



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 _____	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Home Address _____	Home Phone _____
	Cell Phone _____
Email Address _____	
Place of Employment _____	Business Phone _____
Parent/Guardian Name _____	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Home Address _____	Home Phone _____
	Cell Phone _____
Email Address _____	
Place of Employment _____	Business Phone _____

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

Check All That Apply

Transportation: I hereby give do not give consent for my child to be transported and supervised by the operation's employees:
 check for emergency care to and from _____ (name of school)

Parent/Guardian Signature:

Field Trips: I hereby give do not give consent for my child to participate in field trips:

Parent/Guardian Signature:

Water Activities: I hereby give do not give consent for my child to participate in water activities such as:
 sprinkler play splash/wade pools water table play water slide

Parent/Guardian Signature:

Receipt of written operational policies: I acknowledge receipt of the facility's operational policies including those for discipline and guidance:

Parent/Guardian Signature:

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person(s) in charge to take my child to:

Name of Physician:

Address:

Phone:

Name of Emergency Medical Care Facility: **Cy Fair Hospital**

Address: **10655 Steeplechase Dr, Houston TX 77065**

Phone: **281-890-4285**

Please list any allergies and/or food restrictions:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent/Legal Guardian Signature:



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Parental/Guardian Agreement with Kids 'R' Kids of Jersey Village

1. Kids 'R' Kids agrees to provide child care for _____ on M – Tu – W – Th – F from 6:00 am to 6:30 pm. Child's Full Name
2. I agree to pay the tuition fee of \$_____ as designated by the school. Payment will be due on Friday.
3. My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

I agree to provide the school with all necessary information pertaining to the administering of medication (date, prescription number, doctor's notes, direction, medication in original pharmaceutical container, etc.).

4. I agree to follow all requirements of the school's medical policy.
5. My child has the following special needs that may affect participation in school activities: _____

6. The following special accommodation(s) may be required to most effectively meet my child's needs while at this school: _____

7. I understand my child will be provided with all snacks and lunch served daily during his/her hours of attendance.
8. I understand I am responsible for any special diet required by my child. If my child's diet consists of breast milk or formula taken from a bottle, I understand I will provide Kids 'R' Kids with the appropriate number of bottles containing formula/ breast milk necessary for my child each day. Each bottle will be clearly labeled with my child's full name and current date.

9. 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 school and that they will be changed every two hours, or as needed.

10. If child is of school age, what school does he/she attend: _____

11. Transportation is provided to and from school and on planned field trips with parental/guardian permission. A separate form and signature are required for this service. A School-Age Transportation Agreement form must be signed each school year. A field trip agreement form must be signed before each trip.

12. Should my child become ill during the time he or she is in the care of Kids 'R' Kids or suffers an accident of any nature, the school will contact me immediately and is authorized to secure such medical attention and care for my child as necessary. (The parent/guardian will assume responsibility for payment).

13. 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 degrees; severe headaches, upset stomach 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.

14. I understand that Kids 'R' Kids of Jersey Village a Kids 'R' Kids franchise is independently owned and operated and that neither Kids 'R' Kids International, Inc. nor any other Kids 'R' Kids is responsible for the actions or obligations of this school.

15. 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.

16. 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.

17. I understand that it is my responsibility to keep the school advised of any changes to the information provided in this application.

I agree to abide by the policies and procedures of Kids 'R' Kids as outlined in this agreement and the Parent Handbook. I have read and understand the above statements.

Parent/Guardian Signature

____/____/____
Date

Owner/Director Signature

____/____/____
Date



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Parents Handbook

Parent's Full Name: _____

Child's Full Name: _____

Parents are required to read the parent's Handbook posted in the Kids 'R' Kids webpage listed below:

<http://www.krkjerseyvillage.com/online-forms>

I, _____ certify that I have read the Parent's Handbook posted in the Kids 'R' Kids of Jersey Village webpage.

Parent/Guardian Signature

___/___/___
Date

Owner/Director Signature

___/___/___
Date

DISCIPLINE AND GUIDANCE POLICY FOR KIDS 'R' KIDS

Discipline must be:

1. Individualized and consistent for each child
2. Appropriate to the child's level of understanding
3. Directed toward teaching the child acceptable behavior and self-control

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction which include at least the following:

1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior
2. Reminding a child of behavior expectations daily by using clear, positive statements
3. Redirecting behavior using positive statements
4. Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

1. Corporal punishment or threats of corporal punishment
2. Punishment associated with food, naps or toilet training
3. Pinching, shaking or biting a child
4. Hitting a child with a hand or instrument
5. Putting anything in or on a child's mouth
6. Humiliating, ridiculing, rejecting, or yelling at a child
7. Subjecting a child to harsh, abusive, or profane language
8. Placing a child in a locked or dark room, bathroom, or closet with the door closed
9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verified that I have read this discipline and guidance policy.

Guardian Signature: _____ Date: ____/____/____

Child Allergy Profile



Child's Full Name: _____ Suite: _____

Allergy: _____

Symptoms of Allergic Reaction:

Emergency Care Plan:

Parent/Guardian Signature

___/___/___
Date

Owner/Director Signature

___/___/___
Date



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Health and Emergency Permission

This form must be completed for all enrolled children

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 _____	Address _____	Telephone _____
Dentist:		
Name _____	Address _____	Telephone _____
Health Insurance Provider:		
Name _____	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		
Specify: _____		
Actions Taken: _____		

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

Infant Profile

For children ages 6 weeks- 12 months
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. 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



Distribution
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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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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 of Jersey Village, 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 or YouTube, 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



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Transportation Agreement

The following information is required by Kids 'R' Kids annually

Child's Full Name: _____

Date of Birth ___/___/___

Kids 'R' Kids emergency transportation/medical procedure:

1. Call emergency medical team, if necessary
2. Call parent/guardian
3. Call alternate emergency contact, if necessary
4. Emergency medical team transports child to hospital, if necessary
5. Kids 'R' Kids representative will accompany child to hospital.

Emergency Medical Facility the center uses: **Cy Fair Hospital**

Address: **10655 Steeplechase Dr, Houston TX 77065**

Phone **281-890-4285**

I, _____ give permission for Kids 'R' Kids to seek medical attention and /or transport my child _____, in the event of any emergency if I cannot be reached. I further agree to keep the facility informed of any changes in the information below.

For School Age Use Only: *If the child relocates to another school or the hours change, this form must be updated*

Name of School: _____

School Address: _____

School Phone: _____

- In the event the designated location is unable to receive children they will be returned to Kids 'R' Kids.
- It is vital that Kids 'R' Kids be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids will assume the above schedule of transportation will be followed unless we receive different instructions from parents. Instructions should be received at Kids 'R' Kids by the earliest possible time.

I, _____ agree for my child to be transported by Kids 'R' Kids

To school at _____ (am/pm)

From school at _____ (am/pm)

On the following days: Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Signature

_____/_____/_____
Date

Owner/Director Signature

_____/_____/_____
Date

Immunization Record

You must have a copy of the child's completed immunization record by the date of admission.



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Tuition and Payment Information

(For more detailed information, please review the Parent Handbook posted in our webpage)

Tuition: Our preferred payment method is automatic payments (Tuition Express). You may also pay by check, money order or credit card at the front desk. Credit card payments are accepted for monthly tuition payments only.

- Weekly tuition is due and collected in advance, on Fridays, for the upcoming week.
- Monthly tuition is due and collected in advance, two business days before the upcoming month.
- If balance is not paid in full, a late fee will apply to your account by Wednesday morning.
- If your payment is declined or returned by your bank, a Return/Decline fee will apply to your account.
- After one week late, your child will not be admitted until full balance is paid.
- Tuition is not refundable. Please refer to Financial Policies in our Parent Handbook.

Absent Credit: You qualify for an "Absent Credit" of 50% of your weekly tuition if:

- You have notified the school prior to the absence by filling out an "Absence Notice" form, at least one week before the absence is going to take place.
- Absence Credit **does not apply** if the school is not notified in advance.
- Your child is absent **all 5 days** in a single week (Mon-Fri).

Vacation: Each child will receive one free week per year for vacation purposes. The following rules apply:

- The child must have been enrolled for at least 6 months.
- You have notified the School prior to the absence, by filling the "Vacation Credit Request Form" at least two weeks before the vacation will take place.
- Your child is absent **all 5 days** in a single week (Mon-Fri).
- Vacation Credit cannot be carried over to the next year.
- Account must be current and paid in full.

Your tuition detail:

Concept	Child 1	Child 2	Child 3	Child 4	Total
Room:	# _____.	# _____.	# _____.	# _____.	
Tuition:	\$ _____.	\$ _____.	\$ _____.	\$ _____.	\$ _____.
Family Discount:	_____ %	_____ %	_____ %	_____ %	(-) \$ _____.
Military Discount:	_____ %	_____ %	_____ %	_____ %	(-) \$ _____.
Weekly Tuition:					\$ _____.
Monthly Tuition = Weekly Tuition x # Mondays for each particular month.					

Initial Enrollment, Annual and other Fees

Initial Enrollment Fee:	\$ _____.
Annual Supply Fee (Due September 1 st):	\$ _____.
Late Payment Fee (Applied on Wednesdays):	\$30.00
Return/Decline Fee per item (Applied immediately):	\$35.00
Parent Signature / Date	

Families will be notified of any change in tuition within four weeks of the change. We reserve the right to change tuition and/or program fees due to unforeseen increases in expenses. Any additional services such as late pick-up, field trips, etc. must be paid the same day the service is rendered.

ADMISSION INFORMATION

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to: walk to or from school or home,
 ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional: _____

Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian

Date