transportation Log
- Field Trip Log (School-Age Only)

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 _____	
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: _____			

Weight of Child: _____			
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 _____

Parent/Guardian Signature

_____/_____/_____
Date

Owner/Director Signature

_____/_____/_____
Date