



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



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

- 1. Kids 'R' Kids # _____ agrees to provide child care for _____ on M - Tu - W - Th - F from _____ am to _____ pm. Child's Full Name
2. I agree to pay the tuition fee of \$ _____ as designated by the school. Payment will be due on _____.
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 #, 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 # _____ 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