



**Distribution**  
• Child's File

### Enrollment Application

Entrance Date \_\_\_/\_\_\_/\_\_\_ KRK Classroom \_\_\_\_\_ Withdrawal Date \_\_\_/\_\_\_/\_\_\_

Child	
Child's Full Name _____	Age ___ Gender _____ Date of Birth ___/___/___
Child's Home Address _____	Home Phone _____

Parent/Guardian(s)	
Parent/Guardian Name _____	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Home Address _____	Home Phone _____
	Cell Phone _____
Place of Employment _____	Business Phone _____
Employment Address _____	
Email Address _____	
Parent/Guardian Name _____	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
Home Address _____	Home Phone _____
	Cell Phone _____
Place of Employment _____	Business Phone _____
Employment Address _____	
Email Address _____	

Marital Status:  Married  Separated  Divorced  Widowed  Other \_\_\_\_\_

Child's Legal Guardian(s):  Both parents/guardians  Mother  Father  Other \_\_\_\_\_

Child's Living Arrangements:  Both parents/guardians  Mother  Father  Other \_\_\_\_\_

Emergency Contacts			
The child may be released to the person(s) signing this agreement or to the following with photo ID:			
Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
Emergency contact(s) when parents cannot be reached:			
Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
Doctor to be contacted when parents cannot be reached:			
Name	Address	Telephone	
_____	_____	_____	
_____	_____	_____	

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

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



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## Parental/Guardian Agreement with Kids 'R' Kids # 39

1. Kids 'R' Kids # 39 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. Tuition is due on Friday for the upcoming week.
3. 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: \_\_\_\_\_  
\_\_\_\_\_  
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. My child has the following special needs that may affect participation in school activities: \_\_\_\_\_  
\_\_\_\_\_.
6. The following special accommodation(s) may be required to most effectively meet my child's needs while at this school: \_\_\_\_\_.
7. I understand my child will be provided with all snacks and lunch served daily 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 consists of breast milk or formula taken from a bottle, I understand I will provide Kids 'R' Kids with the appropriate number of bottles containing formula/ breast milk necessary for my child each day. Each bottle will be clearly labeled with my child's full name and current date.
9. 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 and that they will be changed every two hours, or as needed.
10. If child is of school age, what school does he/she attend: \_\_\_\_\_.
11. 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-Age Transportation Agreement form must be signed each school year. A field trip agreement form must be signed before each trip.
12. 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. (The parent/guardian will assume responsibility for payment).
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 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 and guidelines will be followed per the CDC Chart/Health Dept.
14. I understand that Kids 'R' Kids # 39 a Kids 'R' Kids franchise is independently owned and operated and that neither Kids 'R' Kids International, Inc. nor any other Kids 'R' Kids is responsible for the actions or obligations of this school.
15. 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.
16. 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.
17. 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

\_\_\_\_\_  
Owner/Director Signature

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



Kids R Kids #39 North Peachtree City  
10 Lexington Pass,  
Peachtree City, Georgia 30269  
770-631-3555

**Distribution**  
• *Child's File*

**PARENT COPY**

6:00 am – 6:30 pm Monday thru Friday

Registration is \$65 Per Child Annually (NON REFUNDABLE)

Material and Transportation Fees for Summer Camp School Age Children is \$75 Per Child (NON REFUNDABLE)

Part-time programs are subject to availability

- A second full time child enrolled will receive a 10% discount. (Except on special offers).
- After 6 months full time enrollment, (five days a week enrollment) you are eligible for one no charge vacation week. You are eligible for one vacation week per year. For infants through Pre K, the only credit given is your vacation credit.
- All vacation weeks must be taken as weeks and cannot be used as individual days.
- When Fayette County Schools are closed for an entire week, Before and After care students who are absent for the entire week will receive ½ week credit off their tuition. Full time Before/Aftercare Students receive the above defined vacation credit.
- Tuition is due when your child is absent.
- If not paid by Tuesday, a \$10.00 late fee is added, if not paid by Thursday an additional \$15.00 is charged.
- If your check is returned for any reason, a \$35.00 return fee is charged.
- After 6:30 pm—there is a late pick up fee of \$2.00 per minute, after 6:45-\$5.00 per minute.
- The State requires you to furnish Form 3231 Immunization Record upon enrollment.
- Please do not allow your child to bring gum, candy, toys or jewelry to school.
- Please bring a labeled change of clothes for your child.
- Although, we request cooperation in not disturbing our programs, parents are permitted access to their child's rooms at anytime.
- We do not allow children with a communicable illness, diarrhea or a temperature above 100.4 in the center.
- Holidays are New Year's Day, Memorial Day, July 4, Labor Day, Thanksgiving & Friday after, Christmas Eve and Day.
- If your child is experiencing a behavior or discipline problem we will call you to pick them up.
- If you hire one of our employees in any capacity you agree to pay a \$5000.00 employment fee unless written consent is provided by Love & Learning, Inc. dba Kids R Kids #39, GA.
- Kids R Kids is not responsible for lost or damaged children's clothes or toys.
- You are required to give two weeks written notice prior to dis-enrollment to avoid charges.
- I am aware that the Kids R Kids Family Handbook is on the Kids R Kids website at [www.kr39ga.com](http://www.kr39ga.com). I have read, understood and agree to abide by and honor all statements and provisions set forth in the Family Handbook or as they may be changed from time to time by the School. I, do hereby state that I have read a copy of the facility's Discipline and Behavior Management Policy located in the Family Handbook and that the facility's director (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me. I further state that I have read the Child Conduct section of the Family Handbook and acknowledge that some child behaviors may not be tolerated & will result in temporary or permanent suspension from school.

I have read this document and agree to all terms and conditions as stated above.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

We accept children without regard to race, color, religion or nationality. Rates and terms subject to change with notice.



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10 Lexington Pass  
Peachtree City, Georgia 30269  
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I have read this document and agree to all terms and conditions as stated above.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Health and Emergency Permission

This form must be completed for all enrolled children

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

Parent/Guardian(s)	
Parent/Guardian Name _____	Phone 1: _____ Phone 2: _____
Parent/Guardian Name _____	Phone 1: _____ Phone 2: _____

Medical Information		
Doctor to be contacted when parents cannot be reached:		
Name _____	Address _____	Telephone _____
Dentist:		
Name _____	Address _____	Telephone _____
Health Insurance Provider:		
Name _____	Address _____	Telephone _____
Does your child have special needs affecting participation in school activities?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify: _____		
Does your child have allergies?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify: _____		
Actions Taken: _____		

Emergency Contacts			
The child may be released to the person(s) signing this agreement or to the following with photo ID:			
Name _____	Address _____	Telephone _____	Relationship _____
Emergency contact(s) when parents cannot be reached:			
Name _____	Address _____	Telephone _____	Relationship _____

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

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

\_\_\_\_\_  
Owner/Director Signature

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



**Distribution**  
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**Transportation Agreement**  
**The following information is required by Kids 'R' Kids annually**

Child's Full Name: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

**Kids 'R' Kids # 39 emergency transportation/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.

Emergency Medical Facility the center uses: **Piedmont Fayette Hospital**

Address: **1255 Highway 54, Fayetteville GA 30214**

Phone: **770-719-7000**

I, \_\_\_\_\_ give permission for Kids 'R' Kids # 39 to seek medical attention and /or transport my child \_\_\_\_\_, in the event of any emergency if I cannot be reached. I further agree to hold harmless and release Kids 'R' Kids # 39 and Kids 'R' Kids International, Inc. from all liability. I further agree to keep the facility informed of any changes in the information above.

**For School Age Use Only:** *If the child relocates to another school or the hours change, this form must be updated*

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

- In the event the designated location is unable to receive children they will be returned to Kids 'R' Kids # 39.
- It is vital that Kids 'R' Kids # 39 be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids # 39 will assume the above schedule of transportation will be followed unless we receive different instructions from parents. Instructions should be received at Kids 'R' Kids # 39 by the earliest possible time.

I, \_\_\_\_\_ agree for my child to be transported by Kids 'R' Kids # 39

To school at \_\_\_\_\_ (am/pm)

From school at \_\_\_\_\_ (am/pm)

**On the following days:    Monday    Tuesday    Wednesday    Thursday    Friday**

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

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

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Infant Child Profile

For children ages 6 weeks- 12 months  
A new form is required with each classroom transition

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

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

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

1. Has your child had previous group care experiences?  Yes  No
2. What language(s) is spoken in your home? \_\_\_\_\_
3. List the names and ages of siblings.  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you have pets at home?  Yes  No If yes, please list type of pet and name.  
\_\_\_\_\_
5. What milestone(s) has your child reached? (I.e. rolling over or crawling)  
\_\_\_\_\_  
\_\_\_\_\_
6. Does your child take a pacifier?  Yes  No When? \_\_\_\_\_
7. How often and how long does your child nap? \_\_\_\_\_
8. How many hours does your child sleep at night? \_\_\_\_\_
9. List any additional care plan instructions, i.e. diapering or sleeping \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

### Child Profile

For children ages 1 and up

A new form is required with each classroom transition

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

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

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

1. List any nicknames your child may have. \_\_\_\_\_

2. Has your child had previous group care experiences?  Yes  No

3. What language(s) is spoken in your home? \_\_\_\_\_

4. List the names and ages of siblings.  
\_\_\_\_\_  
\_\_\_\_\_

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

6. What words are spoken in your home to describe everyday things (I.e. toileting, nap, eat, play and outside)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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





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## Release

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 # 39, and its affiliates, franchisees, nominees, licensees, successors 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 on 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 marketing purposes.

2. I agree that any picture, portrait, artwork or other product or material derived there from is wholly owned by KRK and that KRK may 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, defamation, 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, portrait, 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 Georgia, 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 Georgia.

7. I am aware that Kids R Kids #39 utilizes the webcasting services of Peanut Butter and Jelly TV, L.L.C., whereby utilizing webcams, recordings and/or audio of myself and my children while in the Center for observations/security purposes and give my consent to this activity.

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Parent/Guardian Printed Name

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

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



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\_\_\_\_\_, whose date of birth is \_\_\_\_\_, is enrolled in our child care/preschool program. This child will be attending part time/full time and will be in a group under the supervision of a teacher. The daily program involves both active and quiet indoor and outdoor play.

Does this child require special attention, medication or routines or have any physical condition that may have to be taken into consideration in planning for the child's time in our facility?

In your opinion, is this child physically and emotionally able to participate in a child care/preschool program?

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_