



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

### **Enrollment Checklist**

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**Distribution**  
• Child's File

## Enrollment Application

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

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

### Child

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

### Parent/Guardian(s)

Mother/Guardian Name \_\_\_\_\_  Parent  Guardian

Home Address \_\_\_\_\_ E-mail: \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone Carrier \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Father/Guardian Name \_\_\_\_\_ Parent Guardian

Home Address \_\_\_\_\_ email: \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

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

Child's Legal Guardian(s):  Both parents/guardians  Mother  Father  Other \_\_\_\_\_  
 Child's Living Arrangements: Both parents/guardians Mother Father 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 \_\_\_\_\_  
7:45 am to 2:30 pm. Child's Full Name
2. I agree to pay the tuition fee of \$\_\_\_\_\_ as designated by the school. Payment will be due on Monday.
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  
*Shirley Holcomb*  
\_\_\_\_\_  
Owner/Director Signature

\_\_\_\_\_  
Date  
  
  
\_\_\_\_\_  
Date



**Distribution**  
• Child's File

## Health and Emergency / Transportation Permission

### 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: **Northside Hospital Gwinnett**  
 Address: 1000 Medical Center Blvd, Lawrenceville, GA 30046 Phone: 678-312-1000

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.

\_\_\_\_\_



**Distribution**  
• Child's File

# School Age Transportation Agreement

The following information is required by 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 # 8 be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids # 8 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 #8 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

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

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.

( ) **HOURS OF OPERATION:** We are open **Monday through Friday 6:00am to 6:30pm**. No child can be dropped off between the hours of 9:30am to 2:00pm. Children who leave during the day for appointments can only return at 2:00pm. We have a **LATE PICK-UP FEE** of \$1 per minute after the closing time.

- A. ( ) **PICK-UP AND DROP-OFF:** Children will need to be escorted in/out for drop off and pick up. Children can not enter the building with out an escort. You must hold your child's hand when exiting the building.
- B. ( ) **TUITION:** Tuition payments made after close on Tuesday will be assessed a \$25 per week late fee. Any check or tuition payment returned will be charged an NSF fee of \$35.
- C. ( ) Two-week written notice is required to end services.
- D. ( ) **Your child must be ready** for the day when entering the building. This means no pajamas, soiled diapers or missing shoes. All students should wear closed toe shoes. **NO CROCS. No bookbags**
- E. ( ) Weekly tuition includes breakfast, lunch, and one (1) snack. Breakfast is available **from 6:30am – 8:30am**.
- F. ( ) If you are bringing outside food, you will need to provide a **doctor's note, with instructions of** what needs to be done in the event the child gets a hold of foods served in-house.
- G. ( ) Written notice of any special needs or changes that might affect your child should be turned in to the front desk.
- H. ( ) **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.
- I. ( ) **SICK POLICY:** I have read and reviewed Kids-R-Kids #8 sick policy
- J. ( ) **MEDICATIONS:** Are not administered or dispensed in our center.
- K. ( ) Please have your child's Immunization record with **enrollment**.
- L. ( ) Please label **ALL** clothing with your child's name. **Big Bold Lettering**.
- M. ( ) **You may not engage with any students.** You can not discipline or approach any students. You can only interact with your child. All other interaction will be handled by the center director if needed.
- N. ( ) **Birthday parties you can send cupcakes and juice only**
- O. ( ) **It must be in writing signed and dated for someone to pick up your child**
- P. ( ) 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. If your child attends one day out of the week you pay regular tuition. If your child is out a whole week half week credit will be issued. Two week notice must be given to receive credits on your account.

### HOLIDAYS:

We will be closed on the following holidays: New Year's Day, MLK, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the Friday after Thanksgiving, Christmas Eve, and Christmas Day. We will notify you in writing of our Christmas holiday schedule because this varies year to year.

### **WE ARE A PEANUT-FREE FACILITY.**

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

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

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