



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

Rate \_\_\_\_\_

Reg. Fee \_\_\_\_\_

Discount \_\_\_\_\_

Full/Part Time \_\_\_\_\_

# Infant (6 weeks – 1 year)

## Enrollment Packet

Contact Info:

<https://kidsrkids.com/woodstock/>

770-591-0900





Distribution  
• Child's File

## 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

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specify: _____			
Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your child on prescribed medication for Illness/Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> 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

## 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: Northside Hospital

Address: 900 Towne Lake Pkwy, Woodstock, GA 30189

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 #5 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 \_\_\_\_\_



### **Parental/Guardian Agreement with Kids R Kids #5 Woodstock**

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 of Woodstock, a Kids 'R' Kids franchise, is independently owned and operated and that neither Kids 'R' Kids International, 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 can 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) currently 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 unless otherwise recommended by a doctor, before returning to school.

\_\_\_\_\_, I understand that when I am notified that my child is sick, I must pick up within 45 minutes.

\_\_\_\_\_ In the event that a child is found with living lice or knits, 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 Woodstock 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. (Parents name) \_\_\_\_\_ shall be responsible for payment of services.

**Financial: (Please Initial)**

\_\_\_\_\_ Hours of Operation 6:30 am - 6:30 pm Monday- Friday

\_\_\_\_\_ Tuition payments made after close of business Monday will be assessed a \$35 per day late fee.

\_\_\_\_\_ Weekly Supply Fee, per child \$5

\_\_\_\_\_ There will be a \$6 service fee for all credit card transactions.

\_\_\_\_\_ Please refrain from using cash for any transactions.

\_\_\_\_\_ Any check or tuition payment returned will be charged a NSF fee of \$50.

\_\_\_\_\_ Registration fee of \$175 (One child) & \$225 (Family)

\_\_\_\_\_ All students will be subject to an initial registration fee upon enrollment. (Non-Refundable)

\_\_\_\_\_ Late Pick-Up Fee per child starting at 6:31 PM - \$25.00

\_\_\_\_\_ Two weeks' written notice via email is required to disenroll your child. Should a 2 week notice not be provided, your account will be billed accordingly.

\_\_\_\_\_ Tuition includes, breakfast/snack, lunch, snack

\_\_\_\_\_ Complete IES form for food program

**Holidays:** Our published tuition takes into consideration of the following holidays or events for which we are closed. We will be closed on the following holidays: New Year's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day and the Friday after Thanksgiving, Christmas Eve and Christmas Day. We close at 2pm on New Year's Eve, New Year's Day. If the Holiday falls on the weekend, we will observe the day prior. Additionally, our school will close 2 additional days for teacher training.

**Vacation Credit:** All families will be awarded one half week credit after their first 6 months of continuous enrollment. Families will be awarded two half weeks of credit upon their one- year anniversary.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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 #5, 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 \_\_\_\_\_

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.*

KRK/REV/02/2020





### Authorization to Dispense External Preparations

590-1-1-.20(1) Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give \_\_\_\_\_, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

\_\_\_\_\_ Baby Wipes

\_\_\_\_\_ Band-aids

\_\_\_\_\_ Neosporin or similar ointment

\_\_\_\_\_ Bactine or similar first aid spray

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Insect Repellent

\_\_\_\_\_ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

\_\_\_\_\_ Baby Powder

Other (please specify) \_\_\_\_\_

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

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

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

\*center should maintain in child's file

**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

**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.*

KRK/REV/12/2019

**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	<input type="checkbox"/>	Juice	<input type="checkbox"/>
Breast Milk	<input type="checkbox"/>	Baby Foods	<input type="checkbox"/>
Whole Milk	<input type="checkbox"/>	Strained Foods	<input type="checkbox"/>
Water	<input type="checkbox"/>	Table Foods	<input type="checkbox"/>

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 #5 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.

KRK/REV/12/2019

## 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:

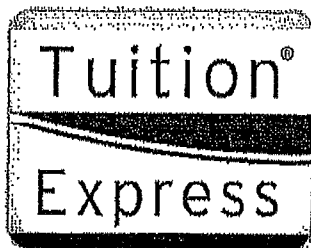
7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will be moved to a safety-approved crib for sleep.

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 \_\_\_\_\_



## 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 \_\_\_\_\_

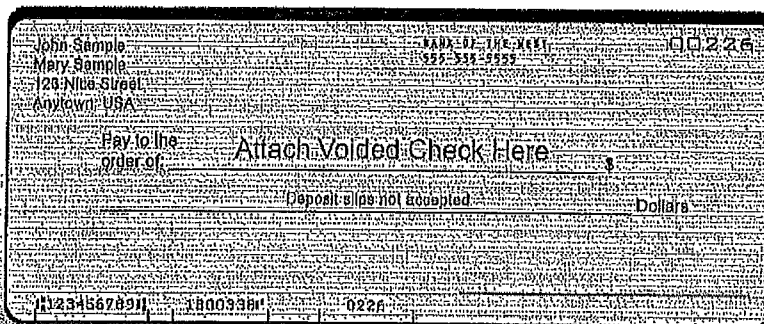
☐ Checking ☐ Savings

Routing Transit Number (see sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_

#### For Official Use Only

Date Received \_\_\_\_\_

Employee Signature \_\_\_\_\_



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