



Enrollment Application

16325 W. Lake Houston Pkwy
Houston, Tx 77044

Enrollment Date ____/____/____

Date of Birth ____/____/____

Child's Full Name _____ Age _____ Gender _____

Child's Home Address _____

Home Phone _____

Parent/Guardian Printed Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Employment Address _____

Parent/Guardian Printed Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Employment Address _____

Marital Status: _____

Child's Legal Guardian: ____ Mother ____ Father ____ Other ____ Both

Child lives with: _____

The child may be released to the person(s) signing this agreement or to the following with photo ID:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact when parents can't be reached:

Name	Address	Phone	Relationship
_____	_____	_____	_____

Doctors contact information:

Name	Address	Phone	Relationship
_____	_____	_____	_____

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

Email address to be used for Kid Reports™ (child's electronic daily sheet) Please print neatly.

_____@_____;



Parent/Guardian Agreement with Kids R Kids #35

1. Kids R Kids #35 agrees to provide childcare for my child _____ during the hours of 6:00a.m. to 6:30 p.m.
2. I agree to pay the tuition fee \$_____ as designated by the school. Payments are due on Friday or Monday for the upcoming week.
3. My child is currently on medication prescribed for long-term use and/or has the following pre-existing illness, allergies, or health concerns:

I agree to provide the school with all required information pertaining to the administering of medication; date, prescription #, doctors notes, direction, medication in original pharmaceutical container, etc.
4. I agree to follow all requirements of the schools medical policy.
5. My child has the following special needs that may affect participation in school activities:

6. The following special accommodations may be required to most effectively meet my child's needs while attending:

7. I understand that my child will be provided breakfast, a.m. snack, lunch, and p.m. snack 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 requires breast milk or formula taken from a bottle, I understand I will provide Kids R Kids with the appropriate number of bottles containing breast milk/formula necessary for the each day. Each bottle must be clearly labeled with child's first & last name.
9. I understand I will provide diapers, clothing, pacifier, diaper cream, toothbrush, and any other personal item my child will need during school hours.
10. Transportation is provided to and from public school and on planned field trips with signed parent/guardian permission. A separate form and signature is 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 individual trip.
11. 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. (parent/guardian will assume responsibility of payment).
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 degrees; severe headaches; upset stomach or diarrhea; he or she cannot be in attendance until symptom free for 24 hours and/or released with a physicians note that they are not contagious. If your child is diagnosed with a contagious illness you are required to notify Kids R Kids as soon as possible. We will then take measures required by the CDC/Health Dept to prevent further spread of the illness within the school.
13. I understand that Kids R Kids #35 is individually owned and operated. that Kids R Kids International, Inc. nor any other Kids R Kids is responsible for the actions or obligations of this school.
14. I understand that it is my responsibility to escort my child into and out of the school. To sign my child in and out of the school. I understand that a staff member will escort my child into and out of the school when being transported from public school or Kids R Kids transportation.
15. If I have not picked up my child 30 minutes after closing, and all attempts to contact listed contacts fail, Kids R Kids will contact the proper authorities.
16. I understand that if my child is not picked up by scheduled closing I will be charged \$1 per minute for every minute my child is here past 6:30 p.m.
17. I understand that it is my responsibility to keep the school advised of any changes to the information provided in the application.

I agree to abide by the policies and procedures if Kids R Kids as outlined in this agreement and the parent handbook. I have read and understand the above statements.

Parent/Guardian Signature: _____ Date ____/____/____

Parent/Guardian Signature: _____ Date ____/____/____



Center Policies

1. Hearing and Vision Screening: When your child turns 4 yrs. old, the health department in conjunction with the school district requires all children to participate in a hearing and vision screening. You may choose to do this through your pediatrician .
2. Enrollment Procedures are as follows: Complete the Pre-Registration Packet and Enrollment Application. Leave your first week's payment and your registration fee to hold your spot for the date of enrollment. By the start date your child must have all paperwork filled out and signed, a copy of the Admission Statement signed by a doctor, and a copy of the child's updated immunization record turned in to the director. We will notify you by letter or phone of any policy changes.
3. Parents are required to provide immunization records and updates as required.
4. Parent/Teacher conferences to discuss academic progress are available anytime. Reports Cards are handed out every three months.
5. If you have any questions please feel free to discuss it with a director at any time.
6. We welcome parents to join us for any activities or special events and you can do so by letting the front know at any time.
7. If your child does not attend for 2 weeks or more with no communication between you and a director you will be dis-enrolled and your spot will not be secured.
8. You are always welcome to review a copy of the Minimum Standards and the centers most recent Licensing inspection report.
9. If you would like to contact the local Licensing office or Abuse Hot Line you can call 713-940-5200; www.dfps.state.tx.us
10. ***Kids `R` Kids #35 of Lakeshore will require that there is no gang activity allowed within 1,000 feet of our facility. Any gang activity within 1,000 feet of our facility is breaking the law and will result in increased penalty.
11. Parents are required to provide their child with an extra set of clothes. On field trips students must wear tennis shoes, NO sandals or flip flops. Please send children to school with shorts on under their dress.
12. Kids `R` Kids of Lakeshore #35 communicates with all parents by signage, letters, emails, Kid Reports ™, or broadcast messages on our childcare software management system.
13. Kids `R` Kids of Lakeshore #35 allows breast feeding on site, if the mother covers up and nurses in an area that is not viewed by cameras. A director will designate a comfortable place for nursing to occur.

I have read these policies and can request a copy.

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____



Each Parent please initial each point

- ___ ___ We require at least one week notice and the last week paid in full, for any families dis-enrolling from the school.
- ___ ___ Tuitions are due on Friday or Monday for the upcoming week.
- ___ ___ Timely tuition payments made on Monday of the week you are in are not considered late.
- ___ ___ A \$25 late fee will be applied to any account with an unpaid balance as of close of business on Monday evening.
- ___ ___ Families out on vacation or out for general illness are still required to pay tuition on time to avoid late fees.
- ___ ___ Payments made after the close of business Monday must include the \$25 late fee.
- ___ ___ Payments asked to be held must include the \$25 late fee to be accepted for posting.
- ___ ___ Late notice reminders will be sent using our messaging system. Please understand that you must check your child in and out daily in order to receive these messages and failure to do so is not the fault of the school.
- ___ ___ Late fee charges cannot be waived for any reason outside of immediate family medical emergencies and can only be discussed with the accounts director or owner. This does not include general illness.
- ___ ___ If an account is still unpaid by the close of business on Wednesday we have the right to suspend your child's attendance until the balance is taken care of. On Thursday any unpaid accounts will be called to either come and pay the balance or remove your child from school until the balance is brought to zero.
- ___ ___ Families who plan not to attend for 5 consecutive business days will receive a vacation week upon filling out the vacation form. This means you will pay half of your normal weekly tuition. The vacation payment is due on Friday or Monday before the vacation week or it will be considered late and incur a late fee.
- ___ ___ If you are enrolled full time then your weekly tuition charge will remain at full time.

Parent/Guardian Signature: _____ Date ____/____/____

Parent/Guardian Signature: _____ Date ____/____/____



Policies Regarding Health & Medication

In our school we have very specific guidelines regarding health. These policies are intended to be very clear on what health issues would make it necessary for your child to be kept out of school. It is our hope that these policies address all concerns from parents and staff. Administered correctly and fairly, they are in place to protect the best interest of all our children, well or ill, as well as our staff. As you are reading our guidelines please understand they are not intended harshly. It is our intent in the school to be healthy and germ free, we ask that you follow these guidelines and policies to work with us in achieving that.

To preserve the health of ALL children we ask that you not send a sick child to school. Small children in particular are prone to illness and infection because their immune system is not fully developed. One sick child in the classroom places all other children at risk. In addition the child usually has a miserable day, and bottom line should be seen by the doctor.

According to state guidelines a child may not be admitted for care if one or more of the following exists:

1. Under arm temperature of 100 degrees or higher
2. Lethargy
3. Abnormal breathing
4. Excessive diarrhea (3 or more)
5. 2 or more vomiting episodes in a 24 hour period
6. Undiagnosed or spreading rash
7. Mouth sores with drooling
8. Child exhibits symptoms of or has officially been diagnosed with a communicable disease (Pink eye, Strep, Thrush, RSV, Lice, Impetigo, Flu, Mono, Ringworm, Rotavirus, Scarlet Fever, Meningitis, Scabies, Croup, etc.)

If a child presents with any of the above while attending our facility a will be contacted to pick up the child immediately and have them seen by a physician.

A **child can return to school when** fever free for 24 hours without medication and active signs of illness are no longer present. Children do not have to remain away from the center until all secondary symptoms disappear since some nasal and bronchial congestion may linger for several days following a cold or flu, but the child generally is not contagious. Consult your physician if you have any questions. If a child was diagnosed with a communicable disease, they must have a doctors release to return to school.

Medications administered by the school follow very strict guidelines. **You MUST sign in all medications on our sign up sheet daily and indicate the dosage clearly. You must sign a new medication authorization each time you bring a new medication.** All medications must be taken home everyday. We only give medications when it is required within the time they will be attending school. For example: if the prescribed medication is to be taken twice daily then it can be given at home. If it is prescribed for 3 times a day then we can give it here with the proper forms completed and only at the times of 11:00 a.m. & 3:00 p.m. this is to keep us on a schedule so that we don't miss any medications to be given. We will not give medication at any other times. If you have any special medication need you must discuss it with the director. If medication is over the counter, we will need a note from the physician in order for us to administer the medication. With a doctors permission form, we will give Tylenol or Motrin for up to 7 days for pain or fussiness due to an illness. We will only administer a prescribed medication to the child to which it is prescribed and only as prescribed by the physician. We cannot give expired medication or medication as needed. All emergency medications kept at our facility, must be accompanied by a doctor's note and the note must be renewed every six months.

Parent Signature: _____ Date ____/____/____

Directors Signature: _____ Date ____/____/____



Policies Regarding Child Pick-Up

The following guidelines are regarding the pick-up of your child from our center by someone other than yourself or your spouse. These guidelines might very well be the most important for you and your designated alternates to understand. Please make sure that we have a current Drivers License Number for any person, including parents, on file with us at all times for anyone listed on file as an alternate pick-up.

1. Please update your child's file with any persons you wish to add to the pick-up list.
2. You **MUST** have their current driver's license number and the person picking up must have their license with them for us to release your child to them.
3. Person must be at least 16 years of age with a photo id and on the pick-up list.
4. If you have to call us during the day with alternate pick-up instructions, we will need the first and last name of the person as it appears on their driver's license as well as the number on the license. We will then hang up and call you back, with the number we have listed for you, to verify that you did call us and request this.
5. The alternate must stop at the front desk or we will stop them in order to verify who they are here to pick-up.
6. We will notify the classroom teacher if there will be an alternate pick-up for the day. If the teacher has not been notified they will contact a director upon pick-up of the child to get approval.
7. Non-Custodial parent concerns are handled as to the letter of the law. For example, if we have a parent come to us and say that they do not want a natural parent whom they are separated or divorced from to pick-up their child, we cannot enforce this without a copy of the court order that states these instructions.
8. Random Non-Parents pick-ups such as grandparents or aunts and uncles must be listed or added to the pick-up list.
9. If someone comes to the center to pick-up your child and we have not heard from you to verify prior to the pick-up, we will attempt to contact you. If we cannot contact you we will not release the child to the person and we will ask them to leave.
10. If we have any uncooperative alternate we will treat this as a 'full security situation'. If that situation gets out of hand we will treat it as a possible abduction. In any event, we will not hesitate to call the local authorities for back up in the event the situation deems necessary.
11. Our number one priority is to protect your child.

I have read and understand the guidelines for alternate pick-up.

Parent Signature: _____ Date: ____/____/____

Director Signature: _____ Date: ____/____/____



Discipline and Behavior Management Policy

At Kids `R` Kids, we use a method of “redirection” to guide children toward appropriate behavior. If a child is engaged in a behavior that is not conducive to a safe and happy learning environment, the teacher will “redirect” the child toward the appropriate behavior.

“Above all, we shall not harm children. We shall not participate in practices that are disrespectful, degrading, dangerous, exploitative, intimidating, emotionally damaging, or physically harmful to children.” (NAEYC code of ethics – Principal – 1.1)

Parent/Teacher/Director communication is ongoing to express concerns and discuss strategies to encourage your child has a successful academic experience.

I, the undersigned parent/guardian of _____ (print child’s full name), do hereby state that I have received and read the facility’s *Discipline and Behavior Management Policy*. I also understand that *Kids `R` Kids #35* reserves the right to dis-enroll any child without notice that displays behavior that is harmful or disruptive to the other children’s ability to learn in the classroom.

Examples of harmful and disruptive behavior:

- | | |
|---------------------|-----------------------|
| 1. Kicking | 5. Wrestling |
| 2. Pushing | 6. Head Butting |
| 3. Scratching | 7. Biting or Spitting |
| 4. Hitting/Punching | |

1. If a verbal child displays these behaviors repeatedly during the school day (3 or more times) they will be sent home for the day.
2. If a verbal child in our program is exhibiting these behaviors 3 times in a 5 day attendance period, parents will be visited with and any relevant suggestions we can make will be discussed.
3. If a child repeats the same pattern (3 times in 5 days) within a thirty day period, a parent/teacher conference will be arranged and a time will be scheduled for the parent to come and observe the child.
4. If a child repeats same pattern (3 times in 5 days) a third time within a 30 day period, parents are asked to make arrangements for a one week furlough from the center to give the child a break from being physical as “a habit.” (1st furlough)
5. If a child returns from the first furlough and repeats the same pattern (3 times in 5 days) within a 30 day period, we must dis-enroll the child for two weeks. (2nd furlough)
6. If a child returns from their second furlough and repeats the same pattern (3 times in 5 days) within a 30 day period, we must dis-enroll the child for 30 days. (3rd furlough)
7. After a child returns from their 3rd furlough and repeats the same pattern (3 times in 5 days) within a 30 day period, we must permanently dis-enroll the child. It will be at the owner’s discretion if the child may return in the future.

Parent/Guardian Signature: _____

Date: ___/___/___

Director Signature: _____

Date: ___/___/___



Biting Policy

Our policy regarding biting is in place for situations that fall into two categories. The first being unprovoked bites; biting that occurs by children over insignificant issues, often children (under the age of three) that have not developed verbal skills. The second being unwarranted bites; biting that occurs in an aggressive nature, when children (age 3 and older) have developed verbal skills enough to use language to express their feelings rather than biting.

I. Biting Policy for Children under the Age of Three:

- 1.) When a child under the age of three bites *three times in a five day attendance period*; parents will be visited with and any relevant suggestions we can make will be discussed.
- 2.) If a child repeats the same pattern again within a thirty day period, a parent, teacher conference will be arranged and time will be scheduled for the parent to come and observe the child.
- 3.) If a child repeats the same pattern a third time, parents are asked to make arrangements for a one week furlough from the center to give the child a break from biting as “a habit”. (1st furlough)
- 4.) If the child returns from first furlough and repeats the same pattern (3 bites/5 days), we must dis-enroll the child for two weeks. (2nd furlough)
- 5.) If the child returns from their second furlough and repeats the same pattern (3 bites/5 days), we must dis-enroll the child for thirty days. (3rd furlough)
- 6.) After a child returns from their 3rd furlough and repeats the same pattern (3 bites/ 5 days), we must permanently dis-enroll the student until they reach the age of three.

II. Biting Policy for Children Age Three and Older:

- 1.) When a child three or older bites *one time in a five day attendance period*; parents will be visited with and any relevant suggestions we can make will be discussed.
- 2.) We will then follow the policies stated above with the exception that one bite in a five day period (1 bite/5 days) will warrant the next step in our policy to be taken.
- 3.) If after the 3rd furlough the child repeats the same pattern (1 bite/5 days), we must permanently dis-enroll the child. It will be at the owner’s discretion if the child may return in the future.

Parent/Guardian Signature: _____ Date: ____/____/____



Food & Nutrition Policy

1. We will provide breakfast, a.m. snack, lunch, and p.m. snack at the designated classroom times. Public school age children are provided with breakfast and p.m. snack when they arrive from school on normal school days. Adjustments are made for holiday schedule.
2. All meals served meet USDA Standards.
3. Liquids and foods hotter than 110 degrees are kept out of reach of children.
4. Each classroom has the classroom allergy list as well as the building allergy list in order to be aware of each students need. Our nutrition specialist monitors the items that are purchased for meals very closely in order to avoid allergic reactions when possible. When an allergy is brought to our attention by the parent, our staff is sure to communicate all precautions that are to be taken. Extra allergy information is available upon request.
5. Any foods that are brought into the school to be shared with the class and/or staff must be prepackaged and store bought. No homemade items are allowed to be shared amongst the students.
6. NO peanut butter, peanut products, or tree nut products are allowed. This includes Almond milk, Nutella, or granola that contains nuts. There are alternatives that are welcome ie. sunbutter, soybutter, rice milk, etc.
7. Food brought from home can be stored in our cafeteria refrigerator and delivered at the scheduled lunch time. The children are offered the balanced meal items we have prepared that day as well. If you have chosen to send lunch from home we require you to send your child with a well balanced meal.
8. Our Menus are posted online each month for you to view and are displayed in our cafeteria. They are within the standards required and suggested by Texas Department of Agriculture.

I understand that if I chose to provide alternate meals/snacks for my child, I am waiving KRK's responsibility to provide a balanced nutritional diet for my child that day.

Parent Signature _____ Date ___/___/___

Director Signature _____ Date ___/___/___



____ YES, I **do** give permission ____NO I do **not** give consent for my child to participate in water activities.

Children participating in water park activities must be 12 months to 12 years of age.

Children must wear closed toe water shoes to play at the center's water park as well as swim suit, sunscreen, and have a towel and dry clothes to change into.

I understand all of the above and agree to abide by all the policies and procedures of Kids R Kids as outlined in this agreement as well as the other Kids R Kids water activity policies.

Parent/Guardian Signature: _____ Date: ____/____/____



Photo, Video, & Social Media Release Form

For and in consideration of the opportunity to have my minor child’s name, voice, picture, portrait, artwork and/or likeness published and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned, on behalf of myself and my minor child, hereby agree as follows:

1. **I hereby grant Kids ‘R’ Kids International, Inc.** Kids ‘R’ Kids # 35, and its affiliates, franchisees, nominees, licensees, successor and assigns and those acting under their permission (hereinafter “Krk”), the unrestricted, absolute, perpetual, worldwide right to:
 - a. Use my and my minor child’s name voice, picture, portrait, artwork, and/or likeness, however obtained;
 - b. Reproduce, copy, modify, alter, edit, publish, use, create derivatives in whole or in part, without limitation, my and my minor child’s image, picture, portrait, artwork and/or likeness in still and/or video photography, film or tape taken of me or my minor child by or behalf of KRK
 - c. Display, exhibit, distribute, transmit or broadcast the above or any part thereof; in any project or medium, whether now or hereafter existing, including, without limitation printed publications, television, radio, the internet, any online service or website, blog or social media, including, without limitation Twitter, Facebook or YouTube, any number of times and for any purpose, including, without limitation, promotional, advertising and marking purposes.
2. I agree that any picture, portrait, artwork or other product or material derived there from is wholly owned by KRK may that KRK copyright any product or material containing same. If I receive any copy thereof, I shall not use it for any purpose nor authorize its use by anyone else.
3. I hereby waive my right to inspect and/or approve the finished product or material, or to the eventual use that it might be applied.
4. I hereby release and discharge KRK from and against any claim or liability arising out of invasion of privacy, right of publicity, portrayal in a false light, misappropriation, and copyright infringement arising out of or in connection with the use of materials referenced hereunder, including without limitation the use of my or my minor child’s name, voice, picture, artwork, and/or likeness in any manner authorized by this release, whether now known or arising in the future.
5. I hereby warrant that I am eighteen years old or older and am the parent and/or legal guardian of the minor child named below, and am competent to contract for the minor child named herein as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents hereof. I agree that this release is intended to be as broad and inclusive as permitted under the laws of the State of Texas, and that if any portion thereof is held to be invalid, that the balance shall continue in full force and effect.
6. This release constitutes an Agreement between myself and KRK and contains the entire understanding between myself and KRK regarding the subject matter hereof. This Release cannot be modified except in a writing signed by all parties hereto, and shall be governed in accordance with the laws of the State of Texas.

***** Kids R Kids of Lakeshore now has a Facebook page and will be posting pictures of our students doing fun and learning activities at the school *** Only sign below if you approve your child’s picture to be used on the internet and for classroom use. Search for us “Kids R Kids Lakeshore” on Facebook and Like us to follow our posts!!!**

Please check or X the following boxes:

Facebook ok or Do not photograph at all
 classroom use & Kid Reports™ ok

Child’s Full Name Parent/Guardian Printed Name

Parent/Guardian Signature Date



Watch Me Grow Camera System

Watch me grow is an optional service that is provided to enable you to view your children via the internet.

Please see the front desk upon enrollment to receive your step by step sign up.

I understand that I will receive 4 activations to be used for myself and three other designated people of my choosing.

Parent Orientation

Please fill in a good time when you can come in for a brief 30 min. orientation visit with a director before or during your child's first week of enrollment. Discussion notes for this meeting follow on the next page. Appointment times run from

***9 -11 am** Monday through Friday. Thank you!*

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Time					

**We're excited to get to
know your little one!**



Health & Emergency Permission

This page is required for enrollment

Child's Full Name _____ Age ____ Gender ____ Date of birth ____/____/____
 Child's Home Address _____ Phone _____

Parent/Guardian Name: _____ Phone 1: _____ Phone 2: _____
 Parent/Guardian Name: _____ Phone 1: _____ Phone 2: _____

Medical Contacts

Doctor: _____ Phone: _____
 Address _____
 Dentist: _____ Phone: _____
 Address _____
 Insurance: _____ Phone: _____
 Address _____
 Does your child have any special needs affecting participation in school activities?: ____ Yes ____ No
 Does your child have allergies?: ____ Yes ____ No Specify: _____
 Action Plan: _____

Emergency Contacts

The child may be released the person(s) signing this agreement or to the following with photo ID:

Name	Address	Phone	Relationship
_____	_____	_____	_____

Emergency Contact when parent cannot be reached:

Name	Address	Phone	Relationship
_____	_____	_____	_____

Parent/Guardian Signature: _____ Date: ____/____/____

Director Signature: _____ Date: ____/____/____



Vehicle Emergency Medical Information

Child's name: _____ Date of birth: ____/____/____
Address: _____

Father's Name _____ Hm Phone _____ Wk Phone _____
Mother's Name _____ Hm Phone _____ Wk Phone _____

Emergency contact if parents cannot be reached:

Name: _____ Phone 1: _____ Phone 2: _____
Relationship: _____
Name: _____ Phone 1: _____ Phone 2: _____
Relationship: _____

Child's Doctor: _____ Phone: _____

Medical Facility the school will use Northeast Medical Center Hospital Phone: 281-540-7000

Address: 18951 Memorial North, Humble, Tx 77338

Child's Allergies: _____

Current Prescribed Medication: _____

In the event of an emergency involving my child, and if Kids `R` Kids cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child and to hold harmless and release Kids R Kids #35 and Kids `R` Kids International, Inc. from all liability.

Parent/Guardian Signature: _____ Date ____/____/____

Directors Signature: _____ Date: ____/____/____



Topical Ointment and Cream Authorization

All topical ointments and creams must be current, in its original container and labeled with the child's full name. Follow state guidelines for new authorization. If guidelines are not stipulated then all authorizations must be updated every 6 months. (March/September)

Child's Full Name: _____ D. O. B. ____/____/____

Classroom: _____

Date to start cream: _____ End: _____

Sunscreen Product Name: _____

Expiration date: ____/____/____

Insect Repellent Product Name: _____

Expiration Date: ____/____/____

Diaper Cream Product Name: _____

Expiration Date: ____/____/____

Other: _____

Expiration date: ____/____/____

Specific terms of use: _____

Parent/Guardian Signature: _____ Date: ____/____/____

Ointment will be sent home or disposed of at the end of the 6 month time period.



Child Profile
(Ages 1 yr and up)

This profile will help your child's teachers to get to know your child better. Your input will also help with your child's adjustment to the new classroom.

Child's name: _____ D.O.B. ____/____/____

Parent/Guardian Printed Name: _____

Nicknames: _____

Has your child been in a previous school setting? _____ Where? _____

What language is spoken at home? _____

List the names and ages of siblings: _____

Do you have pets? _____ What kind? _____ Names? _____

What words do you use to encourage positive choices? _____

What words do you use to describe everyday things in your home? (Toileting, nap, eating, play, etc.) _____

Parent/Guardian Signature: _____ Date ____/____/____



Infant Child Profile
(Age 6 wks to 12 Months)

This profile will help your child's teacher to get to know them better. Your input will also help with your child's adjustment to the new classroom.

Child's name: _____ D.O.B. ___/___/___

Parent/Guardian Printed Name: _____

Nicknames: _____

Has your child been in a previous school setting? _____ Where? _____

What language is spoken at home? _____

List the names and ages of siblings: _____

Do you have pets? _____ What kind? _____ Names? _____

What milestones has your child reached? (rolling over, sitting unassisted, crawling, pulling up) _____

Does your child take a pacifier? _____

How often and how long does your child nap? _____

How many hours does your child sleep at night? _____

List any additional care instructions or questions you have: _____

Parent/Guardian Signature: _____ Date: ___/___/___



Infant Information Sheet

Childs Name _____ D.O.B. ___/___/___ Date Signed ___/___/___

Yes / No

Yes / No

Does your child:

Does your child eat:

take a bottle? ___/___
is it warmed? ___/___
hold their bottle? ___/___
feed self? ___/___
take pacifier? ___/___

strained food? ___/___
baby foods? ___/___
formula? ___/___
whole milk? ___/___
table foods? ___/___

Type of formula used? _____ Date signed: _____
Amount to be given _____ Date signed: _____
Updated amount to be given _____ Date signed: _____
_____ Date signed: _____
_____ Date signed: _____

Food likes: _____ Food Dislikes: _____

Allergies: _____

***Bottles MUST be premixed by the parent and labeled with childs first and last name before leaving them with the teacher.**

***When introducing new foods parents must give one food item 3 times before we will serve it to them. This helps to determine any food allergy.**

***Kids `R` Kids follows recommendations of the SIDS Alliance Sleeping Practices.**

Childs Schedule:

Breakfast: _____ Time: _____ Amount: _____
Snack: _____ Time: _____ Amount: _____
Lunch: _____ Time: _____ Amount: _____
Snack: _____ Time: _____ Amount: _____

I understand it is my responsibility to update this form as my childs needs change and to inform the teachers. **Update every 30 days.**

Parent Signature: _____ Date: _____
Parent Signature: _____ Date: _____
Parent Signature: _____ Date: _____
Parent Signature: _____ Date: _____
Parent Signature: _____ Date: _____
Parent Signature: _____ Date: _____



Severe Weather Drills

Tornado or Severe Weather:

1. Each classroom will be contacted by phone when we are preparing for severe weather.
2. Teachers grab your rolls and binders with all children's emergency information in them. Also take mats to cover your children with.
3. Line up children at designated evacuation door.
4. Count your children name to face roll check.
5. Direct classroom to the designated safe area.
6. Count your children name to face roll check again.
7. Remain there until a director says it's safe to return to class.

Fire Drill:

1. The fire alarm will sound.
2. Teachers grab your rolls and binders with all children's emergency information in them.
3. Line up children at designated evacuation door.
4. Count your children name to face roll check.
5. Leave classroom to your designated evacuation area.
6. Count your children name to face roll check.
7. Remain there until director says it's safe to return to class or evacuate to next designated area.

Evacuation of school:

1. Each classroom will be contacted that we will be evacuating the building via the buses.
2. Teachers grab your rolls and binders with all children's emergency information in them. Take emergency supplies bag.
3. Line up children at designated evacuation door.
4. Count your children name to face roll check.
5. Direct classroom to the designated loading zone.
6. Count your children name to face roll check as they are loading onto buses.
7. Depart for designated area (Lakeshore Elementary or The Overlook)
8. Arrive, depart buses using name to face roll count.
9. Enter area, again name to face roll count.
10. Remain there until we receive further instructions. (contact parents for pick up if necessary)

Please make sure all contact information is updated and current at all times.

Parent/Guardian Signature: _____ Date ___/___/___



Kids 'R' Kids of Lakeshore Parent Orientation

Our Vision

- Our Vision here at Kids 'R' Kids #35 in Lakeshore is to positively affect our community by producing exemplary Kindergarten students who grow up striving for excellence in every aspect of their lives. Everything we do, from sensory learning in our infant suite to visiting nursing homes in suite 500 will stem from our driving purpose to help create a caring, confident Kindergarten student. Our hope is that they will continue to strive for excellence throughout their lives, and that their positive efforts will positively impact the community in which we live.

Our Accreditations:

- AdvancEd – our entire program and practice has been audited in detail to prove that we provide a program that provides a student every opportunity to thrive in kindergarten and our community.
- Texas Rising Star – Orientation Brochure – TRS accreditation grants us more resources to better our school and to better train our teachers as we strive for our vision, purpose, and goals for our students.

Our Purpose

- Our purpose is simple: to provide a safe, loving, and nurturing environment while teaching the building blocks needed for kindergarten through play. It is specifically directed to meet all the daily needs of our children and their parents.

• Policies & Procedures

- Every week you will receive an email letting you know the up-coming events
- We communicate with you face to face during drop off and pick up times, by phone 6am to 6:30pm, by email anytime, and by scheduled conference.
- Every week we send out pictures, reminders, & information on Kid Reports™,
- Field trip sign-up sheets are located at the front desk and updated monthly
- Please sign your child in and out every day at the computer & escort them to class
- Please update forms as needed, when changes occur. (New phone number, etc.)
 - Notify the center if your child is ill & kept home.
- Notify the center if your child will be absent or if you will be later than usual picking up
 - Please provide a change of clothes labeled with your child's name
 - Personal toys should be left at home.
- You are always welcome to participate in the center's special activities

• Tuition and Fees

- Tuition is due no later than Monday. Tuesday a \$25 late fee will be added to your tuition.
- We open at 6:00am and close at 6:30pm. If your child is picked up after 6:45pm a \$15 fee is assessed. Calling will not waive the late fee.

• Hours of Operation

- We close New Year's & (early on New Year's eve), Good Friday, Memorial day, Independence day, Labor day, Thanksgiving day and the Friday after, and Christmas day (Christmas Eve closing early)
- If your child is absent for 5 consecutive days, you pay half of a week's tuition to reserve your child's place. This option may be utilized a maximum of 4 times a year
- Most classrooms begin circle time at 8:30. Please have students here by 8 am to provide adequate time to adjust to school time before instruction begins and also to minimize disruptions during teaching times. It's important that we create consistent routines for our students to prepare them for their transition to kindergarten.

• Medication

- Medication must be left up front. Parents must fill out a medication log.
- Medication must be in its original container
- Over the counter medication must have a doctor's note
- Medication is given at 11am and 3pm and must be taken home each day

• Illness

- Children will be sent home if they have uncontrolled diarrhea, vomiting, pinkeye, strep throat or fever with temperature of 100.0 or higher. They must be free of fever and symptoms for 24 hours before returning



- **Dismissal policy**
 - Biting policy
 - Special needs will be accommodated whenever possible. We reserve the right to ask parents to make alternative arrangements if it is determined that a child's needs cannot be met
- **Withdrawal policy**
 - We require one week notice of disenrollment
- **Emergency Situations**
 - If we have to evacuate it will be Lakeshore Elementary School. If we have to go further we will relocate to the Overlook (20114 Pinehurst Trl. Humble Tx 77346)
- **Family expectations**
 - Open communication
 - Assistance with any behaviors that are distracting to the learning environment or not safe
 - Center policies, Biting policy, Discipline policy, tuition policy, health and medication policy, and drop off and pick up policy, nutrition policy
 - We value family input and participation at our school. Please consider joining our Parent & Teacher Committee to assist us in the never ending quest to improve our program and thus point our students toward greater heights of overall growth during their preschool years.
- **Center Expectations**
 - We will aim to highly communicate with you about our program and your child daily, weekly, and monthly
 - We will limit the use of technology in our classrooms to less than 2 hrs per day to improve verbal communication between staff, children, and families. Utilizing the internet for books, songs, educational websites, and abcmouse.com only. With one exception of a 30 minute G rated movie once a week on Fridays.
- **Available opportunities**
 - Introduction to staff
 - Visit time with your child's teachers
 - Handbook overview
 - Extended visit time for you and/ or your child even before you enroll to be comfortable
 - Access to State Licensing history, Health department visits, Fire Marshall certificates, and other official documents to share the elements of our program that keep our students safe
 - Family support resources and community activities
 - Child development and milestone development or "ages and stages"

Reviewed on: ____/____/____

Parent Signature: _____

Director Signature: _____



ADMISSIONS STATEMENT

(Age 6 weeks to 5 years)

The following must be signed by your child's Doctor and presented when your child is admitted to Kids R Kids, by your official start date.

Childs Name _____

Doctors 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 _____

Facility Name _____

Facility Address _____

Facility Phone # _____

We require a current and complete shot record upon enrollment.

This form may be faxed to KRK @ 281-454-7907



Dear Parents,

Please send us a picture of your child to use in the classroom. We use the pictures to individualize their cubby, station tags, and on helper charts.

**Place
Picture
Here**



Thank you for touring our school!

Child(ren)'s Name & Age

Parents Name: _____

Address: _____

Email: _____

Phone No. _____

Please tell us the 3 most important things you are looking for your child's preschool.

1. _____

2. _____

3. _____