



7410 Fry Rd.  
 Cypress, Texas 77433  
 (281) 463-3700  
 (281) 463-3823 fax

### Enrollment Application

Entrance Date:	Withdrawal Date:	
Child's Name:	Age: Sex:	Birthdate:
Mother's Name: Address:  TDL#	Home Phone: Cell Phone: Work Phone: Email:	
Father's Name: Address:  TDL#	Home Phone: Cell Phone: Work Phone: Email:	
Child's Legal Guardian: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other		
Transportation: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give -Consent for my child to be transported and supervised by the operation's employees: <input type="checkbox"/> For Emergency Care <input type="checkbox"/> On Field Trips (Texas Children's Hospital 18200 Katy Freeway) <input type="checkbox"/> School: _____ A.M P.M.		
Water Activities: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give -my consent for my child to participate in water activities. <input type="checkbox"/> Sprinkler Play <input type="checkbox"/> Splashing/Wading pools <input type="checkbox"/> Water table play		
Release: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give permission to Kids R Kids #24 KATY TX, to photograph or video record pictures of my child and use them in any special projects and I release Kids R Kids from any liability arising from the use of these pictures		
Receipt of Operational Policies: <input type="checkbox"/> I acknowledge that I have read a copy of the Parent Handbook of Kids R Kids #24 KATY TX, which can be found on the location's website. I agree to abide by all policies and procedures of Kids R Kids as outlined in this agreement and the Parent Handbook. I have read and understand the above statements.		
Authorization For Emergency Medical Attention: In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to the center's designated emergency facility. Texas Children's Hospital, 18200 Katy Freeway, Houston, TX, 77094 (832)227-1000 List any special problems your child may have, such as allergies, existing/previous illness in the past 12 months, medication, and any other information which caregiver's should be aware of: Medical: _____ Allergies: _____ Name of Primary Physician: _____ Address: _____ Phone # _____ _____		
I give consent for the facility to secure any and all necessary emergency medical care for my child, and for necessary treatment when my child is in the care of a licensed Physician, Emergency Room, or Hospital. I agree to hold harmless and release Kids R Kids #24 KATY TX and Kids R Kids International, INC. from all liability. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.		
_____ (Signature- Parent/Guardian)		_____ (Date)

## PARENTAL AGREEMENT WITH CHILD CARE CENTER

Parent Initials

\_\_\_\_\_ 1. The Kids R Kids Center agrees to provide child care for \_\_\_\_\_ on M-T-W-TH-F from 6:00 until 6:30.

\_\_\_\_\_ 2. The child may be released to the person(s) named above or to the following:

NAME	PHONE	RELATIONSHIP

\_\_\_\_\_ 3. I understand that my child may be provided with: BREAKFAST LUNCH SNACK SUPPER during their hours of attendance. If I send food with my child, it will not contain any nuts. I acknowledge that this center is a nut-free facility. Breakfast is served from 8:00am-8:30am

\_\_\_\_\_ 4. I agree to provide the center with all necessary information (date, prescription #, etc.) pertaining to administering medicine to my child. I understand medicine is administered at the center at 11:00am and 3pm

\_\_\_\_\_ 5. I understand tuition is due for the current week by the close of business on Monday. I understand that if payment is made after Monday, I will incur a \$25 late fee for each day payment is late. Kids R Kids also maintains the right to disenroll my family if tuition is not received in a timely manner.

\_\_\_\_\_ 6. I understand that it is my responsibility to escort my child into and out of and to sign my child in and out of the center. I understand that a staff member will escort my child into the center when being transported from school by Kids R Kids or public school transportation.

\_\_\_\_\_ 7. If my child wears diapers, I understand I will provide disposable diapers for my child. I understand that only disposable diapers are permitted in the center.

\_\_\_\_\_ 8. I understand I am responsible for any special diet my child requires. If my child's diet consists of formula, I understand I will provide Kids R Kids with the appropriate number of bottles containing formula necessary for my child each day. Each bottle will be clearly labeled with my child's name and dated as per state regulations.

\_\_\_\_\_ 9. I understand that if my child is ill, including, but not limited to, a severe cough, sore throat, undetermined rash or spots, temperature over 100.4 degrees; severe headaches, upset stomach or diarrhea he or she cannot be accepted into the center. My child may return to the center when he/she has been free of symptoms noted above for a 24 hour period. 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 center. Kids R Kids will notify parents if a notifiable disease has been introduced into the center.

\_\_\_\_\_ 10. I understand that Kids R Kids #24 KATY TX, while a Kids R Kids franchise is independently owned and operated and that neither Kids R Kids International, Inc. nor any Kids R Kids center other than the one whose name appears at the heading of this form is responsible for the actions or obligations of this center.

\_\_\_\_\_ 11. I understand the center closes at 6:30pm. I will incur late fees for the time my child spends at the center past 6:30pm. If I have not picked up my child by 7:00pm and all attempts to contact me and all of my emergency contacts fail, Kids R Kids will call Child Protective Services and the Police. See Parent Hand Book for details.

\_\_\_\_\_ 12. I understand that it is my responsibility to keep the center advised on changes of addresses, phone numbers, etc. in writing.

Signed : \_\_\_\_\_ (Parent or Guardian)                      Date: \_\_\_\_\_

Signed : \_\_\_\_\_ (Director)                                      Date: \_\_\_\_\_



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## Internet Viewing Agreement

Today’s technology through computers, video, and the Internet has given Kids ‘R’ Kids the opportunity to offer a unique way for parents to have “peace of mind” about their children while they are at work. Kids ‘R’ Kids is very excited about being able to bring this technology and service to our parents.

However, for our children’s protection, there are some very serious issues that must be addressed and understood. While the video images are protected and security safeguards and access codes are in place to protect our children, it is important to realize that this system works through the Internet, and is only as secure as you, the parent, allow it to be.

By signing this agreement, you agree to allow your child(ren) to be video recorded and release Kids ‘R’ Kids #24 KATY TX from any liability resulting from the use of the monitoring system.

Violation of the above agreement will terminate usage of your internet viewing account.

Child’s name \_\_\_\_\_

Parent’s name \_\_\_\_\_

Please note that only persons you list below will be granted access to the cameras. We cannot authorize additional viewers until the Primary Guardian (usually the mother) registers. WatchMeGrow accounts will not be created until they are requested by the individual, as outlined in the WatchMeGrow Registration Procedure.

Authorized viewers:

Name                      Relation

Name                      Relation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read and understand the policies surrounding the Internet viewing program. I agree to update my authorized viewers list as needed.

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date



## Child Profile

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 Name \_\_\_\_\_

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

1. Has your child had previous child care experiences?      Yes                  No
2. List any nicknames your child may have. \_\_\_\_\_
3. What language is spoken at home? \_\_\_\_\_
4. List the names and ages of siblings.  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you have any pets? If so list the type and name.  
\_\_\_\_\_
6. What special accommodation(s) may be required to most effectively meet your child's need while at school?  
\_\_\_\_\_  
\_\_\_\_\_
7. What are your child's favorite activities? \_\_\_\_\_
8. Does your child have any particular fears? \_\_\_\_\_
9. What would you like us to know about your child?  
\_\_\_\_\_  
\_\_\_\_\_



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### Health Requirements

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

Date of Birth \_\_\_\_\_

I. **Admission Requirement** (Check One):

\_\_\_\_\_ Doctor's Statement – I have examined the above named child within the past year and find that he/she is physically able to take part in the child care program.

\_\_\_\_\_  
Doctor's signature

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

\_\_\_\_\_ My child attends public school.

\_\_\_\_\_ My child has been examined within the past year by a healthcare professional and is able to participate in the child care program. Within a month of admission, I will obtain a health care professional's signed statement and submit it to the child care program.

II. **Immunizations** (Check One):

\_\_\_\_\_ Child's shot record is attached

\_\_\_\_\_ Child's shot record is on Immtrac

\_\_\_\_\_ My child attends public school.

His/her shot record are on file at \_\_\_\_\_.

I, \_\_\_\_\_, request this information be released to Kids R Kids.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_