



1301 North Lakeline Boulevard
 Cedar Park, Texas 78613
 Phone (512) 651-1700

Child's Name: _____

Enrollment Date: _____ Start Date: _____

ADMISSION INFORMATION

Child's Full Name: _____ Date of Birth: _____

Address: _____ Gender: Male Female

1st PARENT (Primary Guardian responsible for tuition payment)	
Name: _____	Driver's License #: _____
Address: _____	City: _____ State: _____ Zip: _____
Cell #: _____	Home #: _____ Work #: _____
Email: _____	Place of Employment: _____
Address: _____	City: _____ Work Hours: _____

2nd PARENT	
Name: _____	Driver's License #: _____
Address: _____	City: _____ State: _____ Zip: _____
Cell #: _____	Home #: _____ Work #: _____
Email: _____	Place of Employment: _____
Address: _____	City: _____ Work Hours: _____

Child's Legal Guardians Both Parents Mother Father Other: _____

Child's Living Arrangements Both Parents Mother Father Other: _____

Enrollment Type: <input type="checkbox"/> Full Time <input type="checkbox"/> M/W/F (2s and up only) <input type="checkbox"/> T/TH (2s and up only)
School Age Children Only: <input type="checkbox"/> After School Only <input type="checkbox"/> Before and After <input type="checkbox"/> Before Only
School Child Attends: _____ Grade: _____ Teacher's Name: _____

Policy	Initials
Registration & Supply Fee of \$100 per child due upon enrollment and a \$75 supply each anniversary of enrollment thereafter. (Registration Fee due each time child re-enrolls)	
Tuition due each Friday by closing. Tuition not paid by Monday at closing incurs a \$15 late fee. An additional \$10 fee will be charged at closing on Thursday if the tuition is still not paid. If tuition is not paid by closing Friday your child will be denied care until your account is paid in full.	
There are no deductions for holidays or partial week attendance.	
A \$25 fee will be charged for all return checks.	
A two week written notice is required prior to withdrawal. A charge of up to two weeks will be incurred for improper notification.	
I agree to pay the current weekly tuition rate throughout my child's enrollment, including the two week withdrawal notice period as well as the annual enrollment fee.	
My child may participate in the following water activities: <input type="checkbox"/> water park <input type="checkbox"/> water table	

How did you hear about us? _____

Parent/Legal Guardian Signature: _____ Date: _____



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HEALTH AND EMERGENCY PERMISSION

List any **allergies** or **special diets** your child has (if none, write "NONE"): _____

Please explain the **reaction** your child has if he/she comes in contact with or ingests the item(s) listed above.

List any special problems that your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past twelve months, and medication prescribed for long-term continuous use, and any other information that caregivers should be aware of:

I, _____, give permission for Kids 'R' Kids Cedar Park to seek medical attention for my child, _____, in the event of an emergency if I cannot be reached, and to hold harmless and release to Kids 'R' Kids Cedar Park and Kids 'R' Kids International, Inc., from liability. I further agree to inform Kids 'R' Kids Cedar Park of any changes in telephone numbers, etc. where I can be reached.

The emergency medical procedure for Kids 'R' Kids Cedar Park will be:

- Contact parent
- Contact person listed as 1st emergency contact
- Call emergency medical team, if necessary
- Have emergency medical team transport child to nearest hospital
- Medical attention will be sought from the doctor on call at:

Cedar Park Regional Medical Center 1401 Medical Parkway Cedar Park Texas (512) 528-7000

CHILD'S PHYSICIAN INFORMATION

Dr: _____ Phone Number: _____
 Street: _____ City: _____ Zip: _____

1ST EMERGENCY CONTACT

This contact will be the first one called after all attempts to reach the child's guardians have been made. This contact must be someone local who will also be authorized to pick up the child.

Full Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Relationship to your child: _____
 Cell Phone: _____ Home Phone: _____ Work Phone: _____

OTHER CONTACTS

These contacts are additional pick-up contacts and/or emergency contacts.

Name	Relationship	Home Phone	Cell Phone	Work Phone	Is this person authorized to pick up your child?	Can this person be contacted in an emergency?
	1 st parent				Yes	Yes
	2 nd parent				Yes	Yes

Parent/Guardian's Signature: _____ Date: _____



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HEALTH INFORMATION

INFANTS THROUGH PRE-K ONLY

To be filled out by child's physician:

I have examined the above named within the past year and find that he/she is physically able to take part in the child care program.

Physician's Name: _____

Street: _____

City: _____ Zip: _____

Phone Number: _____

Physician's Signature: _____ Date: _____

Status Of:
Vision: _____
Hearing: _____

To be filled out by child's guardian (if the above box is not signed)

My child has been examined within the past year by a health professional and is able to participate in the child care program. Within one (1) week of admission, I will obtain a health care professional's signed statement and will submit it to Kids 'R' Kids Cedar Park.

Parent/Guardian's Signature: _____ Date: _____

I understand that Kids R Kids is required to have a copy of my child's updated shot records. A copy must be turned in with this enrollment package (or within 48 hours of my child's start date). I also understand that if my child's shot records are not up to date, I will be sure my child receives the appropriate immunizations within the timeframe set by Kids R Kids Cedar Park.

SCHOOL AGE CHILDREN ONLY

My child, _____, has a current immunization record and vision and hearing screening record on file at the following school:

<input type="checkbox"/> Blockhouse Creek Elementary 401 Creek Run Drive (512) 434-7150	<input type="checkbox"/> Lois Giddens Elementary 1500 Timberwood Drive (512) 434-7050
<input type="checkbox"/> Patricia Knowles Elementary 2101 Cougar Country (512) 434-7650	<input type="checkbox"/> C C Mason Elementary 1501 North Lakeline Blvd (512) 434-7000
<input type="checkbox"/> Pleasant Hill Elementary 1800 Horizon Park (512) 434-7076	<input type="checkbox"/> Whitestone Elementary 2000 Crystal Falls Parkway (512) 434-5300
<input type="checkbox"/> Winkley Elementary 2100 Pow Wow (512) 435-4976	Other _____ _____

Parent/Guardian's Signature: _____ Date: _____



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TRANSPORTATION AGREEMENT

I, _____, allow Kids 'R' Kids Cedar Park to transport my child,
_____, for the following reasons:

- To School Name of School: _____ Begins at: _____ am
- From School Name of School: _____ Ends at: _____ pm
- Field Trips Individual permission forms will also be signed for each trip.
- Emergencies

School Age Children Only

- Yes, I received a copy of the rules that my child is expected to follow while being transported. I will review these rules with my child.

TRANSPORTATION GUIDELINES

- It is vital that Kids 'R' Kids Cedar Park is notified of any changes in the above scheduled transportation. We will assume that the above schedule will be followed unless we receive different instructions from the parent/guardian. **Notify us as quickly as possible if your child does not need afternoon transportation.** Failure to notify us of changes in afternoon pickup causes confusion and delays in our schedule.
- In the event that the designated location is unable to receive children, they will be returned to Kids 'R' Kids Cedar Park.
- Children will not be left unattended in any vehicle used for transportation.
- Children will wear seat belts.
- Your child must be at the center no later than 7:10am to be transported to school in the mornings. If your child needs breakfast, he/she needs to be here by 7:00am.

Parent/Guardian's Signature: _____ Date: _____



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INTERNET AND PHOTO RELEASE

Technology has allowed Kids ‘R’ Kids to give parents the opportunity to monitor their child’s classroom through computers, video and the Internet. By enrolling your child in Kids R Kids Cedar Park, you agree to allow your child’s image to be on the Internet.

To access this service certain standards must be maintained at all times:

1. Access Codes (issued to those parents wishing to avail themselves of this service) are used to limit access to the images of our children, but you should realize that this system works through the Internet. Authorized access permits access by that person to the images of all children within the field of view of the camera, including your child, whose image cannot be excluded, even if you choose not to utilize this internet service.
2. You agree not to (or permit any other person to) divulge, reproduce, print or save, in any way or on any medium, any images, prints or video images of any portion of the Center’s premises or any of the Center’s children without prior consent of the Center. This involves security of the Center and the children and should always be observed.
3. Unauthorized access to the image of your child could occur as a result of a breach of the Internet or a breach of security by holders of Access Codes. Although all available measures are taken to prevent any unauthorized access, this is beyond the Center’s control, and we do not guarantee against such unauthorized access.
4. You agree that our method of assigning Access Codes and maintaining the confidentiality of such codes, so long as conducted in a manner consistent with usual, ordinary and reasonable business practices, shall be all that is required of the Center in safeguarding your children’s video images, and that no other or different safeguards of internet video images of the children or the premises shall be expected or required of the Center.
5. You agree that only those persons, if any, listed below shall be given an Access Code. You agree that it is solely your responsibility to instruct each such person regarding the provisions of this Agreement and to take from each such person their express agreement to:
 - a. not divulge the Access Code to any other person
 - b. abide by all the provisions of this agreement.

Listed below are persons (first and last names) for whom Access Codes are requested:

a) _____ b) _____ c) _____

6. Your signature below constitutes affirmation of your full and voluntary understanding and acceptance of these conditions with respect to your children, your express waiver of all Rights of Privacy in connection wherewith, as well as your agreement that you expressly assume all risks involved in furnishing such images, and your release of the Center from any and all liability for any damage of any nature arising or resulting from its furnishing of this service, whether negligent or not.
7. Other parents may photograph children at the center. Photographs may also be posted within the center. I give my permission for my child to be photographed.

I hereby warrant that I am of full age and competent to contract for the minor named below in so far as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents thereof.

Parent/Guardian Signature _____

Date: _____

CHILD PROFILE

1. Has your child had previous preschool experiences? Yes No

Explain. _____

2. What would you like most for your child to experience with us?

3. Does your child have any particular fears?

4. Does your child play well with other children? Yes No Not Sure

5. List the names and ages of other children in your family?

6. Does your child take a nap? Yes _____ No _____ How long? _____

At Kids R Kids, there is a daily quiet time when children are expected to nap. If they are unable to nap, they will read or work on a quiet activity during that time.

7. What is the primary language spoken in your home? _____

Please fill out for children ages 2-4

Is your child potty trained? If not, what stage is he/she in? _____
