



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

\_\_\_/\_\_\_/\_\_\_



Distribution
• Child's File

Parental/Guardian Agreement with Kids 'R' Kids #7

- 1. Kids 'R' Kids #7 agrees to provide child care for... on M - Tu - W - Th - F from... am to... pm.
2. I agree to pay the tuition fee of \$... as designated by the school. Payment will be due on Friday's for week ahead.
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 100 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 # 7 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. 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.
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.

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



## Admission Requirement

The following must be signed by your child's Physician and presented when your preschool age child is admitted to Kids 'R' Kids of The Woodlands.

Child's Full Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Doctor's Statement: I \_\_\_\_\_ have examined the above named child within the past year and find that he/she is physically able to take part in the child care program at Kids 'R' Kids of The Woodlands at this time.

\_\_\_\_\_  
Doctor's Signature

Please use Physician's Office Stamp or Fill out Physicians Office's information below.

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Facility Address

\_\_\_\_\_  
Facility Phone Number

## Acknowledgement and Receipt of Family Handbook

The registration of a child is considered an acceptance, on his/her part and on the part of his/her families or guardians, of the terms and conditions of the Family Handbook and all of our School's rules and regulations, including the School's judgment on disciplinary sanctions or dismissal of a child.

The rules and regulations contained in this Handbook are not meant to be comprehensive. Rather, they presuppose the good will and judgment of a child in all circumstances in which he/she may find himself/herself and are subject to the School's ultimate discretion, judgment and interpretation.

Children and families or guardians are asked to familiarize themselves with all of the information contained in this Family Handbook and to sign this form.

We have read, understood and agree to abide by and honor all statements and provisions set forth in the Family Handbook or as they may be changed from time to time by the School.

\_\_\_\_\_  
Child

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Member or Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

## Acknowledgement and Receipt - Discipline and Behavior Management Policy

Praise, positive reinforcement, and redirection are effective methods for the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy taken from the Kids 'R' Kids Parent Handbook and the NAEYC Code of Ethics.

At Kids 'R' Kids Learning Academy we use a method of 'redirection' to guide children toward appropriate behavior. If a child is engaged in behavior that is not conducive to a safe and happy learning environment, the teacher will "redirect" the child toward appropriate behavior.

"Above all, we shall not harm children. We shall not participate in practices that are disrespectful, degrading, dangerous, exploitative, intimidating, emotionally damaging, or physically harmful to children." (NAEYC Code of Ethics – Principle-1.1)

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I, the undersigned parent or guardian of \_\_\_\_\_ (print child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Signature of Director (or designated staff member): \_\_\_\_\_

Distribution: One copy to parent or guardian, signed copy to be kept with child's facility records



**Distribution**

- Infant/Toddler Classroom Log
- Preschool/School-Age Classroom Log
- Kitchen Log
- Laminated Signs
- Child's File

**ALLERGY/DIETARY RESTRICTION FORM**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Allergy \_\_\_\_\_ Dietary Restriction \_\_\_\_\_ Religious Preference

Description of Allergy/ Dietary Restriction/Religious Preference: \_\_\_\_\_

Please check the following Symptoms of Allergic Reaction:

- \_\_\_\_\_ Mouth: Itching and swelling of lips, tongue or mouth
- \_\_\_\_\_ Throat: Itching and/ or sense of tightness in the throat, Hoarseness; hacking cough
- \_\_\_\_\_ Skin: Hives itchy skin rash and/or swelling around the face, arms, or legs
- \_\_\_\_\_ Stomach: Nausea, abdominal cramps, vomiting, diarrhea
- \_\_\_\_\_ Lung: Shortness of breath; repetitive coughing
- \_\_\_\_\_ Heart: Pale, Blue, faint, weak, pulse, or dizzy
- \_\_\_\_\_ Other: \_\_\_\_\_

Treatment Plan: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_ (Physician's Office Stamp)

Prescription #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Dosage Instructions: \_\_\_\_\_



\_\_\_\_\_  
Physician's Signature

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

\_\_\_\_\_  
Parent/Guardian Signature

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

\_\_\_\_\_  
Owner/Director Signature

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



## Automated Payment Processing

We are excited to offer the safety, convenience and ease of Tuition Express- a payment processing system that allows secure, on-time tuition and free payments to be made from your bank account.

### Electronic funds Transfer Authorization for Bank Account

I (we) hereby authorize **Kids R Kids The Woodlands** to initiate debit entries to my (our) checking or savings account, indicated below. To properly affect the cancellation of this agreement, I (we) are required to give **10 days** written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Bank or Credit Union Name

\_\_\_\_\_  
Bank or Credit Union Address City State Zip

\_\_\_\_\_  
Routing Transit Number (see sample below) Account Number (see sample below)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date





## OPERATIONAL DISCIPLINE AND GUIDANCE POLICY

**Purpose:** This form provides the required information per minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

**Directions:** Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

### DISCIPLINE AND GUIDANCE POLICY

**Discipline must be:**

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self-control.

**A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:**

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

**There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:**

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting a child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

### ADDITIONAL DISCIPLINE AND GUIDANCE MEASURES (ONLY APPLIES TO BAP/SAP PROGRAMS THAT OPERATE UNDER CHAPTER 744)

**A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:**

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) What behaviors would warrant the use of these measures; and
  - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).





**SIGNATURE**

This policy is effective on the following date:

Signed by:

X

Role:

- Parent     Caregiver/Employee  
 Household Member (Ch. 747 only)

**MINIMUM STANDARDS RELATED TO DISCIPLINE**

- Title 40, Chapter 746 Subchapter L:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y)
- Title 40, Chapter 747 Subchapter L  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y)
- Title 40, Chapter 744 Subchapter G:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y)



**Field Trip Authorization**

Childs Name: \_\_\_\_\_

Has my permission to go on any field trip schedule by Kids 'R' Kids. I understand that I will be notified of any such trips. If fees are involved, I am responsible. If on the date of the trip some circumstance should arise that my child cannot go, I understand that there will be no school on that day I will make other arrangements for my child.

If your child will not be attending on a field trip that day, please notify the teacher

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**Child Emergency Card**

Name: \_\_\_\_\_

Last First Middle

Address: \_\_\_\_\_

Including city and zip

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male  Female

Lives With  Mother  Father  Both  Guardian  Other: \_\_\_\_\_

To Parent/Guardian: In case of accident or illness at field trip, we need the following

Mother: \_\_\_\_\_ Phone : \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Phone number of *TWO* adults we may call if you are not available.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Health concerns: Specify and explain fully (Include chronic conditions, limitations, medications, special needs, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor: \_\_\_\_\_

Name Telephone Hospital  
My Child  Can Swim  Cannot swim

I do hereby authorize officials of Kids 'R' Kids to contact directly the persons named on this card, and do authorize the named physician and his associates to render such treatments as may be deemed necessary in an emergency in an emergency, for the health said child. In the event that parents or guardians, other personas named on this card cannot be reached, Kids 'R' Kids #7 and officials are hereby authorized to take whatever action is deemed necessary in the judgment for the health of aforesaid child.

**I HAVE READ THIS CARD AND AGREE TO THE STATEMENT AS IT IS WRITTEN:**

Date: \_\_\_\_\_ Signature of parent/Guardian: \_\_\_\_\_

## **New Requirements Regarding Gang-Free Zones** **For Child Care Centers**

As a result of House Bill 2086 that passed during the 81<sup>st</sup> Legislature, Regular Session, Chapter 42 of the Human Resource Code includes section 42.064, effective September 1, 2009. This new statute requires that information about gang-free zones be distributed to parents and guardians of children in care at licensed child care centers. The following is a tip sheet to assist in complying with the new law. This information may be posted at your child care operation or copies may be provided to parents.

### ***What is a gang-free zone?***

A gang-free zone is a designated area around a specific location where prohibited gang related activity is subject to increased penalty under Texas law. The specific locations include day care centers. The gang-free zone is within 1000 feet of your child care center. For more information about what constitutes a gang-free zone, please consult sections 71.028 and 71.029 of the Texas Penal Code.

### ***How do parents know where the gang-free zone ends?***

The area that falls within a gang-free zone can vary depending on the type of location. The local municipal or county engineer may produce and update maps for the purposes of prosecution. Parents may contact their local municipality or court house for information about obtaining a copy of a map if they choose to do so.

### ***What is the purpose of gang-free zones?***

Similar to the motivation behind establishing drug-free zones, the purpose of gang-free zones is to deter certain types of criminal activity in areas where children gather by enforcing tougher penalties.

### ***What does this mean for my day care center?***

A child care center must inform parents or guardians of children attending the center about the new gang-free zone designation. This means parents or guardians need to be informed that certain gang-related criminal activity or engaging in organized criminal activity within 1000 feet of your center is a violation of this law and is therefore subject to increased penalty under state law.

### ***When do I have to comply with the new requirements?***

The law is already in effect, so providers should begin sharing information regarding gang-free zones immediately. Licensing staff will offer technical assistance to facilitate compliance until rules are proposed and adopted, which is estimated to occur in March 2010. In the meantime, providers should update their operational policies and procedures to include providing the information mandated by this law to the parents or guardians of the children in care.

*For further information please contact your licensing representative or your local licensing office.*



**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

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		
Primary Care Physician:		
Name _____	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		
Specify: _____		
Actions Taken: _____		
_____		

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



**Distribution**  
• *Child's File*

## 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 # 7, 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 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



## OPERATIONAL POLICY ON INFANT SAFE SLEEP

**Purpose:** This form provides the required information per minimum standards §746.501(9) and §747.501(6) for the safe sleep policy.

**Directions:** Parents will review this policy upon enrolling their infant at

and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS) at: <http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

### SAFE SLEEP POLICY

All staff, substitute staff, and volunteers at

will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide an Infant Sleep Exception form 2710 signed by the infant's health care professional [§746.2427 and §747.2327].
- Place infants on a firm mattress, with a tight fitting sheet, in a crib that meets the CPSC federal requirements for full size cribs and for non-full size cribs [§746.2409 and §747.2309].
- For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/animals; soft objects; bumper pads; liners; or sleep positioning devices [§746.2415 and §747.2315]. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, linens, or clothing [§746.2429 and §747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [§746.2415 and §747.2315].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [§746.3407(10) and §747.3203(10)].
- If an infant needs extra warmth, use sleep clothing

(insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [§746.2415 and §747.2315].

- Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- Infants may use a pacifier during sleep. But the pacifier must *not be attached* to a stuffed animal or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2415 and §747.2315].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide an Infant Sleep Exception form 2710 signed by the infant's health care professional [§746.2426 and §747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [§746.3703(d) and §747.3503(d)].
- Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [§746.2427 and §747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [§746.2427 and §747.2327].
- Do not swaddle an infant for sleep or rest unless you provide an Infant Sleep Exception form 2710 signed by the infant's health care professional [§746.2428 and §747.2328].

**PRIVACY STATEMENT**

DFPS values your privacy. For more information, read our privacy policy at:  
<http://www.dfps.state.tx.us/policies/privacy.asp>.

**SIGNATURES**

This policy is effective on: \_\_\_\_\_ (date)

Child's name:

Signed by:

X

Director/Owner

Date signed:

Signed by:

X

Staff member

Date signed:

Signed by:

X

Parent

Date signed:



Childs Name: \_\_\_\_\_

**SCHOOL AGE CHILDREN**

My child attends the following school:

Name of School:

School Phone Number:

**WATER ACTIVITIES**

I give consent for my child to participate in the following water activities:

water table play     sprinkler play

splashing/wading pools     swimming pools

aquatic playgrounds

All students participating in water activities must wear rubber soled water shoes.

\_\_\_\_\_  
Parent/Guardian Signature

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





# FP Assistance

Feeding the Future

## Enrollment Form

Center Name: \_\_\_\_\_ Site Code: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Admission date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Withdrawal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Classroom: \_\_\_\_\_

1. Circle the days that your child will normally attend the center:

Mon    Tue    Wed    Thu    Fri    Sat    Sun

2. Circle the meals normally served to your child in the center:

Breakfast    AM Snack    Lunch    PM Snack    Supper    Evening Snack

3. What hours will your child normally be in the center:

\_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_

4. Participant's ethnic and racial identities

Ethnicity (choose one ethnic identity):

Hispanic or Latino     Not Hispanic or Latino

Race: (choose one or more racial identities):

Asian                       American Indian or Alaska Native  
 White                       Native Hawaiian or Other Pacific Islander  
 Black or African American

Parent Signature

Date of Signature

Day Time Phone Number

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA



## Tuition Policy

PLEASE INITIAL EACH POINT

\_\_\_ Tuition is billed on weekly basis and always due Friday before the week of service.

\_\_\_ If your child is absent, full tuition is due.

\_\_\_ A \$35 late payment will be applied to your account with an unpaid balance as of close of business on Monday.

\_\_\_ Full tuition is due on holiday week.

\_\_\_ Full time enrollments receive one free week of vacation after a year of enrollment. Tuition adjustment form must be completed at least two weeks prior and any balance needs to be paid prior.

\_\_\_ Families out on vacation, or out for general illness that have not taken care of tuition previously will still be charged the appropriate late fee.

\_\_\_ Late fee charges cannot be waived for any reason.

\_\_\_ Any account exceeding the amount of two weeks tuition will be suspended. Full balance and future tuition must be paid in advance before service can continue.

\_\_\_ Automatic withdraw (ACH) will be charged on Monday mornings. Money orders is an alternative payment option.

\_\_\_ Bi- Annual fees of \$80 are due in September and February of each year.

\_\_\_ A two (2) week notice is required prior to the last day of attendance. Kids 'R' Kids #7 reserves the right to charge for two (2) weeks tuition if you withdraw your child without notice.

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

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

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

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



# Building for the Future

This child care receives Federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow!

Meals served here must meet nutrition requirements established by USDA's Child and Adult Care Food Program

## Questions? Concerns?

Call USDA at  
1-866-873-2263

Food and Nutrition at  
1-800-TELL-TDA  
(835-5832)

OR

Your child care at

Fraud Hotline: 1-866-5-FRAUD or 1-866-537-2834  
P.O. Box 12847 Austin TX 78711  
[www.SquareMeals.org](http://www.SquareMeals.org)  
USDA is an equal opportunity provider and employer.



TEXAS DEPARTMENT OF AGRICULTURE  
COMMISSIONER SID MILLER





# Construyendo Para El Futuro

Este guardería infantil recibe asistencia monetaria del gobierno federal para server comidas nutritivas a sus niños. ¡Buena nutrición hoy significa un mañana más saludable!

Comidas servidas aquí deben de seguir los requisitos nutricionales establecidos por el programa "Child and Adult Care Food Program" del Departamento de Agricultura de los Estados Unidos (USDA por sus siglas en inglés).

## ¿Preguntas? ¿Inquietudes?

Llame gratuitamente a USDA al  
1-866-873-2263

Alimentación y Nutrición al  
1-800-TELL-TDA  
(835-5832)

OR

Centro de cuidado de niños de su hijo al

Línea para reportar un fraude: 1-866-5-FRAUD or 1-866-537-2834  
P.O. Box 12847 Austin TX 78711  
[www.SquareMeals.org](http://www.SquareMeals.org)

USDA es un proveedor y empleador que ofrece oportunidad igual para todos.



TEXAS DEPARTMENT OF AGRICULTURE  
COMMISSIONER SID MILLER



**INSTRUCTIONS FOR  
CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM  
(CHILD CARE)**

**Follow these instructions, if your household gets SNAP, TANF or FDPIR:**

**Part 1:** List all enrolled children and household members.

**Part 2:** List the eligibility number for any household members (including adults) receiving SNAP or TANF or FDPIR benefits. The SNAP or TANF number must be the 8 or 9 digit EDG# assigned by HHSC.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

**If you are applying on behalf of a FOSTER CHILD, follow these instructions:**

If **all** children you are applying for are foster children, or if you are only applying for benefits for the foster child:

**Part 1:** List all foster children. Check the box indicating that the child is a foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is **not** necessary.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

If some of the children in the household are foster children.

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

**Part 2:** If the household does not have an eligibility number, skip this part.

**Part 3: Applies only to parents/guardians of children in Tier II Day Care Homes.** Sponsors must provide the *List of Eligible Federal/State Funded Programs* (H1660), with this form to households with children enrolled in Tier II Day Care Homes. Parents/Guardians can enter the program name and number as applicable.

**Part 4:** Follow these instructions to report total household income from this month or last month.

**Column A – Name:** List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and **other deductions**. **You should be able to find it on your stub or your boss can tell you.**

**Box 2:** List the amount each person got from the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. *For ONLY the self-employed, report income after expenses in Box 1.* Box 4 is for your business, farm or rental property. Do not include income from SNAP, TANF, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

**Column A – Name:** List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

**Box 2:** List the amount each person got from the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. *For ONLY the self-employed, report income after expenses in Box 1.* Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

**Privacy Act Statement:** This explains how we will use the information you give us.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.



# CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

## Part 1. All Household Members

Name of Enrolled Child(ren):		
Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**  
 NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

**Part 3. (Applies only to parents/guardians with children enrolled in a day care home)** If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_  
 Check here if no eligibility number

## Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List <b>only</b> household members with income) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received <b>Note:</b> Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

## Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \* \* - \* \* \* - \_\_\_\_\_  I do not have a Social Security Number



# CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)	
Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

**Part 7. Sharing Information With Other Programs: OPTIONAL**  
 The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

I do elect to allow my household information to be disclosed.

I do not elect to allow my household information to be disclosed.

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_ Tier I \_\_\_ Tier II \_\_\_

Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Act Statement:**  
 The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:**  
 In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.





## Center Policies

1. Kids 'R' Kids of The Woodlands is open Monday thru Friday from 6:00 a.m. to 6:30 p.m. The School is closed on the following holidays: Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and the day after, Christmas Eve, Christmas Day, New Year's Eve, and New Year's Day. If the holiday falls on a Sunday, we will be closed on the following Monday. An annual calendar will be posted at the beginning of the year.
2. We follow Conroe ISD policy regarding weather policies and/or delayed opening times.
3. To ensure safety, the first time a person picks up your child, they must show identification.
4. Please send your child to school dressed comfortably and prepared to work and play hard. Please provide extra clothes to keep at the school. Label all items with your child's first and last name. All children must wear closed toe shoes.
5. We provide bibs, bedding, formula, and baby food. You provide diapers, wipes, and extra clothes for your child. If you would like to provide your own bedding or bibs, you will be responsible for your laundering. Our infant room has a comfortable place to enable a mother to breastfeed. Parents provide training cups and are responsible for taking them home every day to clean.
6. We are required to provide a supervised sleep or rest period after lunch each day for preschool children. Naptime is from 12:00-2:30 p.m., we provide and maintain a mat and sheet for each child. You may provide a blanket and a small pillow for naptime. All items must be labeled and fit into their cubby. Any child who is awake after one hour may participate in an alternative quiet activity on their mat until nap time is over.
7. We have four separate age-appropriate playgrounds. Children are outside for at least 30 minutes each morning and afternoon, weather permitting. Fresh drinking water is available on each playground. Playground schedules are posted in each classroom.
8. During the summer months we utilize our splash pad located on our back playground. Children must come to school dressed for water play including water shoes. Please provide a dry change of clothes for your child.
9. If your child rides the bus in the morning, please have your child at our school by 7:20 a.m. If you plan to get your child at the Elementary School, a phone call to Kids R Kids #7 is required. No phone call will result in a \$20.00 Fee.
10. When the elementary schools have a holiday and the children are at Kids 'R' Kids for the entire day, an extra \$20.00 is charged per week for each child.



11. We serve breakfast from 6:00 a.m. to 7:45 a.m. If you arrive after that time and would like your child to eat, you have to sit with them in the café until they are done.
12. Parents are required to provide immunization records and update as required.
13. If your child has any allergies, please pick up an allergy form at the front desk for the doctor to fill out.
14. Hearing and Vision Screening: When your child turns 4 yrs. old, the Health Department in conjunction with the School District requires all children to participate in a Hearing and Vision Screening. You may choose to do this through your Pediatrician or we will be setting up a screening here at the center for your convenience.

### **SIGN-IN & OUT AGREEMENT**

Under Section 746.603 of the Texas Department of Family and Protective Services we are required to maintain Sign-in and Sign-out logs. Kids R Kids uses Checkpoint (School leader) system to maintain these records. This means that every person(s) picking up or dropping off will have to use the computer in the front lobby to sign their children in and out each day. If you are unsure how to use this please ask someone at the front desk to teach you. Also we use Checkpoint Messaging and e-mails to communicate with parents. If you have not submitted your e-mail address please do so today so that we can get distribution list up and going. Thank you very much for your help and cooperation as we strive to improve in the communication department.

\_\_\_\_\_  
Childs Name

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date