



Start Date: \_\_\_\_\_ Classroom #: \_\_\_\_\_

6020 North Eldridge Pkwy, Houston TX 77041  
(713) 466-3310 (713) 466-5455 fax

**ADMISSION INFORMATION**

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

Address: \_\_\_\_\_ Gender:  Male  Female

Child's Legal Guardians  Both Parents  Mother  Father  Other: \_\_\_\_\_

Child's Living Arrangements  Both Parents  Mother  Father  Other: \_\_\_\_\_

**1<sup>st</sup> PARENT**

**(Primary Guardian responsible for tuition payment)**

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

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

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**2<sup>nd</sup> PARENT**

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

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

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Enrollment Type:  Full Time  M/W/F (2s and up only)  T/TH (2s and up only)

**School Age Children Only:**  After School Only  Before and After  Before Only  Kirk Pre-K

School Child Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

**Water Activities**

Parent's Initials \_\_\_\_\_ My child may participate in water table play (suites 200 and up).

Parent's Initials \_\_\_\_\_ My child may participate in splash day (suites 200 and up).

Parent/Legal Guardian Signature: \_\_\_\_\_

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



Child's Name \_\_\_\_\_

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**HEALTH INFORMATION**

**INFANTS THROUGH PRE-K ONLY**

**To be filled out by child's physician:**

I have examined the above named within the past year and find that he/she is physically able to take part in the child care program.

Physician's Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Status Of (4 years old only)
Vision: _____
Hearing: _____

**To be filled out by child's guardian (if the above box is not signed)**

My child has been examined within the past year by a health professional and is able to participate in the child care program. Within one (1) month of admission, I will obtain a health care professional's signed statement and will submit it to Kids 'R' Kids #32 TX.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that Kids R Kids must have a copy of my child updated shot records before my child can start school. A copy must be turned in with this enrollment package (or within 48 hours of my child's start date.) I also understand that if my child's shot records are not up to date, I will be sure my child receives the appropriate immunizations within the time frame set by Kids R Kids.*

**SCHOOL AGE CHILDREN ONLY**

My child, \_\_\_\_\_, has a current immunization record and vision and hearing screening record on file at the following school:

<input type="checkbox"/> Kirk Elementary (713) 849-8250 12421 Tanner, Houston, TX 77041	<input type="checkbox"/> Horne Elementary (713) 463-5954 14950 W. Little York, Houston, TX 77041
<input type="checkbox"/> Lee Elementary (713) 849-8241 12900 West Little York, Houston, TX 77041	<input type="checkbox"/> Hairgrove Elementary (713) 896-5051 7120 N. Eldridge Pkwy, Houston, TX 77041
<input type="checkbox"/> Bear Creek Elementary (281) 237-5600 4815 Hickory Downs, Houston, TX 77084	<input type="checkbox"/> St. Elizabeth Seton (281) 855-2503 6646 Addicks Satsuma, Houston, TX 77084
<input type="checkbox"/> British School of Houston (713) 290-9025 4211 Watonga Blvd, Houston, TX 77092	<input type="checkbox"/> John Paul II (281) 496-1500 1400 Parkway Plaza Dr, Houston
<input type="checkbox"/> Harmony School of Achivement 16205 Keith Harrow, Houston, TX 77084	<input type="checkbox"/> Harmony School of Excellence 7340 N. Gessner, Houston, TX 77040

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Child's Name \_\_\_\_\_

**HEALTH AND EMERGENCY PERMISSION**

List any **allergies** or **special diets** your child has (if none, write "NONE"): \_\_\_\_\_

Please explain the **reaction** your child has if he/she comes in contact with or ingests the item(s) listed above. \_\_\_\_\_

List any special problems that your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past twelve months, and medication prescribed for long-term continuous use, and any other information that caregivers should be aware of:  
 \_\_\_\_\_

I, \_\_\_\_\_, give permission for Kids 'R' Kids #32 to seek medical attention for my child, \_\_\_\_\_, in the event of an emergency if I cannot be reached, and to hold harmless and release to Kids 'R' Kids #32 and Kids 'R' Kids International, Inc., from liability. I further agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

**CHILD'S PHYSICIAN INFORMATION**

Dr: \_\_\_\_\_

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

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

The emergency medical procedure for Kids 'R' Kids #32 is:

- Administer First Aid/CPR
- Call emergency medical team, if necessary
- Contact emergency contacts
- Have emergency medical team transport child to

**Texas Children's Hospital**  
 18200 Katy Freeway  
 Houston, Texas 77094  
 (832) 277-1000

**EMERGENCY CONTACTS**

*The persons listed below may be contacted in the event of an emergency AND are authorized with proper identification to pick up my child.*

PARENTS (contacted 1 <sup>st</sup> )				
Name	Relationship	Home Phone	Cell Phone	Work Phone
	1 <sup>st</sup> parent			
	2 <sup>nd</sup> parent			
1 <sup>st</sup> EMERGENCY CONTACT (contacted after the parents)				
Name: _____		Relationship to Child: _____		
Address: _____		City: _____	State: _____	Zip: _____
Home Phone: _____		Cell Phone: _____		Work Phone: _____
ADDITIONAL CONTACTS (contacted last)				
Name	Relationship	Home Phone	Cell Phone	Work Phone



Child's Name \_\_\_\_\_

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### TRANSPORTATION AGREEMENT

To be completed for ALL children

I, \_\_\_\_\_, allow Kids 'R' Kids #32 to transport my child,  
\_\_\_\_\_, for the following reasons:

- Medical Emergencies- child will be transported by EMS team
- Building Emergencies- if the building should become unsafe, children will be transported to an evacuation site.

#### For School Age Children:

- To School                       From School                      Name of School: \_\_\_\_\_
- Field Trips (Individual permission forms will also be signed for each trip).

### TRANSPORTATION GUIDELINES

- It is vital that Kids 'R' Kids #32 be notified of any changes in the above scheduled transportation. We will assume that the above schedule will be followed unless we receive different instructions from the parent/guardian. **Notify us as quickly as possible if your child does not need afternoon transportation.** Failure to notify us of changes in afternoon pickup causes confusion and delays in our schedule.
- In the event that the designated location is unable to receive children, they will be returned to Kids 'R' Kids #32.
- Children will not be left unattended in any vehicle used for transportation.
- Children will wear seat belts at all time.
- **Your child must be at the center no later than 7:30am to be transported to school in the mornings. If your child needs breakfast, he/she needs to be here by 7:00am.**

### TRANSPORTATION RULES

- Always listen and follow the instructions of the driver.
- Always walk to the bus with an adult.
- Wait until the bus stops and the door is open before you step near the bus.
- Always wear your seatbelt, remain seated, face forward and keep the aisle clear.
- Talk softly. Never throw things or fight. The driver cannot concentrate if riders are disruptive.
- Keep all body parts and other objects inside the vehicle.
- No foods or drinks may be opened or consumed while on the bus.
- Students should not mark upon, deface, cut seats, or cause any other damage to the bus.
- Never bring pets or insects on the bus without permission.
- Wait for the bus to stop before unbuckling your seatbelt or leaving your seat.
- Gather all of your belongings; be sure you haven't left anything behind; if you drop something near the bus, ask an adult to get it for you.

I have read and understand the above guidelines and rules. I have reviewed the rules with my child.

Parent/Guardian's Signature: \_\_\_\_\_

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



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Child's Name \_\_\_\_\_

**INTERNET AND PHOTO RELEASE**

Technology has allowed Kids 'R' Kids to give parents the opportunity to monitor their child's classroom through computers, video and the Internet. By enrolling your child in Kids R Kids #32, you agree to allow your child's image to be on the Internet.

**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 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 utilize this internet service.
2. You agree not to (or permit 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.
3. Unauthorized access to the image of your child could occur as a result of a breach of the internet or a breach of security by holders of access codes. Although all available measures are taken to prevent any unauthorized access, this is beyond the center's control, and we do not guarantee against such unauthorized access.
4. You agree that our method of assigning access codes and maintaining the confidentiality of such codes, so long as conducted in a manner consistent with usual, ordinary and reasonable business practices, 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. You agree that only those persons, if any, listed below shall be given an access code. 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 to:
  - a. not divulge the access code to any other person
  - b. abide by all the provisions of this agreement.

**Listed below are persons (first and last names) for whom Access Codes are requested:**

a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_

6. Your signature below 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.
7. Other parents may photograph children at the center. Photographs may also be posted within the center. I give my permission for my child to be photographed. I hereby waive my right to inspect and/or approve the finished portrait, photograph, video or other electronic imagery, advertising copy or printed matter that may be used in conjunction with such photographs, video or electronic imagery for the eventual use to which it might be applied.

***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.***

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

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



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Child's Name \_\_\_\_\_

**CHILD PROFILE**

1. Has your child had previous preschool experiences? Yes No

Explain. \_\_\_\_\_

\_\_\_\_\_

2. What would you like most for your child to experience with us?

\_\_\_\_\_

\_\_\_\_\_

3. Does your child have any particular fears?

\_\_\_\_\_

\_\_\_\_\_

4. Does your child play well with other children? Yes No Not Sure

5. List the names and ages of other children in your family?

\_\_\_\_\_

\_\_\_\_\_

6. Does your child take a nap? Yes \_\_\_\_\_ No \_\_\_\_\_ How long? \_\_\_\_\_

At Kids R Kids, there is a daily quiet time when children are expected to nap. If they are unable to nap, they will read or work on a quiet activity during that time.

7. What is the primary language spoken in your home? \_\_\_\_\_

Please fill out for children ages 2-4

Is your child potty trained? If not, what stage is he/she in? \_\_\_\_\_  
\_\_\_\_\_



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Child's Name \_\_\_\_\_

**POLICIES AND PROCEDURES**

	Initials
1. Weekly tuition fee is due on Friday for the upcoming week (a \$15 late fee will be applied on Tuesday)	
2. I understand that if I decided to withdrawn my child from the school, I must complete the Dis-Enrollment Form to give the school a two weeks notice. I understand that if I fail to do so; two weeks of tuition plus any overdue balance on my account will be collected by a <b>collection agency</b> or through <b>small claim court</b> of which I will be liable for all court costs.	
3. Once enrolled in our program, I understand that I must pay the weekly tuition for my child if he/she is here or not.	
4. I understand that two weeks of vacation credit per year will be given after 6 months of enrollment. To use a vacation week; I understand that (1) I must pay ½ week of tuition (2) my child will be absent all five consecutive days of a week, Monday through Friday (3) I must notify Kids R Kids at least two weeks in advance by complete the Vacation Request Form.	
5. I understand that annual registration fee of \$100 is due upon anniversary date.	
6. I understand that if my child is picked up after 6:30 PM, a \$15 fee is assessed. For every additional 10 minutes after 6:40 PM another \$15 fee is assessed. After 7:00 PM, and additional charge of \$2 per minute is assessed and, as mandated by Licensing, we will have to contact the Constables Office.	
7. I agree to keep the center informed as to changes in telephone number, etc. where I may be reached.	
8. I understand that the school reserve the right to dismiss my child if it is determined that (1) my child's needs cannot be met (2) he/she has not adjusted to group care (3) his/her behaviors become disruptive to the program or become a problem that poses an unsafe situation for the child and other children and (4) if I, the parent, becomes uncooperative.	
9. Transportation is provided to and from school and on planned field trips with parental permission. A field trip form must be signed by the parent before each trip.	
10. I understand my child will be provided with all snacks and meals served daily during the hours of operation. No food or drink should be brought to school.	
11. Should my child become ill or suffer an accident of any nature, the center shall undertake to contact me immediately and shall be authorized to secure such medical attention and care for the child as may be necessary (the parent will assume responsibility for all billing.)	
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 100.0 degrees; severe headaches, upset stomach, diarrhea, he or she cannot be accepted at the center until he/she is well. In the event my child has a notifiable disease, a release form from a medical authority may be	

required before my child reenters the school.	
13. I understand that I am totally responsible for any special diet required for my child. If my child's diet consists of formula taken from a bottle; I will have to provide the school the appropriate number of bottles for my child each day. Each bottle will be clearly labeled with my child's name and date.	
14. Infant-toddler: 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 center.	
15. Kids 'R' Kids does not have the right to withhold my child from any parent having custody or joint custody. If there is a current court order stating that one parent may not have access to a child, the school must have a copy in the child's file. Kids R Kids cannot deny any parent access to their child without such an order. The center cannot become involved in custody disputes. My child will be dis-enrolled if such disputes occur.	
16. I understand that it is my responsibility to escort my child in and out of the school, as well as, sign my child in and out of the center. I understand that staff members will escort my child into the center when being transported from school by district or Kids R Kids transportation.	
17. I understand that the school has a specific policy regarding the administration of medicine. I agree to provide the school with all required information in accordance with this policy. The school requires written authorization from my child's physician to accompany any medication. This includes over the counter drugs. Medications is administered once daily at 12 p.m.	
18. As a licensed preschool center, we maintain compliance with the standards set forth in TDFPS Minimum Standards code. We will maintain each infant's schedule based on the parent's requests per a monthly infant information sheet. We will follow all of the safe sleeping standards established to minimize any SIDS hazards. Therefore, all infants will sleep on their backs in their cribs, and loose bedding will not be permitted, such as blankets or stuffed animals.	
19. Children will be observed at drop off and throughout the day for signs of illness or injury. During drop off, please inform your child's teacher of injuries from home or illnesses in the household. Health checks will be conducted on children appearing/complaining of discomfort. Appropriate steps taken will include checking the child's temperature and visually observing the child for injuries, rashes, or any visible area of concern.  Because the health and welfare of all our children is our primary concern, we are unable to care for children who are ill and unable to participate in classroom activities. We follow the criteria from TDPRS (Texas Department of Protective and Regulatory Services) regarding when children should be excluded from childcare. Our policy is that children with signs or symptoms should be picked up promptly.	

*I have read and understand the above statements. I have received and agree to abide by all policies and procedures of Kids R Kids #32 as outlined in this agreement and the Parent Handbook posted at the school website <http://www.krknortheldridge.com/school-info/policies> and agreed to abide to all policies and procedures.*

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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Child's Name \_\_\_\_\_

**REGISTRATION CONFIRMATION**

This is in receipt of registration fee in the amount of \$ \_\_\_\_\_ for (child's full name) \_\_\_\_\_

I understand that this registration fee is not refundable. I further understand that a place for my child will be held only until the given enrollment date and if I choose to enroll at a later date there may not be space available. If you are placed on our waiting list, you will be given an enrollment date when space becomes available. If you do not accept the given date, you will be placed back on the waiting list.

All enrollment paperwork, including immunization records must be completed and turned in on or before the enrollment date in order for my child to attend.

Parent Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**COMPLETE BY CENTER'S STAFF**

Enrollment Date \_\_\_\_\_

Preferred Start Date \_\_\_\_\_

Given Start Date \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_

Tuition \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

\_\_\_\_ Credit Card      Check # \_\_\_\_\_

Director/Staff Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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Child's Name \_\_\_\_\_

**New Parent Survey**

Child's age \_\_\_\_\_

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

What do you like best about school that convinced you to make the decision to enroll your child with our school?

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What is the specific vision you have for your child's school? What do you want it to be?

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What are you looking for in regards to education for your child?

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*Our premier preschool is continually focused to be the best in the pre-school field by providing the highest standards in Early Childhood Education so that children achieve developmentally appropriate learning goals; as well as superior care and customer service by developing relationships for the long term with staff, parents, children, and community.*



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Child's Name \_\_\_\_\_

**Child's Folder / Parent Orientation**  
**And Dis-enrolling Checklist**

Staff  
Initial

- \_\_\_ Admission Information Form is completed and signed
- \_\_\_ Health Information Form is completed and signed
- \_\_\_ Current Immunization Record in file
- \_\_\_ Health and Emergency Permission Form is completed and signed
- \_\_\_ Transportation Agreement Form is completed and signed
- \_\_\_ Internet and Photo Release Form is completed and signed
- \_\_\_ Child Profile Form is completed and a copy is given to the Lead Teacher
- \_\_\_ Policies and Procedures Form initialed and signed
- \_\_\_ Registration Confirmation is completed and signed
- \_\_\_ Infant Information Sheet (if applicable) is completed and a copy is given to the teacher
- \_\_\_ New Parent Survey completed and turned in
- \_\_\_ Copy of parents driver licenses are filed
- \_\_\_ Health & Emergency Permission and Transportation Permission Forms is added to Disaster Evacuation Folder

**DOOR CODE, CHECKPOINT ACCESS, INTERNET CAMERA ACCESS**

- \_\_\_ Parent was given door code, direction on how to use Checkpoint and Internet camera.

**INTRODUCED TO TEACHER, STAFF, AND FRANCHISEES**

- \_\_\_ Parent is introduced to teachers, management, and Franchisees

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dis-enrolling Checklist**

Staff  
Initial

- \_\_\_ Ensure that there is no tuition due in account (check with Franchisee if there is a balance due)
- \_\_\_ Child is dis-enroll from SchoolLeader
- \_\_\_ Health & Emergency Permission and Transportation Permission Forms are removed from Disaster Evacuation Folder.
- \_\_\_ All internet camera viewers are removed from Internet Camera System
- \_\_\_ Folder is filed in the Dis-enrolled cabinet by year and last name.