



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

Rate \_\_\_\_\_

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

Discount \_\_\_\_\_

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

# Toddler/Preschool (2yrs-4yrs)

## Enrollment Packet

Contact Info:

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

770-591-0900



## 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' 1 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 "K RK"), 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 K RK.

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 K RK and that K RK 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 K RK 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 K RK and contains the entire understanding between myself and K RK 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
- Pre-School/School-Age Classroom Forms

**Child Profile**

For children ages 1 and up

A new form is required with each classroom transition

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)

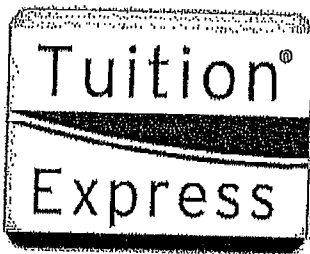
1. List any nicknames your child may have. \_\_\_\_\_
2. Has your child had previous group care experiences? ☐ Yes ☐ No
3. What language(s) is spoken in your home? \_\_\_\_\_
4. List the names and ages of siblings.  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you have pets at home? ☐ Yes ☐ No If yes, please list type of pet and name.  
\_\_\_\_\_
6. What words are spoken in your home to describe everyday things (I.e. toileting, nap, eat, play and outside)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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KRK/REV/12/2019



## 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

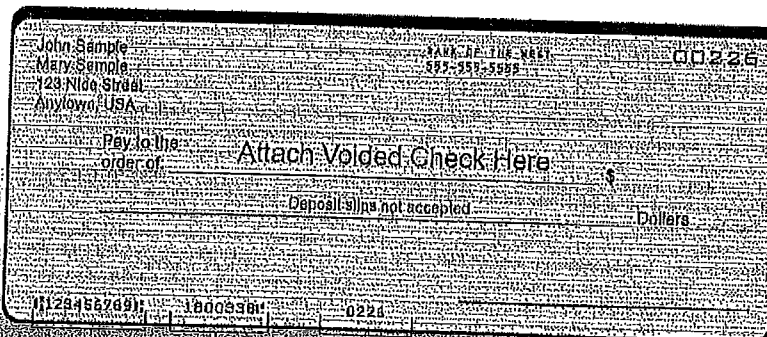
Routing Transit Number (see sample below)

Account Number (see sample below)

#### For Official Use Only

Date Received

Employee Signature



A service of



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SOFTWARE