



## Parental/Guardian Agreement with Kids 'R' Kids #25

1. Kids 'R' Kids # 25 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 Friday.
3. 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. I understand my child will be provided with all snacks and lunch served daily during his/her hours of attendance.
6. 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.
7. 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.
8. I understand I am totally responsible for any special diet required by my child. If my child's diet consists of formula taken from a bottle, 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 current date.
9. If child is of school age, what school does he/she attend: \_\_\_\_\_
10. 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 transportation form must be signed each school year. A field trip form must be signed before each trip.
11. Should my child become ill during the time he or she is in the care of Kids 'R' Kids or suffer 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). I agree to keep the school informed of changes to my contact information.
12. My child has the following special need(s): \_\_\_\_\_
13. The following special accommodation(s) may be required to most effectively meet my child's needs while at this school: \_\_\_\_\_
14. 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: \_\_\_\_\_
15. 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.
16. I understand that Kids 'R' Kids # 25 a Kids 'R' Kids franchise is independently owned and operated and that neither Kids 'R' Kids International, nor any other Kids 'R' Kids is responsible for the actions or obligations of this school.
17. 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.
18. 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

\_\_\_\_\_  
Director/Assistant Director Signature

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

## Child Profile

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
(Please Print)

This profile will help your child's teacher get to know your child better. The more the teacher understands your child's personality and family dynamics, the more she/he will be able to meet your child's needs. Your input will also help with your child's adjustment to the new classroom.

1. List any nicknames your child may have. \_\_\_\_\_
2. Has your child had previous group care experiences? Yes  No
3. What would you like most for your child to experience with Kids 'R' Kids?  
\_\_\_\_\_  
\_\_\_\_\_
4. List activities your child enjoys.  
\_\_\_\_\_  
\_\_\_\_\_
5. Does your child have any fears?  
\_\_\_\_\_  
\_\_\_\_\_
6. Do you consider your child shy or outgoing?  
\_\_\_\_\_  
\_\_\_\_\_
7. What are your child's favorite toys?  
\_\_\_\_\_  
\_\_\_\_\_

## Child Profile

8. List the names and ages of siblings.

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9. Do you have pets at home? Yes  No   
If yes, please list type of pet and name.

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10. What words are spoken in your home for toileting?

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11. Does your child take a nap? Yes  No  How long? \_\_\_\_\_

12. Does your child need a favorite item (such as a blanket or stuffed animal) for naptime? Yes  No  If yes, please describe:

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13. How many hours of sleep does your child usually receive at night? \_\_\_\_\_

14. What language(s) is spoken in your home?

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15. Would you be willing to volunteer with field trips, special events or by sharing a hobby?

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\_\_\_\_\_  
Parent/Guardian Signature

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

## Health and Emergency Permission

Child's Full Name:		Date of Birth:    /    /	
Street Address:		Phone:	
City:	State:	Zip:	
Parent/Guardian:	Phone 1:	Phone 2:	
Parent/Guardian:	Phone 1:	Phone 2:	
Doctor's Name:		Phone:	
Dentist's Name:		Phone:	
Health Insurance Provider:		Phone:	

Does your child have physical problems, mental health disorders or developmental disabilities affecting participation in school activities? Yes \_\_\_ No \_\_\_

Specify: \_\_\_\_\_

Does your child have allergies? (foods, medications, insects, etc.)? Yes \_\_\_ No \_\_\_

Specify: \_\_\_\_\_

Are there any special procedures required in caring for your child? Yes \_\_\_ No \_\_\_

Specify: \_\_\_\_\_

**Emergency Contacts:** (if parent/guardian cannot be reached)

	Relationship:	Phone 1:	Phone 2:
2.	Relationship:	Phone 1:	Phone 2:

Kids 'R' Kids #   25   emergency 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.

Hospital the center uses:

  Emory Eastside Medical Center  

Hospital Address:

  1700 Medical Way Snellville, GA 30078  

I, \_\_\_\_\_ give permission for Kids 'R' Kids #   25   to seek medical attention and/or transport my child \_\_\_\_\_, in the event of an emergency if I cannot be reached. I further agree to hold harmless and release Kids 'R' Kids #   25   and Kids 'R' Kids International, Inc., from all liability. I further agree to keep the facility informed of any changes in the information stated above.

\_\_\_\_\_  
Parent/Guardian Signature

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

