



Kids 'R' Kids of Round Rock  
 4341 Teravista Club Drive  
 Round Rock, TX 78665

Phone: (512) 310-1120

www.kidsrkidsRR.com

## Enrollment Application

### Child Information

Last Name	First Name	(Nickname)	Enrollment Date	Date of withdrawal
Child's Home Address				
<input type="checkbox"/> Girl <input type="checkbox"/> Boy		Date of Birth	Child's Home Phone Number (      )	
Give the name, address and phone number of an individual to call in case of an emergency if parents/guardians cannot be reached.				Relationship
While we always offer full time care, part time care may be offered, space permitting. Please indicate which program you are registering for below.				
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time M/W/F <input type="checkbox"/> Part Time T/TH <input type="checkbox"/> School Age Care				
Child's Legal Guardian: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____				
Child's Living Arrangements: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____				
List telephone numbers where parents/guardians may be reached while child will be in KRK care.				
1 <sup>st</sup> Parent ( Account will be listed under this parent's name)			2 <sup>nd</sup> Parent	
Last Name :		First Name:	Last Name :	
			First Name:	
Street:			Street:	
City:	State:	Zip:	City:	State:
Home Phone: (      )			Home Phone: (      )	
Cell Phone: (      )			Cell Phone: (      )	
Work Phone: (      )			Work Phone: (      )	
Place of Employment:			Place of Employment:	
Address of Employment:			Address of Employment:	
Normal work hours/days:			Normal work hours/days:	
Email:			Email:	

### Siblings

Last Name	First Name	School/Classroom

Signature – Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_



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### Individual Needs

Please explain if there are certain situations that may cause your child difficulty. How can we best work with you and / your child's teacher to help your child in these situations? Does your child have any limitations or require any special provisions or accommodations?

### Health Information

List any medical issues that your child may have, such as allergies, existing illnesses, previous serious illnesses, injuries and hospitalizations during the past 12 months, any medications prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

### School Age Children

Please indicate if your child will need before/after school care:     yes     no     before     after     both

My child attends the following elementary school:

Name of school	Address	Phone Number

My child's immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

Signature – Parent or Legal Guardian	Date
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### Room Assignment/Rates/Fees/Additional Information

Starting Room:	Room Rate:
A non-refundable registration fee of \$100 (\$150 family) is required upon enrollment and \$75 annually thereafter.	Signature:
Another registration fee will be due if the child is withdrawn and then re-enrolls.	Signature:
Tuition is due Friday for the upcoming week. Tuition not paid by Monday close of business will incur a \$15 late fee. An additional \$5 a day fee is added for each late day of payment. Payments not made by close of business the following Friday will result in denied cared until the account is paid in full.	Signature:
There are no deductions for holidays or partial week attendance. Students receive two weeks of free vacation weeks per year.	Signature:
A \$30 fee will be charged for all returned checks.	Signature:
A two week written notice is required when withdrawing. A charge of up to two weeks tuition will be incurred for improper notification.	Signature:
I agree to pay the current weekly tuition rate throughout my child's enrollment including the two week withdrawal notice period.	Signature:
I agree to keep the center informed as to changes in telephone numbers, addresses, and changes to health conditions of the child.	Signature:
To insure that my child is able to participate in all activities and events, I will make sure that my child has closed toed shoes.	Signature:
I agree to label all items brought into the center and understand any item brought into the center not labeled will be labeled by the child's teacher. Labeling needs to consist of first and last name.	Signature:

Signature – Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_