



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 #: _____ Home #: _____ Work #: _____

Email: _____ Place of Employment: _____

Address: _____ City: _____ Work Hours: _____

2nd PARENT

Name: _____ Driver's License #: _____

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

Cell #: _____ Home #: _____ 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).

Sunscreen/Mosquito Repellent Permission

The school may apply mosquito repellent to my child before he/she goes outside Yes No

The school may apply diaper ointment to my child Yes No

I will provide the above items to be used on my child with his/her full name written on the items (sunscreen with a sun protection factor (SPF) of 15 or greater, and without PABA is recommended)

Parent/Legal Guardian Signature: _____ Date: _____



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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.	
Physician's Name: _____ Street: _____ City: _____ Zip: _____ Phone Number: _____ Physician's Signature: _____	Status Of (4 years old only) Vision: _____ Hearing: _____
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:

<input type="checkbox"/> Kirk Elementary (713) 849-8250 12421 Tanner, Houston, TX 77041	<input type="checkbox"/> Horne Elementary (713) 463-5954 14950 W. Little York, Houston, TX 77041
<input type="checkbox"/> Lee Elementary (713) 849-8241 12900 West Little York, Houston, TX 77041	<input type="checkbox"/> Hairgrove Elementary (713) 896-5051 7120 N. Eldridge Pkwy, Houston, TX 77041
<input type="checkbox"/> Bear Creek Elementary (281) 237-5600 4815 Hickory Downs, Houston, TX 77084	<input type="checkbox"/> St. Elizabeth Seton (281) 855-2503 6646 Addicks Satsuma, Houston, TX 77084
<input type="checkbox"/> British School of Houston (713) 290-9025 4211 Watonga Blvd, Houston, TX 77092	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian's Signature: _____

Child's Name _____



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

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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.
- 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 aisle 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: _____



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Child's Name _____

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
 - b. abide by all the provisions 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 therewith, 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: _____



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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? _____



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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. I understand that if my child is present one to five days during the week, I will have to pay full week tuition.	
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 \$15 fee is assessed. For every additional 10 minutes after 6:40 PM another \$15 fee is assessed. After 7:00 PM, and additional charge of \$2 per minute is assessed and, as mandated by Licensing, we will have to contact the Constables Office.	
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. 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.	
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.	

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 www.krknortheldridge.com/Policies.php and agree to abide to all policies and procedures.

Parent/Guardian's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____