



Kids R Kids #28
3455 Webb Bridge Road · Alpharetta, GA 30005
770-442-3400 · www.kidskids28alpharetta.com

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

1. Kids 'R' Kids #28 agrees to provide child care for _____.
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/Assistant Director Signature

Date