



School Age
Registration
Packet



Registration Policy

Thank you for registering your child in our school! We know quality care and education is your top priority with your child. Our classrooms provide the highest level of care and education in the industry. We are happy you have put your trust in us and are excited about serving your family.

In order to enroll your child, a payment including the \$100 registration fee and final week's tuition is due today:

Registration fee	\$100/140	
Last week's tuition	_____	
	\$ _____	Total

Enrollment and Termination:

The registration fee is non-refundable. The week of tuition you are depositing will remain in escrow on your account until your child's final week of care at our school. We do require a two week written notice if you plan to disenroll your child. At that time, we will move the deposit from escrow to cover your child's last week of tuition.

Vacation:

Once your child has been in attendance for six consecutive months, you are eligible for vacation. Our vacation policy requires you to provide a request in writing two weeks before your anticipated vacation. Before you leave for vacation, you will need to pay 50% of your tuition. A 50% discount will be applied to your account at that time. You can use vacation up to four weeks per year!

Suspension:

We also have a separate policy for families taking three or more weeks off during the summer. Between the months of May and September, you may take three or more consecutive weeks off without paying tuition! You must provide a request in writing two weeks in advance to have your account suspended. You must also pay one week of tuition as a deposit before you begin suspension. Upon your child's return, your deposit will be used to cover your child's first week back. You are NOT required to re-register if you use suspension! Once you have used suspension, your child must be in attendance for another six consecutive months to qualify for vacation.

I have read and understand the above Kids 'R' Kids of West Allen policies:

Parent's Signature

Parent's Printed Name

Child's Name

Phone Number

Paid deposit in the amount of \$ _____ paid on _____.



Kids 'R' Kids of West Allen
1223 North Alma Drive
Allen, TX 75013
Tel: (214) 667-7777
Fax: (214) 667-7770

ENROLLMENT APPLICATION

Entrance Date: Withdrawal Date: Sex: M/F
Child's Name: Age: Birth date:
Child's Address: City: Zip:
Home Telephone:
Child's Social Security#:

Mother's Name:
Address: City: Zip:
Home Telephone:
Cell phone:
Mother's place of employment:
Work Phone:
Email address:
Texas Driver's License #:
Social Security#:

Father's Name:
Address: City: Zip:
Home Telephone:
Cell phone:
Father's place of employment:
Work Phone:
Email address:
Texas Driver's License #:
Social Security#:

Marital Status: () Married () Separated () Divorced () Widowed () Single
Child's legal guardian: () Both Parents () Mother () Father () Other
Child's living arrangements () Both Parents () Mother () Father () Other

PARENTAL AGREEMENT WITH CHILD CARE CENTER
Parent Initials

1. The Kids 'R' Kids Child Care Center agrees to provide child care for (name of child)
on M - T - W - TH - F from until (specify hours).
2a. The child may be released to the person(s) named above or to the following:

NAME PHONE RELATIONSHIP

2b. The child may not be released to any person other than the parents listed above.

_____ 3. I understand tuition is due for the current week by the close of business on Monday. I understand that if payment is made after Monday, I will incur a \$15 late fee for each day payment is late. Kids R Kids also maintains the right to disenroll my family if tuition is not received in a timely manner, at which time the remaining balance will be taken from the deposit. I understand that if I disenroll without a written two-week notice, my remaining balance will be taken from the deposit. I understand all tuition is non-refundable.

_____ 4. I agree to provide the center with all necessary information (date, prescription #, etc.) pertaining to administer medicine to my child.

_____ 5a. I understand my child will be provided with all breakfast, lunch and snacks served daily during their hours of attendance. I understand I will not send food with my child. I acknowledge that this center is a nut free facility. Breakfast is served from 6:40am to 8:30am.

_____ 5b. I understand that if I choose to provide lunch for my child, the Center is not responsible for its nutritional value or for meeting the child's daily food needs.

_____ 6. I understand that it is my responsibility to escort my child into and out of and to sign my child in and out of the center. I understand that a staff member will escort my child into the center when being transported from school by KRK or public school transportation.

_____ 7. If my child wears diapers, I understand I will provide diapers for my child.

_____ 8. I understand I am totally responsible for any special diet required by my child. If my child's diet consists of formula taken from a bottle, I understand I will provide Kids 'R' Kids with the appropriate number of bottles containing formula necessary for my child each day. Each bottle will be clearly labeled with my child's name and dated as per state regulations.

_____ 9. I understand that if my child is ill, including, but not limited to, a severe cough, sore throat, undetermined rash or spots, temperature over 100 degrees; severe headaches, upset stomach or diarrhea he or she cannot be accepted into the center. My child may return to the center when he/she has been free of symptoms noted above for a 24 hour period. 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 center. Kids 'R' Kids will notify parents if a notifiable disease has been introduced into the center.

_____ 10. I understand that Kids 'R' Kids #55TX, while a Kids 'R' Kids franchise is independently owned and operated and that neither Kids 'R' Kids International, Inc. nor any Kids 'R' Kids center other than the one whose name appears at the heading of this form is responsible for the actions or obligations of this Center.

_____ 11. I understand the center closes at 6:30pm. I will incur late fees for the time my child spends at the center past 6:30pm. If I have not picked up my child by 7:00pm and all attempts to contact me and all of my emergency contacts fail, Kids 'R' Kids will call Child Protective Services and the Police. See Parent Handbook for details.

_____ 12. I give my permission for my child to participate in water playground activities at the center and understand that I must provide swimsuit/trunks, towel, and **water shoes** in order for my child to participate. I also understand that my child may receive minor scrapes on legs/hands if my child were to fall down.

_____ 13. I hereby give permission to Kids 'R' Kids #55TX to photograph or video record pictures of my child and use them in any special projects, and I release Kids 'R' Kids from any liability arising from the use of these pictures.

_____ 14. I acknowledge that I have viewed an electronic copy of the Parent Handbook for Kids 'R' Kids #55TX. I agree to abide by all policies and procedures of Kids 'R' Kids as outlined in this agreement and the Parent Handbook. I have read and understand the above statements.

Signed: _____ **Date:** _____
Parent or Guardian

Signed: _____ **Date:** _____
Director



Kids 'R' Kids of West Allen
1223 North Alma Drive
Allen, TX 75013
Tel: (214) 667-7777
Fax: (214) 667-7770

Health and Emergency Permission Record
& Annual Admission Information Update

Child's Name: _____ Date of Birth: _____
Address: _____
Phone: _____

Mother's Name _____ Father's Name _____
Work Number _____ Work Number _____
Cell Number _____ Cell Number _____

Child's Primary Physician/Clinic:

Name:
Address:
Phone #:
Fax#:

Medical Facility this center uses:

Center: TX Health Presbyterian Hospital Allen
Address: 1105 Central Expressway North
Phone #: 972-747-1000

Does the child have physical problems, mental health disorders, or developmental disabilities, which would limit the child's participation in the program and activities?

Yes ___ No ___

If yes, please specify: _____

Does the child have allergies? (foods, medications, insects, etc.)

Yes ___ No ___

If yes, please specify: _____

Are there any special procedures that are required in caring for the child?

Yes ___ No ___

If yes, please specify: _____

In an emergency, if parents cannot be reached:

Name _____ Phone # _____ Relationship _____
Name _____ Phone # _____ Relationship _____
Name _____ Phone # _____ Relationship _____

I, _____, give my permission for Kids 'R' Kids 55 to TRANSPORT and/or SEEK any needed medical attention for my child, _____, in the event of an emergency if I cannot be reached, and to hold harmless and release Kids 'R' Kids 55 and Kids 'R' International, Inc., from all liability. I further agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached.

Parent's signature: _____ Date: _____

Witness: _____ Date: _____



Kids 'R' Kids of West Allen
1223 North Alma Drive
Allen, Texas
Tel: (214) 667-7777
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Health Requirements

Child's Name _____ Date of Birth _____

I. Admission requirement (check one):

_____ 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.

Doctor's signature _____ date ____/____/____

_____ Parent's Statement: My child has been examined by a doctor within the past year and I will provide a doctor's statement within twelve months of enrollment that states my child is physically able to take part in the child care program.

Parent's signature _____ date ____/____/____

_____ My child attends public school.

II. Immunizations (check one):

_____ Child's shot record is attached. (Children are not allowed to attend without current immunizations on file.)

_____ Child's Vision & Hearing results are attached. (Children 4 years old by September 1st)

_____ My child attends public school.

His/her shot records are on file at _____.

His/her Vision & Hearing results are on file at _____.

Elementary School: _____

Address: _____

Phone Number: _____

I request this information be released to Kids R Kids of West Allen on ____/____/____.
date

I further request, this information be re-released up to two years from this date.

Parent's signature: _____



Positive Guidance Policy

At Kids 'R' Kids we strive to develop meaningful relationships with each child. We want each child to feel loved and have a strong self-worth. We understand that to accomplish this goal it is imperative the children are given positive guidance to ensure self-discipline. We believe that children will develop self-discipline and control when they are treated with dignity and respect and when they are given clear consistent, fair limits for classroom behavior. With the older children, we work to help them set and understand their own limits and the consequences of the decisions they make. We understand the importance of developing a warm and positive learning environment where children's feelings are validated, and positive behavior is always encouraged. In addition, KRK adheres to the discipline policy of the Texas Department of Family and Protective Services Minimum Standards which states:

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 teacher may only use positive methods of discipline and guidance that encourages self-esteem, self-control, and self-direction.

This is done by:

1. Using praise and encouragement of good behavior rather than focusing only upon unacceptable behavior.
2. Reminding a child of behavior expectations daily by using clear, positive statements.
3. Redirecting behavior using positive statements.

I have read and understand the above Kids 'R' Kids of West Allen Positive Guidance Policy

Child's Name _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date: _____



Video Monitoring Release

Current technology has given Kids R Kids of West Allen (herein called "Center") the opportunity, through computers, video and the internet, to offer a unique way for parents to have peace of mind about their child(ren) while at work by being able to monitor them and their activities on video by internet connectivity. The Center is happy to be able to offer this new technology and service to our parents. Please see item 5 below for sign up instructions.

To access this service certain standards must be maintained at all times:

- 1. Access Codes** (issued to those parents wishing to avail themselves of this service) are used to limit access to the images of our children, but you should realize that this system works through the Internet. **Authorized access by anyone necessarily permits access by that person to the images of all children within the field of view of the camera, including your child, whose image cannot be excluded, even if you choose not to accept this service.**
- 2. Unauthorized access to the image of your child could also occur** as a result of a breach of the Internet or a breach of security by any holder of a personal Access Code. **This is beyond the Center's control, and we do not guarantee against such unauthorized access.**
- 3. You agree not to (or permit or suffer any other person to) divulge, reproduce, print or save, in any way or on any medium, any images, prints or video images of any portion of the Center's premises or any of the Center's children without prior consent of the Center. This involves security of the Center and the children and should always be observed.**
- 4. You agree that our method of assigning Access Code or Codes and maintaining the confidentiality of such codes, so long as conducted in a manner consistent with usual, ordinary and reasonable business practices of like day care centers, shall be all that is required of the Center in safeguarding your children's video images, and that no other or different safeguards of internet video images of the children or the premises shall be expected or required of the Center.**
- 5. To gain access to the Internet Video you must sign up at www.watchmegrow.com. Go to the home page and in the upper right hand corner will be a "Sign Up" option. Fill in the forms and your information will be forwarded to us for approval. You agree that that only those persons, if any, listed shall be given an Access Code respecting your children. At the option of the Center, all those listed may be issued the same Access Code, or individual Access Codes may be issued to each such person.**

You agree that it is solely your responsibility to instruct each such person regarding the provisions of this Agreement **and to take from each such person their express agreement** (a) not to divulge the Access Code to any other person, and (b) to abide by all the provisions of this agreement. Persons for whom Access Codes are requested are (enter "none" if such is the case): **(If you do not sign up at www.watchmegrow.com it will be conclusively presumed that no Access Codes are requested.)**

This Internet Agreement is part of, and supported by the same consideration as, the basic Child Care Agreement. Violation of the Internet Agreement may, at the sole option and discretion of the Center, result in the termination of usage of one or more Access Codes and may, at the option of the Center, be deemed a breach of the Child Care Agreement, for which the Center shall have all remedies provided by law, including but not limited to that of cancellation and termination. Your signature below and/or on the enrollment papers of your child constitutes affirmation of your full and voluntary understanding and acceptance of these conditions with respect to your children, your express waiver of all Rights of Privacy in connection therewith, as well as your agreement that you expressly assume all risks involved in furnishing such images, and your release of the Center from any and all

liability for any damage of any nature arising or resulting from its furnishing of this service, whether negligent or not.

I hereby assign and grant to the photographer, or those for whom the photographer is acting as indicated above, the right and permission to copyright and/or use and/or publish, and republish, photographic pictures, video and portraits of the minor names below in which said minor may be included in whole or in part, in color or black and white, made through any media by the photographer at his studio or elsewhere, including the use of any printed matter in conjunction with such photographs.

I hereby waive my right to inspect and/or approve the finished photograph or advertising copy or printed matter that may be used in conjunction with such photographs, or to the eventual use that it might be applied.

I hereby release and discharge the above, its assigns, and all persons acting under its permission or authority or those for whom it is acting, from and against any liability as a result of any distortion, blurring, alteration, or optical illusion that may occur in the taking of the picture, or processing or reproduction of finished product.

I hereby warrant that I am of full age and competent to contract for the minor named below in so far as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents thereof.

Minor's Name: _____

Date: _____

Parent/Guardian: _____

Printed Name: _____



Internet and Photo Release

Technology has allowed Kids 'R' Kids of West Allen to give parents the opportunity to connect with their child's classroom through computers, video, and the internet. In addition to the Watch Me Grow Video Monitoring System, Kids 'R' Kids of West Allen utilizes social media to share and connect with our parents. The purpose of this service is to give parents a glimpse into portions of their child's day ie highlighting curriculum activities, class projects, special occasions, etc.

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 #55 TX, 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 Texas, 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 Texas.

Child's Name: _____

Parent/Guardian Signature: _____ **Date:** _____



Kids 'R' Kids of West Allen
 1223 N. Alma Dr.
 Allen, TX 75013
 214-667-7777

TRANSPORTATION AGREEMENT

My child attends (Please circle):

Boon Elementary 1050 Comanche Dr. Allen, TX 75013 972-747-3331	Evans Elementary 1225 Walnut Springs Dr. Allen, TX 75103 972-747-3373	Green Elementary 1315 Comanche Dr. Allen, TX 75013 972-727-0370	Lindsey Elementary 5730 Wilford Drive McKinney, TX 75070 972-727-0511	Ogle Elementary 4200 Big Folk Trail Frisco, TX 75035 469-633-3525
Kerr Elementary 1325 Glendover Dr. Allen, TX 75013 214-495-6765	Norton Elementary 1120 Newport Dr. Allen, TX 75013 972-396-6918	Cheatham Elementary 1501 Hopewell Dr. Allen, TX 75013 972-396-3016	Marion Elementary 1595 Stablerun Allen, TX 75002 214-495-6784	Olson Elementary 1751 E. Exchange Allen, TX 75002 972-562-1800
Beverly Elementary 715 Duchess Dr. Allen, TX 75013 469-752-0400	Wolford Elementary 6951 Berkshire Rd McKinney, TX 75070 469-742-4700	Malvern Elementary 1100 Eldorado Pkwy, McKinney, TX 75069 (469) 302-5300	Andrews Elementary 2520 Scenic Dr Plano, TX 75025 469-752-3900	Ashley Elementary 15601 Christopher Ln, Frisco Tx, 75035 (469) 633-3700
Anderson Elementary 305 N Alder Dr, Allen, TX 75002 (972) 396-6924	Taylor Elementary 9865 Gillespie Dr, Plano, TX 75025 (469) 633-3625			

Child's Name _____ Date _____

I, _____, agree for my child, _____ to ride on the bus provided by the Kids 'R' Kids Child Care Center as shown in the stamped address above.

My child is in the _____ grade.

My child will be riding the bus (Please circle)

AM ONLY PM ONLY BOTH WAYS

Parent Emergency Information to remain on the bus:

Parent's Name _____ Home Phone _____

Mother's Work# _____ Father's Work# _____

Mother's Cell# _____ Father's Cell# _____

If I cannot be reached to make arrangements for emergency medical care for my child at the time of a sudden illness/accident, or time will not permit to notify me first, I give my permission for Kids R Kids and the Director and /or Franchisees to take my child to Texas Health Presbyterian Hospital in Allen, located at 1105 Central Expressway North. I hereby give consent for necessary emergency treatment when my child is in the care of a licensed Physician, Emergency Room or Hospital.

YOU WILL RECEIVE A COPY OF THE RULES THAT CHILDREN ARE EXPECTED TO FOLLOW WHILE IN THE VEHICLE. WE ASK THAT YOU REVIEW THESE RULES WITH YOUR CHILD/CHILDREN. IT IS OUR GOAL TO PROVIDE A SAFE ENVIRONMENT FOR EACH CHILD WHILE IN THE VEHICLE.

Parent's Signature _____ Date _____



School Aged Child Profile

Name: _____

Age: _____ Grade _____

What elementary school do you attend? _____

Favorite subject in school: _____

Favorite afterschool activity: _____

Favorite sport: _____

Favorite quiet activity: _____

Favorite Character: _____ Favorite Song: _____

Favorite video game: _____ Favorite movie: _____

Favorite TV Show: _____ Favorite App: _____

Favorite color: _____ Favorite animal: _____

What are you curious about?

Do you have siblings? _____ What are their names?

What are your favorite snacks?

What are some things that you would like to do while at Kids 'R' Kids?



Transportation No Call Policy

You must notify Kids 'R' Kids of West Allen 2 hours prior to dismissal, if your student does not need transportation from public school to Kids 'R' Kids. Notification can be made via phone call or email. If you fail to notify Kids 'R' Kids of West Allen that your child will not be transported by the Kids 'R' Kids bus, your account will be charged a \$10 fee. This includes children being picked up from the Allen ISD Pre-K program.

By signing this form, you are acknowledging that you have read and understand the Transportation No Call Policy.

Child Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

ACH Authorization Form

I, _____ hereby authorize **Kids 'R' Kids of West Allen** to ACH debit the account listed below for payment related to Childcare Services.

Bank Name _____

Bank ABA Routing Number _____

Bank Account Type (please circle one): Checking Business Checking Savings

Bank Account Number _____

I understand the terms of the payment schedule to be as follows and that if applicable I will receive a notice only if the payment amount is more than the amount listed below or outside of the designated range listed below.

Recurring Payment

Recurring Payment Start Date _____

Recurring Payment Frequency: Weekly to occur on Monday

Recurring Payment Amount _____

Designated Allowable Recurring Payment Range \$ _____ to \$ _____

One Time Payments

One Time Payment for Non Refundable Deposit: _____ on date _____

One Time Payment for (other, please specify) _____, in the amount of _____ on date

This payment authorization is valid and will remain in effect unless I, (**customer name**) notify (**merchant name**) of its cancellation within (**time frame for notification**) which will allow (**merchant name**) a reasonable opportunity to act upon such cancellation prior to the next schedule payment.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S law. I agree to notify (**merchant name**) of any change to the payment account designated above from which the funds are to be debited within (**time frame for notification**) from the effective date of such change. I understand that failure to do so may delay receipt of funds to (**merchant name**) and that I will be responsible for any resulting late fees or returned item fees.

Signature _____ Date _____

PLEASE PROVIDE A VOIDED CHECK