



10602 South Fry Road, Katy, Texas 77494

Phone 281-392-1414

www.cincoranchkrk.com

**ENROLLMENT APPLICATION
(Short Form)**

Father's Name: _____ Mother's Name: _____

Address: _____

Hm #: _____

Cell# (Dad) _____

Cell# (Mom) _____

Wk.#(Dad) _____

Wk. #(Mom) _____

Start Date: _____

Full-Time _____ Part-Time _____ Half Days _____

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Child's Name: _____ Age: _____ DOB: _____

Child's Name: _____ Age: _____ DOB: _____

Child's Name: _____ Age: _____ DOB: _____

Child's Name: _____ Age: _____ DOB: _____

REGISTRATION FEE OF \$200 PER CHILD OR \$300 PER FAMILY IS NON - REFUNDABLE*

Signature: _____ Date: _____



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Child's Name		Date of Birth	Age	Sex	Date of Admission	Date of withdrawal
Child's Home Address:				Child's Home Phone:		
Father's Name:		Father's Address:		Home Ph.# _____ Work Ph.# _____ Cell # _____ Email: _____		
Father's Driver's License #	Father's Social Security #	Father's Place of Employment:				
Mother's Name:		Mother's Address:		Home Ph.# _____ Work Ph.# _____ Cell # _____ Email: _____		
Mother's Driver's License;	Mother's Social security #	Mother's Place of Employment:				
Guardian's Name		Guardian's Address:		Home Ph.# _____ Work Ph.# _____ Cell # _____		
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:						
NAME	ADDRESS	PHONE #	RELATIONSHIP	DRIVER'S LICENSE #		
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name, address, telephone number, relationship & Driver's License for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.						
NAME	ADDRESS	PHONE #	RELATIONSHIP	DRIVER'S LICENSE #		



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CHECK ALL THAT APPLY:

1. **TRANSPORTATION:** I hereby give do not give – consent for my child to be transported and supervised by the operation's employees:
 Check box for emergency care on field trips to and from home to and from school

2. **FIELD TRIPS:** I hereby give do not give – my consent for my child to participate in Field Trips:

Parent's Comments:

3. **WATER ACTIVITIES:** I hereby give do not give – my consent for my child to participate in Water Activities:
 sprinkler play splashing/wading pools swimming pools water table play

4. **RECEIPT OF WRITTEN OPERATIONAL POLICIES.** I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility: Memorial Herman Katy Hospital	Address: 23900 Katy Frwy., Katy, TX 77494	Ph.#: 281-644-7000

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

I agree to be fully responsible for all the medical expenses incurred for the treatment of my child and to hold harmless Kids'R'Kids and Kids'R'Kids International, Inc. from all liability.

Signature – Parent or Legal Guardian

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

Signature-Parent or Legal Guardian

Date



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Health Requirements					
Name of Child:				Date of Birth:	
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
DTP / DTaP / DT					
POLIO IPV or OPV					
MEASLES Rubeola / Serampion					
MUMPS					
RUBELLA					
Hib					
Hepatitis A					
Hepatitis B					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:		
Varicella (see below)					

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

_____ _____
Parent's signature Date

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:

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

_____ _____
Health Care Professional's Signature Date
- A signed and dated copy of a health care professional's statement is attached.
- PARENT'S STATEMENT: 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

- 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.

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



- | |
|--|
| Distribution
• Child's File
• Evacuation Binder
• Transportation Log
(School – Age Only) |
|--|

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? (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 # 61 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: Katy Memorial Hermann

Hospital Address: 23900 Katy Frwy.: Katy, TX 77494 281-644-7000

I, _____ give permission for Kids 'R' Kids # 61 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 # 61 and Kids 'R' Kids International, Inc., from all liability. I further agree to keep the facility informed of any changes in the information stated above.

 Parent/Guardian Signature

_____/_____/_____
 Date



Distribution
• Child's File

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.

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 _____/_____/_____



Distribution
• Child's File

Infant Child Profile

For children ages 6 weeks- 12 months
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.

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

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

1. Has your child had previous group care experiences? Yes No
2. What language(s) is spoken in your home? _____
3. List the names and ages of siblings.

4. Do you have pets at home? Yes No If yes, please list type of pet and name.

5. What milestone(s) has your child reached? (I.e. rolling over or crawling)

6. Does your child take a pacifier? Yes No When? _____
7. How often and how long does your child nap? _____
8. How many hours does your child sleep at night? _____
9. List any additional care plan instructions, i.e. diapering or sleeping _____

Parent/Guardian Signature Date ___/___/___



Distribution
• *Child's File*

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.

Child's Full Name

___/___/___
Date

Parent/Guardian Printed Name

Parent/Guardian Signature