



**Enrollment Kit**





3521 North Star Road, Richardson, Texas 75082  
Tel: (972) 235-KIDS (5437) Fax: (469) 916-8314 Hours: 6:30 AM - 6:30 PM  
www.krkrichardson.com

### ENROLLMENT APPLICATION

DATE OF ENROLLMENT AT KIDS 'R' KIDS: \_\_\_\_\_ MONTH / DAY / YEAR

#### CHILD'S INFORMATION

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

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

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

#### PARENT / GUARDIAN'S INFORMATION

Primary Parent's Full Name: \_\_\_\_\_

Parent's DOB: \_\_\_\_\_ Parent's DL Number: \_\_\_\_\_ State: \_\_\_\_\_

Residential Address (if different than child's): \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Phone Numbers (Home/Work/Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

Secondary Parent's Full Name: \_\_\_\_\_

Residential Address (if different than child's): \_\_\_\_\_

Parent's DOB: \_\_\_\_\_ Parent's DL Number: \_\_\_\_\_ State: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Phone Numbers (Home/Work/Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

#### CHILD'S LIVING ARRANGEMENTS

Child lives with both parents  Father  Mother  Other (specify): \_\_\_\_\_

Are there any custody matters that the Center needs to be aware of?  Yes\*  No

\* If there are custody issues affecting the child, please provide the Center with a copy of the relevant Court's decree.



**Parental Agreement with Center**

1. Kids 'R' Kids Richardson (hereinafter "Center") agrees to provide childcare for the child named on Page 1 of this Enrollment Application as follows:

Mon  Tue  Wed  Thurs  Fri (please select days of week)

from: \_\_\_\_\_ until \_\_\_\_\_ (please specify hours)

[Note: Center is open between 6.30AM – 6:30PM Mon-Fri]

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

| NAME * | ADDRESS | PHONE | RELATIONSHIP |
|--------|---------|-------|--------------|
|        |         |       |              |
|        |         |       |              |
|        |         |       |              |

\*The individuals named above are adults over the age of 18 and must be able to produce proper identification to the Center to secure release of the child.

3. I agree to pay the scheduled tuition by the close of business on Friday for the upcoming week. I understand also that if payment is made after 12:00 noon on Tuesday, I will incur a late fee of \$25 and thereafter a \$5 late fee for each day that the tuition is late thereafter. The Center retains the right to disenroll my child if the tuition is not received in a timely manner, at which time the remaining balance will be charged to my credit card or my bank's ACH Debit Authorization on file. Delinquent accounts are charged 1.5% interest per month and the Center reserves the right to collect reasonable attorney's fees should collection action be initiated against me.

4. I agree to provide the Center with all necessary information (date, prescription number, etc.,) pertaining to administering medicine to my child.

5. I understand that the Center will provide my child with all regularly scheduled snacks and lunch during his/her 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 Center transportation.

7. If my child wears diapers, I understand I will provide whatever disposable diapers and/or wipes are necessary for my child. I understand that only disposable diapers are permitted in the Center.



8. I understand I am totally responsible for any special diet required by my child. If my child's diet consists of formula taken from a bottle, I understand I will provide Center 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 the Center, 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 become necessary. (The parent(s) will assume responsibility for all payments).

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°F, 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.

**The Center will notify parents if a notifiable disease has been introduced into the Center.**

15. I understand that Kids 'R' Kids Richardson ("Center"), located at 3521 North Star Road, Richardson, Texas while a Kids 'R' Kids franchise, is independently owned and operated and that neither Kids 'R' Kids International, nor any other Kids 'R' Kids locations are responsible for the actions or obligations of this Center.

17. I understand that I will provide my child's physician's contact information to the Center, should the Center need to speak to the physician's office for any medical information pertaining to the child.



18. If I have not picked up my child by 7:00 p.m., and all attempts to contact me and all emergency contacts fail, the Center will call the Child Protective Services (which is a division of the Texas Department of Family and Protective Services) and the Police.

19. I give my permission for my child to participate in water splash playground activities at the Center and understand that I must provide swimsuit/trunks, towel and water shoes in order for my child to participate in this activity. A separate form and signature are required for participation in this activity.

20. I give my consent to receive my child's classroom video broadcast and/or my child to be viewed by other parents, families, or Center's staff and agree to hold the Center harmless from any liability now or in the future from the provision or omission of such video broadcast.

21. Any dispute between the parties regarding the construction, application or performance of duties, or any injury of any type received from any services provided by the Center and/or its employees or officers under this Agreement, and any claim arising out of or relating to this Agreement or its breach, including, without limitation, claims for breach of contract, professional negligence, breach of fiduciary duty, misrepresentation, and disputes regarding any claims in excess of \$1,500 shall be submitted to binding arbitration upon the written request of one party after the service of that request on the other party. The parties shall appoint one person to hear and determine the dispute. Each party shall bear its own costs, expenses, attorney's fees and an equal share of the arbitrators' and administrative fees. The parties confirm that they have read and understand this section, and voluntarily agree to binding arbitration. In doing so, the parties voluntarily give up important constitutional rights to trial by judge or jury, as well as rights to appeal.

22. 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 the Center as outlined in this agreement and the Parent Handbook and acknowledge having received the Parent Handbook. I have read and understand the above statements.

Signer's Name: \_\_\_\_\_ Signature: **X** \_\_\_\_\_  
(Parent or Guardian)

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

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





## Security Agreement

I, the undersigned Parent or Guardian of the child named on Page 1 of this Enrollment Application agree with the Center that:

- In the event that I am one week or more late on tuition payments; or
- In the event I leave Kids 'R' Kids Richardson ("Center") with any unpaid balance on my Account; or
- In the event that I leave the Center without a two-week Notice (see Parent Handbook for the requirement for the advance Withdrawal Notice)

The credit card captioned herein or my Bank Account on the ACH Debit Authorization shall be charged by the Center for the outstanding balance and any associated late fees. I acknowledge my agreement with this agreement by my signature below.

Card Type:  Visa  MasterCard  AMEX

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Security Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

\_\_\_\_\_ Staff member to initial after verification of information





Health and Emergency Permission Record

|   |  |
|---|--|
| Doctor's Name:  | Phone:   |
| Dentist's Name:   | Phone:   |
| Health Insurance Provider:  | 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 <input type="checkbox"/> No <input type="checkbox"/> |
| Specify:  |  |
| Does the child have allergies? (foods, medications, insects, etc.)  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Specify:  |  |
| Are there any special procedures that are required in caring for the child?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Specify:  |  |

The Center's emergency medical procedure is to (in the order listed below):

1. Contact the parent(s)
2. Contact person listed as emergency contact : \_\_\_\_\_ (list name & phone # of emergency contact)
3. Call emergency medical team (e.g. 911 or hospital or child's physician), if necessary
4. Have emergency medical team transport child to nearest hospital
5. Seek medical attention from: Methodist Richardson Medical Center

The Center will use the following medical hospital in the event of a health related emergency involving your child:  
**Methodist Richardson Medical Center**

Hospital Address: 2831 East George Bush Turnpike (at intersection of Renner Road & Bush Tpk), Richardson, Texas

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

Parent's signature **X** \_\_\_\_\_

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

**SCHOOL AGE CHILDREN:**

My child attends the following school:

\_\_\_\_\_

Name of School and Address School Ph.#

**CHECK ALL THAT APPLY:**

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:  walk to or from school or home,  
 ride a bus, and/or  be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): \_\_\_\_\_

**IMMUNIZATION RECORD:**

I have provided the childcare operation with a copy of my child's most current immunization record.

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1.  **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

\_\_\_\_\_

Health Care Professional's Signature Date

2.  A signed and dated copy of a health care professional's statement is attached.

3.  Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4.  My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

\_\_\_\_\_

\_\_\_\_\_

Signature - Parent or Legal Guardian Date

|                 |                |                |   |
|-----------------|----------------|----------------|---|
| <b>VISION</b>   | R 20/ _____    | L 20/ _____    | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| SIGNATURE _____ |                | DATE _____     |   |
| <b>HEARING</b>  | <b>1000 Hz</b> | <b>2000 Hz</b> | <b>4000 Hz</b>  |
| R               |                |                |   |
| L               |                |                |   |
|                 |                |                | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| SIGNATURE _____ |                | DATE _____     |   |

\_\_\_\_\_

Signature – Parent or Legal Guardian

\_\_\_\_\_

Date

Dear Parent: This Form is provided by the Texas Dept. of Family & Protective Services ("DFPS") and must be completed by the parent/guardian in its entirety in the format provided by DFPS. Thank you for your understanding. Page 8



**Equipment Use, Liability Release & Indemnification Agreement**

**ACKNOWLEDGEMENT AND ASSUMPTION OF RISK OF INJURY.** I, the undersigned Parent or Guardian of the child named on Page 1 of this Enrollment Application understand, acknowledge and agree that there are risks of significant injury to the child, whether caused by the child or someone else, in their use of or presence on the Center’s premises. I understand and agree that these risks of injury include, but are not limited to, slips, trips, falls, collisions, thefts, equipment failure, or other such accidents or incidents that may result in injury, harm or damage, including but not limited to economic, property, emotional, mental, physical or any other type of damage, including but not limited to sprains, torn muscles or ligaments, broken bones, strokes, heart stress, heart attacks, paralysis, disfigurement, death, or other forms of pain or suffering. On my own behalf, and on behalf of the minor child named on Page 1 of this Enrollment Application, I fully understand, voluntarily accept, and specifically assume these risks of injury to the child. I also understand that to participate in any water splash activities, the child named herein must wear safety “swim shoes” (also known as pro-water shoes), and must be provided with swimsuit/trunks, sun tan lotion, and towel.

**WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT.** On my own behalf, and on behalf of the child named on Page 1 of this Enrollment Application, I agree to release and discharge from all liability, and waive all claims, demands and actions against, Kids R Kids Richardson, its owners, directors, operators, subsidiaries, affiliates, employees, agents, vendors and volunteers (collectively, “the Center”) for any and all injuries, harms, or damages sustained by the child in connection with their use or presence on the premises, or their use of facilities, equipment, services, programs or activities within or outside its centers, resulting or arising from the negligent acts or omissions of the Center, or for the failure to properly design, inspect or supervise the activities to be engaged in or equipment to be used by the child, or the negligent acts or omissions of me, the child, other families and their children, guests, visitors or other persons on the premises. I agree to defend, indemnify and hold the Center harmless against any and all claims brought by anyone against the Center related to such injuries, harms or damages. The Center does not provide any medical or other insurance protection or benefits for those who use recreational equipment or engage in activities on Center’s premises. I agree to be financially responsible for any damage to property my child may cause during an activity.

**DISPUTE RESOLUTION.** Any dispute between the parties regarding the construction, application or performance of duties, or any injury of any type received from any services provided by the Center and/or its employees or officers under this Agreement, and any claim arising out of or relating to this Agreement or its breach, including, without limitation, claims for breach of contract, professional negligence, breach of fiduciary duty, misrepresentation, and disputes regarding any claims in excess of \$1,500 shall be submitted to binding arbitration upon the written request of one party after the service of that request on the other party. The parties shall appoint one person to hear and determine the dispute. Each party shall bear its own costs, expenses, attorney’s fees and an equal share of the arbitrators’ and administrative fees. The parties confirm that they have read and understand this section, and voluntarily agree to binding arbitration. In doing so, the parties voluntarily give up important constitutional rights to trial by judge or jury, as well as rights to appeal.

I acknowledge having completed the Health and Emergency Permission Record which is on file at the Center. This Record shall govern the procedures that the Center will follow in the event of any health or injury emergency involving the child named herein. Of course, an attempt will be made to reach me by phone when any actual or perceived injury occurs.

**By signing this Equipment Use, Liability Release & Indemnification Agreement, I certify that I have thoroughly read, fully understand, and voluntarily accept and agree to its terms.**

Parent’s signature **X** \_\_\_\_\_

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



## Transportation Agreement

I agree for my child to be transported by the Center:

(Check All That Apply)

- from school
- field trips
- emergencies

### **TRANSPORTATION GUIDELINES**

- In the event the designated location is unable to receive children they will be returned to this Kids 'R' Kids Richardson center.
- Children will not be left unattended in any vehicle used for transportation.
- Children will wear seat belts.

It is vital that the Center be notified of any changes in the above scheduled transportation.

Center will assume the above schedule of transportation will be followed unless we receive different instructions from parents. These instructions should be received by the Center at the earliest possible time.

Parent's Signature **X** \_\_\_\_\_ 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.



## Photo and Internet Video Release

1. Current technology has given our Center the opportunity, through computers, video and the internet, to offer a unique way for parents and families to have peace of mind about their children while at work by being able to monitor them and their activities on video by internet connectivity. The center is pleased to be able to offer this technology as a complimentary service to our parents.
2. As a parent, you agree not to permit, divulge, reproduce, print or save in any way or 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 the security of the center and those of your and other children and should always be observed. Your signature below and/or on the enrollment application of your child 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 therewith, as well as your agreement that you assume all risks involved in furnishing such images, and your release of the center from any and all liability for damage of any nature arising or resulting from its furnishing of this service, whether negligent or not.
3. 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.
4. 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.
5. 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.
6. I hereby warrant that I am of full age and competent to contract for the minor named on Page 1 of this Enrollment Application in so far as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents thereof.

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



|  |                              |   |                          |
|--|------------------------------|---|--------------------------|
| Operation Name<br>Kids R Kids of Richardson  |                              | Director's Name<br>On File                  |                          |
| Child's Full Name  |                              | Child's Date of Birth                       | Child's Home Telephone # |
| Child's Home Address   |                              |   |                          |
| Date of Admission  | Mother's Email Address       | Father's Email Address                      |                          |
| Parent or Guardian's Name  |                              | Address (if different from child's address) |                          |
| Mother's Cell Phone Number   | Mother's Work Phone Number   | Mother's Evening Phone Number               | Other Phone Number       |
| Father's Cell Phone Number   | Father's Work Phone Number   | Father's Evening Phone Number               | Other Phone Number       |
| Name of Emergency Contact and Relationship   | Address of Emergency Contact |   | Phone #                  |
| I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list name and telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. |                              |   |                          |

**CHECK ALL THAT APPLY:**

|  |
|--|
| <input type="checkbox"/> <b>TRANSPORTATION</b> : I give consent for my child to be transported and supervised by Kids 'R' Kids employees<br><input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school  |
| <input type="checkbox"/> <b>FIELD TRIPS</b> I give consent for my child to participate in field trips  |
| <input type="checkbox"/> <b>WATER ACTIVITIES:</b> I give consent for my child to participate in Water Activities:<br><input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play   |
| <input type="checkbox"/> <b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b> I authorize Kids R Kids to make all necessary decisions and give consent for the facility to secure any and all necessary emergency medical care for my child up to and including transportation to Methodist Richardson Medical Center 2831 E President George Bush Hwy, Richardson, TX 75082 (469) 204-1000 |
| <input type="checkbox"/> <b>RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b><br>I acknowledge receipt of the Family Handbook which includes the facility's operational policies as well as the discipline and guidance policy.   |
| <input type="checkbox"/> <b>I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:</b> BREAKFAST, LUNCH, AFTERNOON SNACK FURTHERMORE, I UNDERSTAND THAT IF BRINGING MY CHILD LUNCH I MUST FILL OUT THE NECESSARY DOCUMENTATION.   |
| <input type="checkbox"/> My child's immunization record is on file at their school and all required immunizations, tuberculosis test(s) And Vision and Hearing screening records are current   |
| My child attends the following school: _____<br><div style="display: flex; justify-content: space-between; width: 100%;"> <span>Name of School and Address</span> <span>School Phone #</span> </div>   |
| <b>MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:</b>   |
| <input type="checkbox"/> MONDAYS                  FROM:                          TO:   |
| <input type="checkbox"/> TUESDAYS                FROM:                        TO:  |
| <input type="checkbox"/> WEDNESDAYS            FROM:                        TO:  |
| <input type="checkbox"/> THURSDAYS              FROM:                        TO:   |
| <input type="checkbox"/> FRIDAYS                  FROM:                        TO:   |

List anything special that your child may have, such as allergies, existing illness, serious illness, injuries and hospitalizations, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

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\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date