



## Enrollment Application

**Kids 'R' Kids # 20 Texas, 100 Kids R Kids Dr. Conroe, TX 77304 (936) 756-7575**

Entrance Date:	Child's Birth Date:
Child's Name:	Age: Sex:
Home Address:	Home Telephone: (     )
Mother's Name:  Address:	Contact Numbers: Home: Cell: Work: Other:
Mother's Place of Employment:	Hours of Employment:
Father's Name:  Address:	Contact Numbers: Home: Cell: Work: Other:
Father's Place of Employment:	Hours of Employment:

**Marital Status:** ( ) Married    ( ) Separated    ( ) Divorced    ( ) Widowed    ( ) Single

**Child's Legal Guardians:** ( ) Both Parents    ( ) Mother    ( ) Father    ( ) Other

**Child's Living Arrangements:** ( ) Both Parents    ( ) Mother    ( ) Father    ( ) Other

### PARENTAL AGREEMENT WITH CHILD CARE CENTER

1. KRK #20 agrees to provide child care for \_\_\_\_\_ (child's Name) on M-T-W-Th-F.  
From \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.
2. I agree to pay the total weekly fee of \$\_\_\_\_\_ on Friday for the upcoming week.
3. I agree to provide the center with all the necessary information regarding medication. I understand that any over the counter medication must be accompanied with a Dr.'s note stating proper dosage. Any prescription medication must have the date, prescription and dosage. All medication must be signed in at the front desk to be administered by a member of the front desk staff.
4. I understand that my child will be provided with breakfast, all snacks and lunch served daily during the hours of attendance.
5. I understand that it is my responsibility to escort my child(ren) 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 school when being transported from school by county or KRK transportation.
6. 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 at the center.

7. I understand that I am responsible for **ANY** special diet for my child. If my child's diet consists of formula taken from a bottle, I understand I will provide KRK with the appropriate number of bottles containing formula necessary for my child each day. Each bottle will be clearly labeled and dated per state regulations.
8. Transportation is provided to and from school and on planned field trips, with parental permission. A separate form and signature are required for this service. A school transportation form will need to be signed before each school year. A field trip form will need to be signed before each individual field trip.
9. Should my child become ill during the time that he/she is in the care of KRK or suffer an accident of any nature, the center will undertake to contact me immediately and shall be authorized to secure such medical attention and care for the child that may be necessary. (The parent will assume responsibility for payment). I agree to keep the center informed with any updated contact information so I will always be able to be contacted.
10. My child has the following special needs: \_\_\_\_\_

11. The following special accommodations may be required to most effectively meet my child's needs while at the center: \_\_\_\_\_
12. 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: \_\_\_\_\_
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 of/over 99.4 (taken axillary), severe headache, upset stomach or diarrhea, he/she cannot be accepted into the center until well. In the event that my child has a notable disease, a release form or Dr.'s note may be required before my child re-enters the center. **KRK WILL NOTIFY PARENTS IF A NOTIFIABLE DISEASE HAS BEEN INTRODUCED INTO THE CENTER.**
14. I understand that KRK #20 while a KRK franchise is independently owned and operated that neither KRK International, nor any KRK center other than the one whose name appears at the heading of this form is responsible for the actions or obligations of this center.
15. Physician Name and Contact info. **Phone #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_
16. If child is **school age**, which school does he/she attend: \_\_\_\_\_
17. If I have not picked up my child by 7:00 p.m. and all attempts to contact me as well as all emergency contacts fail, KRK will call Family and Children Services as well as the police.
18. I understand that it is my responsibility to keep the center updated on any changes in contact information as well as persons able to pick up my child(ren).
19. My child may be released to the following people:

<u>Name</u>	<u>Address</u>	<u>Phone#</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree to abide by all policies and procedures of KRK #20 as outlined in this agreement and the parent handbook. I have read and understand the above statements.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Director/Assistant Signature: \_\_\_\_\_ Date: \_\_\_\_\_