



Kids R Kids #8 - Sugarloaf
1850 Atkinson Road
Lawrenceville, Ga 30043
770-339-1300

Enrollment Checklist

- Enrollment Application**
- Parental Agreement**
- Health & Emergency Permission**
- School Age Transportation Agreement**
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- Family's Role**
- Immunization Form**
- Food Program**



Distribution
• Child's File

Enrollment Application

Please Write in all CAPS

Entrance Date ___/___/___

Withdrawal Date ___/___/___

Child	
Child's Full Name _____	Age ___ Gender _____ Date of Birth ___/___/___
Child's Home Address _____	

Parent/Guardian(s)	
Mother/Guardian Name _____	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Home Address _____	E-mail: _____
	Cell Phone _____
	Cell Phone Carrier _____
Place of Employment _____	Work Phone _____
Employment Address _____	
Father/Guardian Name _____	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Home Address _____	email: _____
	Cell Phone _____
Place of Employment _____	Business Phone _____
Employment Address _____	
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 _____	

Pick Up List / Emergency Contacts			
The child may be released to the persons signing this agreement or to the following; Photo ID required			
Name:	Address:	Telephone:	Relationship:
Name:	Address:	Telephone:	Relationship:
Name:	Address:	Telephone:	Relationship:

Parent/Guardian Signature

___/___/___
Date

Parent/Guardian Signature

___/___/___
Date

Parental/Guardian Agreement with Kids 'R' Kids #8

1. Kids 'R' Kids #8 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. 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 #, 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. 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 trip.
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 101 degrees; severe headaches, upset stomach or diarrhea, he or she cannot be accepted into the school until well. In the event my child has a notifiable disease, a release form from a medical source may be required before my child re-enters 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 #8, 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.
15. I understand that it is my responsibility to escort my child into and out of the school. It is also my responsibility 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.
- 18. I have reviewed the parent handbook, available on the Kids 'R' Kids Sugarloaf website. 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

Health and Emergency / Transportation Permission

This form must be completed for all enrolled children

Child

Child's Full Name _____ Age _____ Gender _____ Date of Birth ____/____/____
 Child's Home Address _____

Parent/Guardian(s)

Mother/Guardian Name _____ Phone 1: _____ Phone 2: _____
 Father/Guardian Name _____ Phone 1: _____ Phone 2: _____

Medical Information

Doctor to be contacted when parents cannot be reached:
 Name _____ Address _____ Telephone _____

Dentist:
 Name _____ Address _____ Telephone _____

Health Insurance Provider:
 Name _____ Address _____ Telephone _____

Does your child have special needs affecting participation in school activities? Yes No
 Specify: _____

Does your child have allergies? Yes No
 Specify: _____

Actions Taken: _____

Current Prescribed Medication: _____

I agree for my child, _____, to be transported by Kids R Kids #8
 on field trips for emergencies only*

Emergency Contacts (if parent/guardian cannot be reached)

Name:	Address:	Telephone:	Relationship:
Name:	Address:	Telephone:	Relationship:

*In the event of an emergency where we must evacuate the building, we will take the children to Cook's Pest Control located at 1830 Atkinson Rd, Lawrenceville, Ga 30043. The phone number is (770) 277 – 5470.

Kids 'R' Kids # 8 emergency transportation/medical procedure:

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

Emergency Medical Facility the center uses: **Gwinnett Medical Center**
 Address: 1000 Medical Center Blvd NW Lawrenceville, Ga 30043 Phone: 678-312-4321

I, _____, give permission for Kids 'R' Kids #8 to seek medical attention and /or transport my child _____, in the event of any emergency if I cannot be reached. I further agree to hold harmless and release Kids 'R' Kids #8 and Kids 'R' Kids International, Inc. from all liability. I further agree to keep the facility informed of any changes in the information above.

 Parent/Guardian Signature _____/_____/_____
 Date



Distribution
• Child's File

School Age Transportation Agreement

The following information is required by Kids 'R' Kids annually

Kids 'R' Kids #8

Address: 1850 Atkinson Rd Lawrenceville, Ga 30043

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

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 #8.
- Children will not be left unattended in any vehicle used for transportation.
- Children will wear seatbelts.
- 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. Instructions should be received at Kids 'R' Kids # _____ by the earliest possible time.
- More morning transportation, your child must be at the center no later than 7:10am to be delivered to school.

I, _____, agree for my child, _____ to be
 (Parent's Name) (Child's Name)

transported by Kids 'R' Kids #8

To school at _____ (am/pm)
 From school at _____ (am/pm)

On the following days: Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Signature

____/____/____
Dat

Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give **Kids R Kids #8** permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Baby Wipes

_____ Band-aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

_____ Baby Powder

Other (please specify) _____

Parent/Guardian Signature

Date



Distribution
• *Child's File*

Media Release Agreement

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 # 8, 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 me 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, me 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 or YouTube, 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

Family's Role

Please read and initial after each statement

The following subjects are of special concern to us. Parents/Guardians, please initial each statement. Your initials indicate each subject is read, understood, and agreed upon.

- A. (_____) **HOURS OF OPERATION:** We are open **Monday through Friday 6:00am to 6:30pm.** No child can be dropped off between the hours of 10:30am to 2:00pm. We have a **LATE PICK-UP FEE** of \$1 per minute after the closing time.
- B. (_____) **PICK-UP AND DROP-OFF:** Children need to be checked in at the clock-in station and escorted to their designated classrooms. Likewise, at the end of the day, they need to be checked out. Make sure children are ready and dressed for the day when dropped off: no pajamas, wearing weather-appropriate clothes, closed-toed shoes, and with a fresh diaper.
- C. (_____) **TUITION:** Tuition payments made after close on Wednesday will be assessed a \$25 per week late fee. Any check or tuition payment returned will be charged an NSF fee of \$35.
- D. (_____) **Annual Registration:** A Registration Fee of \$50/per child or \$90/per family is required upon enrollment and then again yearly on the anniversary of your child's enrollment. The Registration fee is NON-REFUNDABLE.
- E. (_____) Two-week written notice is required to end services.
- F. (_____) Weekly tuition includes breakfast, lunch, and one (1) snack. Breakfast is available **from 6:30am – 8:30am.**
- G. (_____) If you are bringing outside food, you will need to provide a **doctor's note**, as well as instructions on what needs to be done in the event the child gets a hold of those foods served in-house.
- H. (_____) Written notice of any special needs or changes that might affect the child's behavior should be turned in to the front desk.
- I. (_____) **SCHOOL-AGE PARENTS:** If your child will be absent (not on the bus), let us know, otherwise we will begin the process of calling parents and emergency contacts.
- J. (_____) **SICK POLICY:** If your child has a fever of 101 or higher, has diarrhea three (3) times or vomits once, they must be symptom-free for 24-hours before returning to the center. We do not allow children with communicable diseases in the center.
- K. (_____) **MEDICATIONS:** Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number, if any, dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
- L. (_____) Please have your child's Immunization record with enrollment.
- M. (_____) Please label **ALL** clothing with your child's name.
- N. (_____) If your child does not adjust to our program, we reserve the right to disenroll him/her.

VACATION CREDIT:

Each child is awarded one-week vacation after their first-year anniversary. Prior to this anniversary, tuition is still due. This is for year-round families only.

HOLIDAYS:

We will be closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the Friday after Thanksgiving, Christmas Eve at 2pm, and Christmas Day.

WE ARE A PEANUT-FREE FACILITY.

We only accept cash, check, money order, or debit card.

Parent Signature: _____

Date: _____