



Kids R Kids of Alpharetta
3455 Webb Bridge Road · Alpharetta, GA 30005
770-442-3400 · www.kidsrkids28alpharetta.com

Enrollment Checklist:

Fill Out and Sign:

- Enrollment Application
- Parental/Guardian Agreement
- Child Profile
- Health and Emergency Permission
- Authorization to Dispense External Preparations
- Transportation Agreement
- Vehicle Emergency Medical Information
- Media Release
- Tuition Policies
- Security Agreement
- Discipline and Behavior Management Policy

Security Documents:

- A copy of Parent/ Guardian Driver's License
- A copy of Parent/ Guardian Social Security Card or Credit Card



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Enrollment Application

Child's Information:

Entrance Date: _____ Withdrawal Date: _____
Child's Full Name: _____ Age: _____
Gender: _____ Birthdate: ____ / ____ / ____
Child's Address: _____

Parent/Guardian Information:

Father's Name: _____ Father's Home Phone: _____
Father's Address: _____ Work Phone: _____
_____ Cell Phone: _____
Father's Employer: _____ Hours of Employment: _____
Work Address: _____ Father's Social Security Number: _____
Father's Driver License Number: _____

Mother's Name: _____ Mother's Home Phone: _____
Mother's Address: _____ Work Phone: _____
_____ Cell Phone: _____
Mother's Employer: _____ Hours of Employment: _____
Work Address: _____ Mother's Social Security Number: _____
Mother's Driver License Number: _____

Marital Status: (Please Circle One)
Married Separated Divorced Widowed Single

Child's Legal Guardian(s): (Please Circle One)
Both Parents Mother Father Other

Child Lives With: (Please Circle One)
Both Parents Mother Father Other

Other person(s) child can be released to: (MUST SHOW PHOTO ID)

Name: Address: Phone #: Relationship to Child:

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____



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Parental/Guardian Agreement with Kids 'R' Kids of Alpharetta

- 1. Kids 'R' Kids #28 agrees to provide child care for _____ (child's full name).
2. I agree to pay the tuition fee of \$_____ as designated by the school. Payment will be due on Fridays.
3. I agree to provide the school with all necessary information pertaining to the administering of medication. I.e. 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. I understand my child will be provided with all snacks and lunch served daily during his/her hours of attendance.
6. 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.
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 school.
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 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 current date.
9. If child is of school age, he/she attends: _____
10. 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 transportation form must be signed each school year. A field trip form must be signed before each trip.
11. Should my child become ill during the time he or she is in the care of Kids 'R' Kids or suffer 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). I agree to keep the school informed of changes to my contact information.
12. My child has the following special need(s): _____
13. The following special accommodation(s) may be required to most effectively meet my child's needs while at this school: _____
14. 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: _____
15. 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 24 hours without symptoms. 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.
16. I understand that Kids 'R' Kids #28 a Kids 'R' Kids franchise is independently owned and operated and that neither Kids 'R' Kids International, nor any other Kids 'R' Kids is responsible for the actions or obligations of this school.
17. 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.
18. 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 ____ / ____ / ____

Director Signature _____



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Child Profile

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

Parent/Guardian's Name: _____ (Please Print)

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 effect on your child while in our care. Thank you!

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

Explain: _____

2. What would you like most for your child to experience with Kids 'R' Kids?

3. What does your child most enjoy doing?

4. Does your child have any fears?

5. Do you consider your child shy or outgoing?

6. What are your child's favorite toys?

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

8. Does your child play with other children? Yes No

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

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

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



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12. Does your child need a favorite item (such as a blanket or stuffed animal) for naptime?
Yes No If yes, please describe:

13. How many hours of sleep does your child usually receive at night? _____

14. Does your child have allergies? Yes No If yes, what are they?

15. Does your child have any special medical or physical needs? Yes No
If so, please explain:

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

17. Are you available to help with field trips or other special events? Yes No

18. Does anyone else care for your children? (Grandparents, Neighbors, etc.) Yes No
If so, who?

19. What language(s) is (are) spoken in your home? _____

20. Authorized persons to pick up your child:

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

21. Is there anything else that you would like us to know about your child or the care of your child?

Parent/Guardian Signature

____/____/____
Date



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Health and Emergency Permission

Child's Full Name:		Date of Birth: / /	
Street Address:		Phone:	
City:	State:	Zip:	
Parent/Guardian:	Phone 1:	Phone 2:	
Parent/Guardian:	Phone 1:	Phone 2:	
Doctor's Name:	Phone:		
Dentist's Name:	Phone:		
Health Insurance Provider:	Phone:		

Does your child have physical problems, mental health disorders or developmental disabilities affecting participation in school activities? Yes ___ No ___
 Specify: _____

Does your child have allergies or any nutritional specifications? (foods, medications, insects, etc.)? Yes ___ No ___
 Specify: _____

Are there any special procedures required in caring for your child? Yes ___ No ___
 Specify: _____

Emergency Contacts: (if parent/guardian cannot be reached)

1.	Relationship:	Phone 1:	Phone 2:
2.	Relationship:	Phone 1:	Phone 2:

Kids 'R' Kids #28 emergency medical procedures:

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.

Hospital the center uses: North Fulton Regional Hospital

Hospital Address: 3000 Hospital Blvd., Roswell, GA 30076

I, _____ give permission for Kids 'R' Kids #28 to seek medical attention and/or transport my child _____, in the event of an emergency if I cannot be reached. I further agree to hold harmless and release Kids 'R' Kids #28 and Kids 'R' Kids International, Inc., from all liability and to keep the facility informed of any changes in the information stated above.

Parent/ Guardian Signature _____

Date ____ / ____ / ____



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Authorization to Dispense External Preparations

590-1-1-.20(1)

Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give permission to apply one or more of the following topical ointments/preparations to my child, _____, in accordance with the directions on the label of the container:

- _____ Band-aids
- _____ Neosporin or similar ointment
- _____ Bactine or similar ointment
- _____ Sunscreen
- _____ Insect Repellent (Must contain Deet)
- _____ Non-Prescription ointment (Desitin, A&D, Vaseline)
- _____ Baby Powder or Lotion
- _____ Other (Please specify _____)

Parent/Guardian Signature

Date



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TRANSPORTATION AGREEMENT

This form is to certify that I agree for my child, _____ to be transported by Kids R Kids #28:

(Check and circle all that apply)

To school: On: Monday Tuesday Wednesday Thursday Friday
From school: On: Monday Tuesday Wednesday Thursday Friday
Emergencies only: On: Monday Tuesday Wednesday Thursday Friday

Name of School: _____
School Address: _____
Time of AM drop-off: _____
Time of PM pick-up: _____

TRANSPORTATION GUIDELINES

- In the event the designated location is unable to receive children they will be returned to Kids R Kids #28
- Children will not be left unattended in any vehicle used for transportation.
- Children will wear seat belts.
- It is vital that K'R'K #28 be notified of any changes in the above scheduled transportation.
- K'R'K #28 will assume the above schedule of transportation will be followed unless we receive different instructions from parents (instructions should be received by K'R'K #28 at the earliest possible time.)
- Your child must be at the center no later than 7:10 AM to be transported to school in the mornings.

Kids 'R' Kids #28 emergency medical procedures:

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.

Hospital the center uses: North Fulton Regional Hospital Address: 3000 Hospital Blvd., Roswell, GA 30076

I, _____ give permission for Kids 'R' Kids #28 to seek medical attention and/or transport my child _____, in the event of an emergency if I cannot be reached. I further agree to hold harmless and release Kids 'R' Kids #28 and Kids 'R' Kids International, Inc., from all liability and to keep the facility informed of any changes in the information stated above.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____



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Vehicle Emergency Medical Information

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

Child's Address: _____

Father's Name: _____

Father's Home Phone: _____ Work Phone: _____

Mother's Name: _____

Mother's Home Phone: _____ Work Phone: _____

Person to notify in an emergency and parent's cannot be reached:

Name: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Child's Allergies and/or nutritional specifications: _____

Current prescribed medication: _____

Hospital the center uses: North Fulton Regional Hospital

Address: 3000 Hospital Blvd., Roswell, GA 30076

I, _____ give permission for Kids 'R' Kids #28 to seek medical attention and/or transport my child _____, in the event of an emergency if I cannot be reached. I further agree to hold harmless and release Kids 'R' Kids #28 and Kids 'R' Kids International, Inc., from all liability and to keep the facility informed of any changes in the information stated above.

Parent's Signature _____

Date _____

Parent's Signature _____

Date _____



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"PG" Movie Agreement

As part of our educational program, Kids R Kids #28 occasionally shows movies or videos to our school-age children. Our movies are always directed toward children, and we feel that many Parental Guidance (PG) movies deal with subjects and issues that pertain to our children-not only entertaining, but educational.

Kids R Kids #28 will announce the intended movie at least 3 days in advance of the showing. If I prefer that my child not view a particular movie, I will let my child's teacher as well as the management at Kids R Kids know. My child will be given an alternate activity in which to participate.

I, _____ (Parent's name), agree for my child _____
to watch PG-rated movies at Kids R Kids #28 as per the arrangements above.

Parent's Signature: _____ Date: _____



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Security Agreement

Child's Name: _____

Parent's Name: _____

I understand that even though I elect to pay tuition by check or cash, I still must provide a credit card as per the Security Agreement below. A credit card must be provided upon enrollment.

Credit Card Type:

Card Number: _____

Exp Date: ____ / ____ / ____

CVC Code (3 digit number on the back): ____

Security Agreement:

If you are one week late on tuition payments or you leave the center with a balance on your account your credit card will be charged with the outstanding balance and any associated late fees. I acknowledge my agreement with the security agreement by my signature below.

Applicants represent that all of the above information is true and complete and hereby authorizes verification of the above information and references. Applicants further authorize Kids R Kids #28, or its agents or representatives, to obtain such credit reports as Kids R Kids deems reasonable and necessary, and regardless of whether the credit reports are obtained before, during or after Applicant's enrollment, if any, at the center.

Cardholder's Signature: _____

Print Name: _____

Date: ____ / ____ / ____

Director Signature: _____



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Kids R Kids #28

Discipline and Behavior Management Policy

Praise, positive reinforcement, and redirection are effective methods for the behavior management of children. When children receive positive, non-violent, and understanding interactions for adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy taken from the Kids R Kids Parent Handbook and the NAEYC Code of Ethics.

At Kids R Kids School of Quality Learning we use a method of "redirection to guide children toward appropriate behavior. If a child is engaged in behavior that is not conducive to a safe and happy learning environment, the teacher will "redirect" the child toward appropriate behavior.

"Above all, we shall not harm children. We shall not participate in practices that are disrespectful, degrading, dangerous, exploitative, intimidating, emotionally damaging, or physically harmful to children." (NAEYC Code of Ethic – Principle- 1.1)

I, the undersigned parent or guardian of _____ (Child's Full Name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Signature of Parent or Guardian: _____

Signature of Director: _____

Date: ____ / ____ / ____