



<b>Distribution</b> •Child's File •Infant/Toddler Classroom Log •Pre-School/School-Age Classroom Log
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### 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. Please also provide a 5x7" family photo and 3 (three) 4x6" individual photos of your child.

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

# Discipline and Guidance Policy for Kids R Kids #33

Name of Operation

- ◆ Discipline must be:
  - (1) Individualized and consistent for each child;
  - (2) Appropriate to the child's level of understanding; and
  - (3) Directed toward teaching the child acceptable behavior and self-control.
  
- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
  - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
  - (3) Redirecting behavior using positive statements; and
  - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
  
- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
  - (1) Corporal punishment or threats of corporal punishment;
  - (2) Punishment associated with food, naps, or toilet training;
  - (3) Pinching, shaking, or biting a child;
  - (4) Hitting a child with a hand or instrument;
  - (5) Putting anything in or on a child's mouth;
  - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
  - (7) Subjecting a child to harsh, abusive, or profane language;
  - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;and
  - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check one please:

parent

employee/caregiver

household member of child-care home



15111 Avery Ranch Blvd.  
Austin, TX. 78717  
(512) 218-9669  
Fax 218-1292

### Childcare Care Agreement and Enrollment Policies

(Please print clearly) Date of Enrollment \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

SS# \_\_\_\_\_ DL# \_\_\_\_\_ DOB \_\_\_\_\_

Work# \_\_\_\_\_ Mobile# \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

SS# \_\_\_\_\_ DL# \_\_\_\_\_ DOB \_\_\_\_\_

Work# \_\_\_\_\_ Mobile# \_\_\_\_\_

Email Address \_\_\_\_\_

If parents are separated/divorced they will be treated equally unless restricted by a court order on file with the center. If parent is married to someone other than the mother/father list the spouse of the parent.

Mother's Spouse \_\_\_\_\_ Father's Spouse \_\_\_\_\_

Siblings \_\_\_\_\_

Please tell us how you heard about our school:  phone book  intern  
 personal reference \_\_\_\_\_  other \_\_\_\_\_

## Health and Medical Information

My child is enrolled in an ongoing health supervision program with annual evaluations.

If I cannot be reached to make arrangements for medical attention, I authorize the staff at Kids R Kids to take my child to the facility designated below. I give consent for any and all necessary medical treatment. In the event that the staff at Kids R Kids find it impractical to take my child to the facility below, I grant authorization and consent to all emergency room physicians and all minor emergency centers to provide medical care, treatment or procedures if necessary to ensure my child's safety.

Hospital Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Authorization to Participate

(Child's Name) \_\_\_\_\_ has been examined by a licensed physician, clinic, or health program within the last year and is healthy to take part in all activities.

\_\_\_\_\_  
Signature of Dr., nurse or clinic personnel          Date of exam within 1 year

## Immunizations

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

DPT/TD (4) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Dates given (month, day & year)

Polio (4) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_          Varicella \_\_\_\_\_  
Dates given (month, day & year)

HIB (3) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_          MMR \_\_\_\_\_  
Dates given (month, day & year)

Hep B (3) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_          Hep A (2) \_\_\_\_\_ / \_\_\_\_\_  
Dates given (month, day & year)

Pneumococcal (4) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Dates given (month, day & year)

Hearing and Vision Screening Results (4 year olds) \_\_\_\_\_

\_\_\_\_\_  
Signature of Dr., Nurse, or Clinic Personnel          Date

Please list below any special needs, including any known allergies, existing illnesses, previous serious illnesses and injuries, any disabilities, and hospitalizations during the past twelve months, and any medication prescribed for long term continuous use.

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**Pick up and Emergency Contact Authorizations**

Please list below the name, address, telephone numbers, and relationship of other persons designated by the parent when the child cannot be reached and that are authorized to pick up the child. The below named people are hereby authorized by me:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

If your child may be released to a sibling whom is under 18 years of age, they must be listed as a contact person and we must have your signature below.

My child may be released to a sibling whom is under the age of 18.

\_\_\_\_\_  
Signature of Parent

Please state the hours your child will be at the center. \_\_\_\_\_

I agree that all persons who bring or pick my child up at Kids R Kids will make certain that a staff member is always aware of my child's arrival and departure. I also agree to sign my child in and out upon arrival and departure.

\_\_\_\_\_  
Signature of Parent

**Permission for Transportation, Emergencies, Water Activities and Field Trips**

From time to time Kids R Kids will schedule field trips for three year olds and up. Kids R Kids has my permission to transport my child to and from school, field trips, or any other special activities. I will be notified if there are any changes in the field trip if it is after the required 48 hour notification period. It is understood that my child will be seat belted at all times. Kids R Kids may also transport my child for emergency evacuations.

Parent Initials \_\_\_\_\_

Kids R Kids has my permission for my child to participate in water activities being it splash time, wading, or swimming. Kids R Kids will always make sure there are lifeguards on duty and have additional staff when the children are at a swimming pool.

Parent Initials \_\_\_\_\_

**Food Brought From Home**

From time to time, parents may wish to provide their child’s meals. With prior authorization from Management, we will honor those parent’s requests. This request must be made in writing and will need to be updated annually, as the child’s enrollment continues. All food must come in sealed containers, must have the child’s first and last name, the current date an contents. In cases of class parties, when parents want to participate, you are asked to bring store bought items only.

Parent Initials \_\_\_\_\_

**Health Information for Elementary School Children**

My child’s immunization records are on file at \_\_\_\_\_ Elementary School.

My child’s elementary school can be reached at (phone#) \_\_\_\_\_.

I give consent for my child to be picked up from \_\_\_\_\_ elementary School and taken to Kids R Kids. I agree to call Kids R Kids no later than 2:00 if my child will not be riding the bus that day.

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

**Parental Permission, Agreements and Understandings**

**Hold Harmless Agreement-** I understand that accidents are sometimes unavoidable and/or controllable. I also understand that accidents, which do occur, are not necessarily due to the negligence of Kids’R’Kids, its officers or staff. I understand that Kids’R’Kids will use reasonable diligence to prevent accidents from occurring. I understand that I will hold Kids’R’Kids, its volunteers, agents, representatives and staff harmless for any accidents that occur.

I understand the rates and schedule sheet now in effect. I understand the rates, credits, contacts, policies and procedures may change from time to time. I agree in the event I am delinquent (beyond grace period) that I am not entitled to bring my child to Kids’R’Kids. I also agree to pay Kids’R’Kids all collection and legal fees for services. In addition to late charges, interest is not to exceed the maximum allowed by law. In the event any portion of this agreement is found by a court of competent jurisdiction to be unenforceable, such finding shall not affect the validity of the remaining portions of this agreement. I will agree to give a two-week written notice upon withdrawing my child from Kids’R’Kids. I have read the above information and agree to all the terms stated above. I have read and retained a copy of the Parent Handbook with all the policies and procedures of Kids R Kids, and agree to abide by them at all times.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



- Distribution**
- Child's File
  - Transportation Log
  - Field Trip Log (School-Age Only)

## 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



## Illness Policy Acknowledgement

Please read the Illness Policy and Notification carefully. It is imperative that we work together to keep all of our families and staff healthy. After reading the Health and Wellness Section of the Kids 'R' Kids Parent Handbook, please sign, date and return the acknowledgement below. The signed portion will be kept on file to verify that you have read and agree to follow the Kids 'R' Kids Health/ Illness, Exclusion Policies. You may keep a copy of the policy for future reference. You may also refer to the Kids 'R' Kids Parent Handbook and reference the sections on "Health and Wellness: Guideline for who cannot attend Kids R Kids due to illness".

I, \_\_\_\_\_, acknowledge that I have received a copy of the Health/Illness/ Exclusion Policy.

I agree that my family will cooperate and not ask the staff to make exception regarding my child, \_\_\_\_\_, being excluded from attendance, due to illness.

I agree that I will pick up my child within one hour of being contacted about my child being ill. If I am unable to pick up my child in that timeframe, I will make arrangements for a designated person to do so.

In the meantime, we will make every effort to make your child comfortable, while excluding him/ her from the classroom in the Boo-Boo room to reduce the risk of further exposure.

I further acknowledge that kids 'R' Kids administration may consider extenuating circumstances that warrant tighter restrictions than those listed in this notification or the State of Texas Child Care Licensing Division Minimum Standards; such as the child having recently being excluded for the same symptoms or finding out the child exhibited these behaviors before arriving at school; if there appears to be a pattern of illness in the classroom resulting in one or more children being excluded for the same symptoms; or if the Texas Department of Health and Human Services or the Centers for Disease Control enact more stringent guidelines due to public health situations.

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Parent/Guardian Signature

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Date

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Kids 'R' Kids Administrator Signature

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Date





**Distribution**  
• *Child's File*

## 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 #33, 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.

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

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

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

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



<b>Distribution</b> • Child's File • Transportation Log
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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 #33 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: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ give permission for Kids 'R' Kids #33 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 #33 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 # \_\_\_\_.
- It is vital that Kids 'R' Kids # \_\_\_\_ be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids # \_\_\_\_ 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 # \_\_\_\_ by the earliest possible time.

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

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

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

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

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

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

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