



Enrollment Application

Entrance Date//	Withdrawal Date//			
Child				
Child's Full Name Age Child's Home Address				
Parent/Guardia	n			
Parent/Guardian Name	□ Parent □ Guardian			
Home Address	Home Phone			
	_ Cell Phone			
Place of Employment	Business Phone			
Hours of Employment to Email Address				
Parent/Guardian Name	_ Home Phone			
Home Address	_ Cell Phone			
Place of Employment to Email Address				
Marital Status () Married () Separated () Divorced () Widowed () Other				
Emergency Contacts				
The child may be released to the person(s) signing this agreen Name Address Telepho				
Emergency contact and release when parents cannot be reach Name Address Telepho				
Doctor to be contacted when parents cannot be reached: Name Address	Telephone			
Parent/Guardian Signature	// Date			



Parental/Guardian Agreement with Kids 'R' Kids #38

1.		on M – Tu – W – Th – F	
	fromam topm.	Child's Full Name	
2.		ated by the school. Payment will be due on Friday before.	
3.		mation pertaining to the administering of medication. (date,	
	prescription #, doctor's notes, direction, medication i	n original pharmaceutical container, etc.).	
4.	I agree to follow all requirements of the school's med	dical policy.	
5.	I understand my child will be provided with all snack	s and lunch served daily during his/her hours of attendance.	
6.	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.		
7.		whatever disposable diapers are necessary for my child. I	
	understand that only disposable diapers are permitte		
8.	, , , , , , , , , , , , , , , , , , , ,	diet required by my child. If my child's diet consists of formu	la
		R' Kids with the appropriate number of bottles containing	
		e will be clearly labeled with my child's name and current date	ے.
9.	If child is of school age, what school does he/she att		
10.		n planned field trips with parental/guardian permission. A	-
		vice. A school transportation form must be signed each school	ol
	year. A field trip form must be signed before each tr		٠.
11.		is in the care of Kids `R' Kids or suffer an accident of any	
		s authorized to secure such medical attention and care for my	,
		e responsibility for payment). I agree to keep the school	
	informed of changes to my contact information.	responsibility for payments, ragice to keep the sensor	
12.	My child has the following special need(s):		
12.	Try child has the following special fleed(s):		_
13.	The following special accommodation(s) may be requ	uired to most effectively meet my child's needs while at this	
	school:		
14.	My child is currently on medication(s) prescribed for	long-term continuous use and/or has the following pre-existi	ng
	illness, allergies, or health concerns:		_
			_
15.		limited to, a severe cough or sore throat; undetermined rash	
		daches, upset stomach or diarrhea, he or she cannot be	
	,	child has a notifiable disease, a release form from a medical	
16.	source may be required before my child re-enters th	e school. Kids 'R' Kids will notify parents if a notifiable disease	9
	has been introduced into the school.		
		anchise is independently owned and operated and that neithe	r
	Kids 'R' Kids International, nor any other Kids 'R' Kids	s is responsible for the actions or obligations of this school.	
17.	If I have not picked up my child 30 minutes after clo	sing, and all attempts to contact my emergency contacts and	
	me fail, Kids 'R' Kids will call the proper authorities.		
18.	I understand that it is my responsibility to keep the s	school advised of any changes to the information provided in	
	this application.		
	I agree to abide by the policies and proced	lures of Kids R' Kids as outlined in this agreemen	it
	and the Parent Handbook. I have read an		
	Parent/Guardian Signature	Date Date	
		, ,	
	Director/Assistant Director Signature	/ Date	
	DIRECTOLASSISTANI DIRECTOL SIGNATURE	Date	