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: _____

1st PARENT
(Primary Guardian responsible for tuition payment)

Name: _____ Driver's License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell: _____Provider:_____ Home: _____ Work: _____

Email: _____ Place of Employment: _____

Address: _____ City: _____ Work Hours: _____

2nd PARENT

Name: _____ Driver's License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell: _____Cell Phone Provider **(required)**_____ 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: _____

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(713) 466-3310 (713) 466-5455 fax

Child's Name _____

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.

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

Physician's Name: _____
Street: _____
City: _____ Zip: _____
Phone Number: _____
Physician's Signature: _____ Date: _____

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:

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

Parent/Guardian's Signature: _____ Date: _____

Child's Name _____

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

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 1st)				
Name	Relationship	Home Phone	Cell Phone	Work Phone
	1st parent			
	2nd parent			

1st 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 _____

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

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.
- When children are transported for a school day or field trip, families are notified in writing.
- 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 isle 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: _____

Child's Name _____

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

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 and
   (b) abide by all provision 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 wherewith, 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: _____

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

Child's Name _____

CONFIDENTIAL AGREEMENT

It is our intention to respect the privacy of children and their parents, while ensuring that they access high quality early years care and education in our school. We aim to ensure that all parents and caregivers can share their information in the confidence that it will only be used to enhance the welfare of their children.

We keep developmental records which include observations of children in the setting, samples of their work, summary developmental reports and records of achievement. They are usually kept in the office or classroom and can be accessed, and contributed to, by staff, the child and the child's parents.

We also keep personal records which include registration and admission forms, signed consents, and correspondence concerning the child or family, reports or minutes from meetings concerning the child from other agencies, an ongoing record of relevant contact with parents, and observations by staff on any confidential matter involving the child, such as developmental concerns or child protection matters. These confidential records are kept secure in a safe place.

Parents have access, in accordance with the access to records procedure, to the files and records of their own children but do not have access to information about any other child. If other children are mentioned in a child's record that is authorized for release, the confidentiality of those children should be maintained. The record should be edited to remove any information that could identify another child.

Parents are not allowed to disclose or discuss personal information regarding children and their families with any unauthorized person. Confidential information should be seen by and discussed only with staff members who need the information in order to provide services.

I have read the foregoing release and warrant that I fully understand the contents thereof.

Parent/Guardian Signature_____ Date: _____

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

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? _____

_____

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

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 **collection agency** or through **small claim court** 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 $25 late fee will be assessed. If my child is picked up after 6:40 PM, an additional $25 fee will be assessed. Beginning at 6:50 PM, an additional charge of $3 per minute will be assessed until my child is picked up. I understand that if my child remains at the center after 7:00 PM, and we have not been able to reach a parent or authorized emergency contact, the Constable's Office will be contacted as mandated by Licensing. Repeated late pick-ups may result in further disciplinary action, up to and including termination of care.	
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, and 24 hours fever free. 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. Sick children are removed and parents are asked to remove them from the environment. Parent notification signs are posted on classroom doors to allow other families awareness of possible exposure.	

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: _____

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

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 ____ / ____ / ____

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

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?

_____
_____
_____

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

_____
_____
_____

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

_____
_____
_____

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.

6020 North Eldridge Pkwy, Houston, TX 77041
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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

___ Orientation meeting to share support services and policy. Visited classroom with parent and child

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 _____

Parent Signature *(I have attended orientation)* _____ 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.

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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 your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT (ACH)

I (we) hereby authorize (business name) **TDNguyen Inc, DBA KRKTX#32** to initiate debit entries to my (our) checking or savings account, indicated below**.** To properly affect the *cancellation of this agreement*, I (we) are *required to give 10 days written notice*. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

COMPLETE SECTION BELOW

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

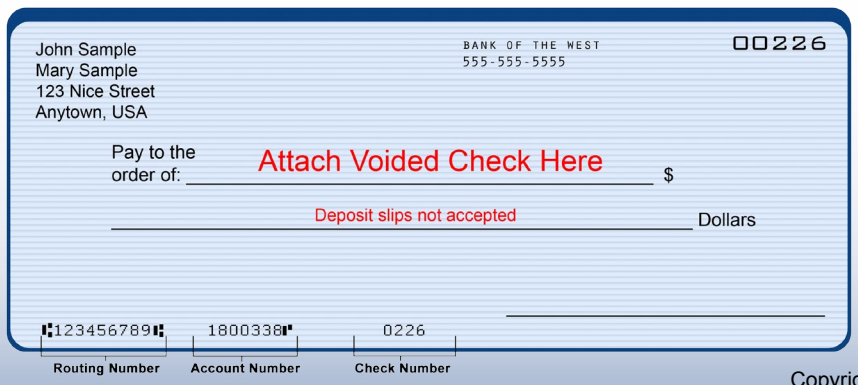
Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature



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Kids R Kids Learning Academy
West Houston

Debit/Credit Card Authorization Form

In order to pay my recurring tuition billed for each week,

I, _____, (Card's Holder's Name) hereby authorized Kids "R" Kids, West Houston to charge my debit/credit card listed below for payment of my child(ren)

(1) _____
(2) _____
(3) _____.

Debit/Credit Card

Card Type (Circle One): ☐ Visa ☐ Master Card

Name on Card: _____

Billing Address: _____

City_____ **State** ____ **Zip Code** _____

Credit Card # _____

Expiration Date ___/___/_____ **Security Code** __ __ __

Card Holder's Signature: _____ **Date:** ____/____/_____

A completed form must be on file for each enrolled student. A statement is available as requested. This form will remain in effect until cardholder specifically revokes it in writing. It is the responsibility of the cardholder to notify Kids R Kids, West Houston when (1) a debit/credit card has been renewed resulting in a new expiration date and (2) a card has been revoked, canceled, or stolen.