



Start Date	_____
Rate	_____
Reg. Fee	_____
Discount	_____
Full/Part Time	_____

Georgia Pre-K & School Age Enrollment Packet

Contact Info:

specialcare@kidsrkidsuniversitycenter.com

<https://kidsrkids.com/university-center/>

<https://www.facebook.com/kidsrkidsuniversitycenter>

770-962-6400

**Kids
R
Kids**

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 _____ Parent Guardian

Home Address _____ Home Phone _____

Email _____ Cell Phone _____

Place of Employment _____ Business Phone _____

Employment Address _____

Parent/Guardian Name _____ Parent Guardian

Home Address _____ Home Phone _____

Email _____ Cell Phone _____

Place of Employment _____ Business Phone _____

Employment Address _____

Marital Status: Married Separated Divorced Widowed Other _____

Child's Legal Guardian(s): Both parents/guardians Mother Father Other _____

Child's Living Arrangements: Both parents/guardians Mother Father 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

____/____/____

Date

**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? Yes No			
Specify: _____			
Does your child have allergies? Yes No			
Is your child on prescribed medication for Illness/Allergies? Yes 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



Parental/Guardian Agreement with Kids 'R' Kids #19 University Center

Below is a breakdown of the policies and procedures at our school. Our goal is to create a partnership between our program and your family. We have implemented the following policies and procedures at the school to provide the highest quality early education experience.

The three most important things we need from our families is:

Partnership, Communication and Patience.

These are the highlights of our policies and procedures that we have found come up more often. A full list of our policies and procedures are available in our parent handbook. Please initial each section below to ensure there is a clear understanding.

Child's Name: _____

Date of Birth: _____

General (Please Initial)

____ I understand that Kids 'R' Kids #19 University Center, 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.

____ I agree to provide Kids 'R' Kids with all information about my child's needs. If my child has an Individual Education Plan, I will share all paperwork with the school director to ensure that Kids 'R' Kids is able to meet the needs of my child. I understand that Kids 'R' Kids is able to make changes to my child's enrollment at any time.

____ 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 all children must be picked up by a person, 18 years or older. I understand that a staff member will escort my child into the school when being transported to school by Kids 'R' Kids transportation.

____ 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.

____ I understand that it is my responsibility to keep the school advised of any changes to the information provided in this application.

Health and Safety (Please Initial)

___ I agree to follow all requirements of the school's medical policy.

___ My child **IS or IS NOT** (Circle One) on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns. Please list any medications and/or conditions:

___ I agree to provide the school with all necessary information pertaining to the administration of medication (date, prescription #, doctor's notes, direction, medication in original pharmaceutical container, etc.).

___ 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 100.4 degrees, severe headaches, upset stomach and/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. Children must be symptom free for 24 hours before returning to school.

___ I understand that when I am notified that my child is sick, I must pick up within 45 minutes.

___ Children must be symptom free for 24 hours unless otherwise recommended by a doctor, before returning to school.

___ In the event that a child is found with living lice or nits, the child will be sent home for treatment. After treatment, the child may return to the school with the understanding that the child will be retreated in 7-10 days of the initial treatment.

___ Should (child's name) _____ (Date of birth) suffer any injury or illness while in the care of Kids 'R' Kids #19 University Center and the facility is unable to contact me immediately, it shall be authorized to secure medical attention and care

for the child as may be necessary. I (Parents name) _____, shall be responsible for payment of services.

Financial: (Please Initial)

- ___ Hours of Operation 6:30 am – 6:30 pm Monday – Friday
- ___ The current tuition rate of \$ _____ per week will be charged to your account every week until a 2-week notice is submitted. Tuition is due regardless of child's attendance.
- ___ Registration fee is NON-REFUNDABLE.
- ___ Tuition payments made after we close on Monday will be assessed a \$35 per day late fee.
- ___ There will be a \$6 service fee for all credit card transactions.
- ___ Please refrain from using cash for any transaction.
- ___ A two weeks' written notice via email is required to disenroll your child. Should a two weeks' notice not be provided, your account will be billed accordingly.
specialcare@kidsrkidsuniversitycenter.com
- ___ Any check or Tuition payment returned will be charged a NSF fee of \$50.00.
- ___ Annual Registration fee of \$175 per child/\$225 Family. Paid upon enrollment and then again yearly on the anniversary of your child's enrollment.
- ___ Late Pick-Up fee per child starting at 6:35pm is \$25.
- ___ Tuition includes breakfast, snack and lunch
- ___ Possible charges up to and included to field trips and in-house activities.
- ___ Georgia Pre-K meal fee is \$40 per week.

Holidays: We will be closed on the following holidays: New Years Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Thanksgiving Day and the Friday after Thanksgiving, Christmas Eve, and Christmas Day. We close at 3pm on New Year's Eve. If the Holiday falls on the weekend, we will observe the day prior. Additionally, our school will close two additional days for teacher training.

Vacation Credit: Each child is awarded one week vacation after their first year anniversary. Prior to this anniversary tuition is still due, regardless of attendance. To be eligible, fees must be current.

Parent Signature: _____ Date: _____

Parental/Guardian Agreement with Kids 'R' Kids University Center

1. Kids 'R' Kids University Center agrees to provide child care for _____.
2. I agree to pay the tuition fee of \$ _____ as designated by the school. Payment is due by 6:30pm on Monday of the CURRENT tuition week.
3. I agree to follow all requirements of the school's medical policy.
4. My child has the following special needs that may affect participation in school activities: _____.
5. The following special accommodation(s) may be required to most effectively meet my child's needs while at this school:

6. I understand my child will be provided with all snacks and lunch served daily during his/her hours of attendance.
7. I understand I am responsible for any special dietary need for 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.
8. 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 as needed.
9. If child is of school age, what school does he/she attend: _____
10. 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.
11. 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).
12. 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 100.4 degrees; severe headaches, upset stomach or diarrhea, he or she cannot attend school for 24 hours after symptoms have subsided without the assistance of medication. 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.
13. I understand that Kids 'R' Kids # 19, 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.
14. 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.
15. 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.
16. I understand that it is my responsibility to keep the school advised of any changes to the information provided in this application.
17. I understand that my enrollment application must be completed in its entirety with a \$175 (Child/\$225 Family) enrollment fee to complete my intent to enroll in Kids 'R' Kids.
18. I understand that once I have completed my intent to enroll packet, I may choose a start date within a 2-week period. If a family chooses to disenroll prior to their start date, the tuition deposit is non-refundable.

I agree to abide by the policies and procedures of Kids 'R' Kids University Center 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 _____

Vehicle Emergency Medical Information

Child's Name _____ DOB _____

Address _____

Father's Name _____

Home/Cell Phone _____ Work Phone _____

Mother's Name _____

Home/Cell Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical Facility the center uses: Gwinnett Medical Center/Northside

Address: 1000 Medical Center Blvd. / Lawrenceville / GA / 30046

Child's Allergies _____

Current prescribed medication _____

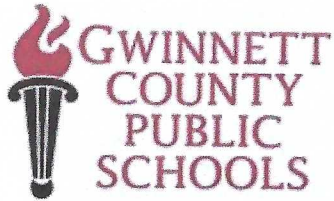
Child's special needs & conditions _____

In the event of an emergency involving my child, and if Kids 'R' Kids cannot get in touch with me, I give Kids 'R' Kids #19 permission to seek medical attention and/or transport my child. I further agree to be full responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witnessed By _____ Date _____



**GWINNETT COUNTY PUBLIC
SCHOOLS VERIFICATION OF
DAY CARE ENROLLMENT**
School Year_____

NOTE: This form is required for GCPS students being transported to a day care facility by GCPS.

Student: _____
(Child's Full LEGAL Name)

School: _____

Day Care Facility: _____

_____ Phone#: _____ Day

Care Address: _____ City: _____ Zip

Code: _____

My child will be attending day care: Monday Tuesday Wednesday Thursday Friday
(Circle days attending)

Starting on: _____ in the ____ AM only, ____ PM only or ____ AM & PM
(date)

Parent/Legal Guardian Signature

DAYCARE USE ONLY

Day Care Facility Director/Designee Printed Name

The day care facility must provide the parent or fax to the school a copy of this day care verification letter which must include the start date and day care director's/designee's signature.

Day Care Facility Director/Designee Signature

Date

Relation to Child

Day Care Facility Director/Designee Printed Name

Position

My signature verifies that the above student information is correct and the student attends this day care facility.

**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

**Distribution**

- Child's File
- Infant/Toddler Classroom Forms
- Pre-School/School-Age Classroom Forms

Child Profile

For children ages 1 and up

A new form is required with each classroom transition

This profile will help your child's teacher get to know your child better. Your input will also help with your child's adjustment to the new classroom.

Child's Full Name: _____ Date of Birth: ____/____/____

Parent/Guardian's Name: _____
(Please Print)

1. List any nicknames your child may have. _____
2. Has your child had previous group care experiences? ☐ Yes ☐ No
3. What language(s) is spoken in your home? _____
4. List the names and ages of siblings.

5. Do you have pets at home? ☐ Yes ☐ No If yes, please list type of pet and name.

6. What words are spoken in your home to describe everyday things (I.e. toileting, nap, eat, play and outside)?

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*

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

_____/____/____

**Distribution**

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

Child Allergy Profile

Update annually or as child's information changes

Child's Full Name: _____ Suite: _____

Please list any known allergies:

Symptoms of Allergic Reaction:

Emergency Care Plan:

Parent/Guardian Signature

____/____/____
Date

Owner/Director Signature

____/____/____
Date



Distribution
• Front Desk Forms

Medication Authorization

All long and short-term medications must be current, in its original container and labeled with the child's full name. Over the counter medication must be accompanied by written authorization from the child's physician indicating dosage. Follow state guidelines for new authorization. If guidelines are not stipulated for short term medications, all authorizations must be updated every 2 weeks. If guidelines are not stipulated for long-term medications, **all authorizations must be updated every month when medication is changed and when child transitions to the next classroom.**

Child's Full Name: _____ D.O.B. ____/____/____

Classroom: _____

Name of Medication: _____

Prescription #: _____ Expiration Date: ____/____/____

Physician Name: _____ Physician Phone: _____

Dates to administer: Start ____/____/____ End ____/____/____

Dispense medication at: ____am ____pm Dosage Amount: _____

Other Directions: _____

Does medication require refrigeration? Yes No

Parent/Guardian Signature

____/____/____
Date

Authorized Person's Signature

____/____/____
Date

Center Use Only:

Record of Dispensation

Date	Time	Dosage	*Adverse Reactions/reason not given	Administered By (Full Signature)

*If noticeable adverse reaction to medication occurs, parents must be notified immediately.
*If child is not given medication at the exact time indicated, list reason here.

Disposal of Leftover Medication:

☐ Returned to Child's Parent/Guardian

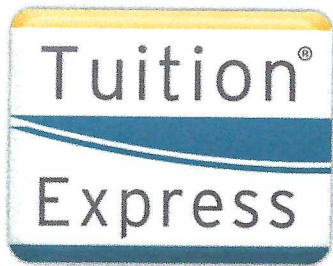
Date: ____/____/____

Authorized Person's Signature

____/____/____
Date

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

KRK/REV/02/2020



Automated Payment Processing Safe – Convenient – Easy

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

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below referenced credit card account (**Section A**) OR, initiate debit entries to my (our) Checking or Savings Account, indicated below (**Section B**). 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. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #		
Address	City	State	Zip
Bank or Credit Union Name			
Bank or Credit Union Address	City	State	Zip
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Transit Number (see sample below)	Account Number (see sample below)		

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: _____	Attach Voided Check Here	\$ _____
Deposit slips not accepted		Dollars
123456789	1800338	0226
Routing Number	Account Number	Check Number

A service of

