



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: _____