



Center #52 • 3036 Old Atlanta Road • Cumming, GA • Tel: 678-648-3175 • Fax: 678-648-6993

**GEORGIA STUDENT ENROLLMENT APPLICATION**

Entrance Date: _____	Withdrawal Date: _____
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Childs Name: _____	Age: _____ Sex: _____	Birth Date: _____
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Child's Address: (City, State, Zip) _____	Home Telephone: ( ) _____ - _____
Father's Name: _____	Home Phone: _____
Home Address: _____	Cell: _____
Father's Place of Employment: _____	Email: _____
Address: _____	Social Security # _____ - _____ - _____
Mother's Name: _____	Hours of Employment: _____
Home Address: _____	Business Phone: ( ) _____
Mother's Place of Employment: _____	Home Phone: _____
Address: _____	Cell: _____
	Email: _____
	Social Security # _____ - _____ - _____
	Hours of Employment: _____
	Business Phone: ( ) _____

Marital Status:

Married    Separated    Divorced    Widowed    Single

Child's Primary Guardian(s)

Both Parents    Mother    Father    Other

Child's Living Arrangements:

Both Parents    Mother    Father    Other



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**PARENTAL AGREEMENT WITH CHILD CARE CENTER**

1. The Kids ‘R’ Kids #52GA Child Care Center agrees to provide childcare for \_\_\_\_\_ (Name child is called) on M-T-W-T-F (Days of week) from: \_\_\_\_\_ until \_\_\_\_\_. (specific hours)

2. The child may be released to the person(s) signing this agreement, or to the following:

**NAME                                      ADDRESS                                      TELEPHONE**

\_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

\_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

\_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

3. I agree to pay the total weekly fee of \$\_\_\_\_\_ on Friday for the upcoming week.

4. I agree to provide the center with all necessary information (current date, original prescription bottle, and doctors note to administer) pertaining to administering medicine to my child.

5. I understand my child will be provided with all snacks and lunch served daily during their hours of attendance.

6. I understand that it is my responsibility to escort my child 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 center when being transported from school, by county, or KRK 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 center.



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8. I understand I am totally responsible for any special diet required by my child. Special diets must be accompanied by a doctor’s note. 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 dated as per state regulations.

9. 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 can be signed once for each school year. A field trip form must be signed before each trip.

10. Should my child become ill during the time that he or she is in the care of Kids ‘R’ Kids#52GA, 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 as may be necessary. (The parent will assume responsibility for payment). I agree to keep the center informed as to changes in telephone numbers, etc., where I may be reached.

11. My child has the following special need(s)

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12. The following special accommodation(s) may be required to most effectively meet my child’s needs while at this center:

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13. 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:

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14. 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°,



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severe headache, upset stomach, or diarrhea, he or she cannot be accepted into the center 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 center.

**Kids ‘R’ Kids will notify parents if a notifiable disease has been introduced into the center.**

15. I understand that Kids ‘R’ Kids #52GA, Cumming, Georgia, while a Kids ‘R’ Kids franchise, is independently owned and operated and that neither Kids ‘R’ Kids International, nor any Kids ‘R’ Kids center other than the one whose name appears at the heading of this form is responsible for the actions or obligations of this center.

16. Emergency contact and release when parents cannot be reached:

NAME ADDRESS TELEPHONE

Relation to child: \_\_\_\_\_

17. Physician to be contacted when parents cannot be reached:

NAME ADDRESS TELEPHONE

18. If child is of school age, what school does he/she attend? \_\_\_\_\_

19. If I have not picked up my child by 7:00 p.m., and all attempts to contact me and all emergency contacts fail, Kids ‘R’ Kids will call Family and Children Services and Police.

20. I understand that it is my responsibility to keep the center advised on changes of addresses, phone numbers, etc.

I agree to abide by all policies and procedures of Kids ‘R’ Kids as outlined in this agreement and the Parent Handbook. I have read and understand the above statements.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Director/Assistant Director



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## Child Profile

**Child Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

This profile will stay with your child. As your child grows and develops, changes should be noted or added to this form to keep your child's teachers in touch with the growth and development your child has made. We need your input on any changes taking place outside of school that may have an affect on your child while in our care. Thank you for your cooperation. *Note: Please write in "N/A" where the question does not apply to your child.*

1. Has your child had previous preschool experiences: Yes \_\_\_ No \_\_\_

Explain:

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

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3. What does your child most enjoy doing?

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4. Does your child have any fears?

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5. Do you consider your child shy or outgoing?

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6. By what name does your child like to be called?

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7. What are your child's favorite toys?

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8. About what things does your child express the most curiosity?

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9. Does your child play with other children? Yes \_\_\_ No \_\_\_

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

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

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12. Does your child take a nap? Yes \_\_\_ No \_\_\_ how long? \_\_\_\_\_

13. Does your child need a favorite item (such as a blanket or stuffed animal) for a nap?

Yes \_\_\_ No \_\_\_

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

15. Does your child have allergies? Yes \_\_\_ No \_\_\_

Explain:

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16. Does your child have any special medical or physical needs? Yes \_\_\_ No \_\_\_

Explain:

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17. Do you have a special interest or hobby you would like to share with the children?

\_\_\_\_\_

18. Are you available to help us with field trips or other special events?

Yes \_\_\_\_ No \_\_\_\_

19. Does anyone else care for your children? Yes \_\_\_\_ No \_\_\_\_ (Grandparents, Neighbors, etc.) Who?

\_\_\_\_\_

20. What language is spoken in your home?

\_\_\_\_\_

21. Authorized persons to pick up your child:

- 1. \_\_\_\_\_ Relationship \_\_\_\_\_
- 2. \_\_\_\_\_ Relationship \_\_\_\_\_
- 3. \_\_\_\_\_ Relationship \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### HEALTH AND EMERGENCY PERMISSION RECORD

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Does the child have physical problems, mental health disorders, or developmental disabilities, which would limit the child's participation in the program and activities?

Yes \_\_\_\_\_ No \_\_\_\_\_

Specify:

Does the child have allergies? (foods, medications, insects, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

Specify:

Is your child currently on any medication?

Yes \_\_\_\_\_ No \_\_\_\_\_

Specify:

Are there any special procedures that are required in caring for the child?

Yes \_\_\_\_\_ No \_\_\_\_\_

Specify:

First emergency contact		Relation		Phone		Cell	
Second Emergency Contact		Relation		Phone		Cell	
Third Emergency Contact		Relation		Phone		Cell	

I, \_\_\_\_\_ give my permission for Kids 'R' Kids #52GA to seek medical attention for my child, \_\_\_\_\_, in the event of an emergency if I cannot be reached, and to hold harmless and release Kids 'R' Kids #52GA and Kids 'R' International, Inc., from all liability. I further agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached.

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_

Kids 'R' Kids #52GA emergency medical procedure will be:

1. Contact parent
2. Contact person listed as emergency contact
3. Call emergency medical team, if necessary
4. Have emergency medical team transport to nearest hospital
5. Will seek medical attention from:

Doctor: *The doctor on call from the hospital, and the phone number of the hospital stated below:*

Hospital center uses: Northside Hospital, 1200 Northside Forsyth Dr. Cumming, Ga. 30041  
Phone: 770-884-3246





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**Photo Release**

I hereby assign and grant to the photographer, or those for whom the photographer is acting as indicated above, the right and permission to copyright and/or use and/or publish, and republish, photographic pictures and portraits of the minor named below in which said minor may be included in whole or in part, in color or black and white, made through any media by the photographer at his studio or elsewhere, including the use of any printed matter in conjunction with such photographs.

I hereby waive my right to inspect and/or approve the finished photograph or advertising copy or printed matter that may be used in conjunction with such photographs, or to the eventual use that it might be applied.

I hereby release and discharge the above, its assigns, and all persons acting under its permission or authority or those for whom it is acting, from and against any liability as a result of any distortion, blurring, alteration, or optical illusion that may occur in the taking of the picture, or processing or reproduction of finished product.

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.

\_\_\_\_\_  
Minor's Name (Parent) or (Guardian) Circle one

\_\_\_\_\_  
PRINTED NAME PRINTED NAME



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### TRANSPORTATION AGREEMENT

KRK #52GA Address: 3036 Old Atlanta Road, Cumming GA. 30041

I, \_\_\_\_\_, agree for my child, \_\_\_\_\_ to be transported by Kids 'R' Kids #52GA.

This agreement covers:  Field Trip  School  Emergency

#### To be completed by KRK Management

My child is to be transported from KRK #52GA at \_\_\_\_\_.  
(time)

My child is to be delivered to \_\_\_\_\_ at \_\_\_\_\_.  
(School) (time)

My child is to be picked up from \_\_\_\_\_ at \_\_\_\_\_.  
(School) (time)

My child is to be delivered to KRK #52GA at \_\_\_\_\_.  
(Center) (time)

### TRANSPORTATION GUIDELINES

In the event the designated location is unable to receive children they will be returned to KRK #52GA

Children will not be left unattended on any vehicle used for transportation.

Children will wear seat belts.

It is **vital** that KRK #52GA be notified of any changes in the above scheduled transportation. KRK #52GA will assume the above schedule of transportation will be followed unless we receive different instructions from parents (instructions should be received by KRK #52GA at the earliest possible time.)

Your child must be at the center no later than to be transported in the mornings.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

YOU WILL RECEIVE A COPY OF THE RULES THAT CHILDREN ARE EXPECTED TO FOLLOW WHILE IN THE VEHICLE. WE ASK THAT YOU REVIEW THESE RULES WITH YOUR CHILD/CHILDREN.

IT IS OUR GOAL TO PROVIDE A SAFE ENVIRONMENT FOR EACH CHILD WHILE IN THE VEHICLE.



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## PARENT/GUARDIAN AGREEMENT

I have read and understand the contents of the Parent's Handbook and agree to abide by the stated policies/procedures.

\_\_\_\_\_  
Child's Name (Print)

\_\_\_\_\_  
Child's Name (Print)

\_\_\_\_\_  
Child's Name (Print)

\_\_\_\_\_  
Parent's Name (Print) Signature

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

\_\_\_\_\_  
Parent's Name (Print) Signature

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



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### Infant Information Sheet

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

	Yes	No	Does your child eat:	Yes	No
Does your child take a bottle?	___	___	Strained Foods	___	___
Is the bottle warmed?	___	___	Baby Foods	___	___
Does your child hold the bottle?	___	___	Formula	___	___
Can your child feed him/herself?	___	___	Whole Milk	___	___
Does your child take a pacifier?	___	___	Table Foods	___	___
			Juice	___	___
			Other:		
			_____		
			_____		

What type of formula used?	_____	Date:	_____
Amount of formula to be given:	_____	Date:	_____
Updated amounts of formula:	_____	Date:	_____
	_____	Date:	_____
	_____	Date:	_____

Food Likes: \_\_\_\_\_ Food Dislikes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

If any creams, ointments, or lotions are needed, a medication form will be necessary.  
Bottles must be premixed, labeled, dated, and ready to serve.

**Kids 'R' Kids follows the recommendations of the SIDS Alliance sleeping practices for infants.**

Instructions for introducing solid foods: \_\_\_\_\_

Child's Schedule	Approximate Time	Types and Approximate Amounts of Food
Breakfast		
Lunch		
Dinner		
Morning Nap		
Afternoon Nap		

Additional Instructions

I understand it is my responsibility to keep Kids 'R' Kids Schools of Quality Learning updated, in writing, as my child's needs change.

**Please update every 30 days or as any of the above information changes.**

\_\_\_\_\_  
Parents Signature