Kids R Kids Learning Academy

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

Infant (6 weeks – 1 year)

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

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

Kids R Kids Learning Academy

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

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KRK/REV/02/2020

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 childcare 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 _____

Kids R Kids Learning Academy

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

_____ ___/___/___

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

DECAL SAMPLE

Safe Sleep Practices Policy

Child's name:_____ Date of birth:_____

Parent/Guardian name:_____

Safe Sleep Practices/Policies:

1) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.

2) Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.

3) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.

4) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.

5) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.

6) Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed. This facility will adhere to the following practice:

_____

7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will moved to a safety-approved crib for sleep.

8) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.

9) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

Signature_____ Date_____

Kids R Kids Learning Academy

Distribution
- *Child's File*
- *Infant/Toddler Classroom Forms*

Infant Child Profile

For children ages 6 weeks-12 months

A new form is required with each classroom transition and should be updated as information changes.

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. Has your child had previous group care experiences? □ Yes □ No
2. What language(s) is spoken in your home? _____
3. List the names and ages of siblings.

   _____

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

   _____
5. What milestone(s) has your child reached? (I.e. rolling over or crawling)

   _____

   _____
6. Does your child take a pacifier? □ Yes □ No When? _____
7. How often and how long does your child nap? _____
8. How many hours does your child sleep at night? _____
9. List any additional care plan instructions, i.e. diapering or sleeping _____

   _____

   _____

_____ ___/___/___

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.

Kids R Kids Learning Academy

Distribution
- *Infant/Toddler Classroom Forms*
- *Front Desk Forms*

_____
(Month)

Infant Feeding Plan

For children ages 6 weeks-12 months

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

Instructions to Parents/Guardians:
- Bottles must be pre-mixed (if applicable), labeled with child's full name, current day's date and ready to be served.
- Disposable Nurser Bags must be refrigerated or frozen, stored only with the amount of milk for one feeding, labeled with the child's full name, and date of collection.
- Update diet information as needed or every 30 days. Use a new form or initial/date changes on this form.

Does child feed self? □Yes □ No

Child's diet includes (check all that apply):

Formula	□	Juice	□
Breast Milk	□	Baby Foods	□
Whole Milk	□	Strained Foods	□
Water	□	Table Foods	□

Formula type: _____
Bottle's Formula Amount: _____

Breast Milk Storage: □ Bottles □ Disposable Nurser Bags
Bottle's Breast Milk Amount: _____
Bag's Breast Milk Amount: _____

Food Likes: _____
Food Dislikes: _____
Allergies: _____
Restrictions: _____

Feeding	Time of Day	Type and Approximate Amount of Food

Additional Instructions (i.e. for the introduction of solid foods, dietary changes): _____

I understand it is my responsibility to keep Kids 'R' Kids # _____ updated, in writing, as my child's needs change or ***every 30 days,*** and that it is Kids 'R' Kids policy that bottles are held, not propped, during feeding & that bottles are discarded within an hour after warmed. Unused breast milk will be sent home. Not discarded.

_____ ____/____/____
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
- *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

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KRK/REV/12/2019

Kids R Kids Learning Academy

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 _____

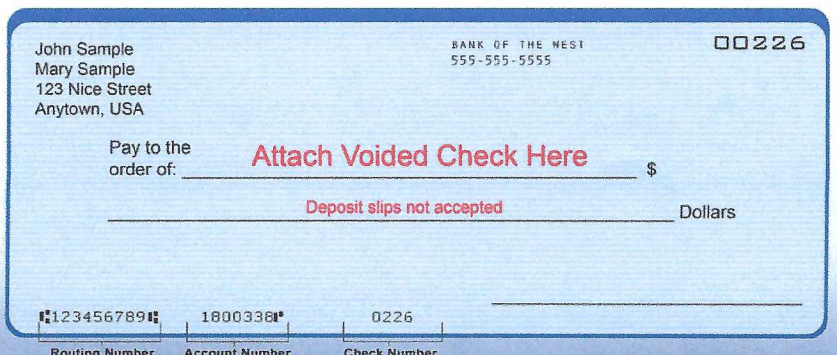
Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____ ☐ Checking ☐ Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

For Official Use Only

Date Received
Employee Signature



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