



ENROLLMENT APPLICATION

1KENTUCKY

| | | | |
|---|------------------|---|-----------------|
| Entrance Date: | | Withdrawal Date: | |
| Child's Name: | SSN: | Age: Gender: | Birth Date: |
| Child's Address: City, State, Zip | | Home Telephone: | |
| Father's Name: Father's Address: City, State, Zip Father's SS# / DL#: | | Mother's Name: Mother's Address: City, State, Zip Mother's SS# / DL#: | |
| Father's Telephone # | Pager or other # | Mother's Telephone # | Pager or other# |
| Father's Place of Employment: Address: City, State, Zip Hours of Employment: Name of Supervisor: Business Telephone: | | Mother's Place of Employment: Address: City, State, Zip Hours of Employment: Name of Supervisor: Business Telephone: | |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | |
| Child's Legal Guardian(s): <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other | | | |
| Child's Living Arrangements: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other | | | |

Weekly Tuition (effective 1/25/16)

To be payable by Monday at 6:30pm of the week billed. We accept cash or check. We reserve the right to change prices at any time.

| Program | Full-time Full Day | Part-time M, W, F Full Day | Part-time Tues & Thurs Full Day | Drop - In 1 Full Day/School Day Out |
|--------------------|--------------------|----------------------------|---------------------------------|--|
| 6 weeks to 12 mos. | \$187 / week | Not Offered | Not Offered | \$50 |
| 12 to 24 months | \$180 / week | Not Offered | Not Offered | \$50 |
| 24 to 36 months | \$175 / week | \$135 / week | \$95 / week | \$50 |
| 36 to 48 months | \$165 / week | \$130 / week | \$90 / week | \$50 |
| 48 to 60 months | \$160 / week | \$125 / week | \$90 / week | \$50 |
| School Age | \$150 / week | Before Only \$50/week | Before & After \$86 / week | Extra Day \$15/day Drop In \$40/day |

1. All full-time/full day children take precedence over all others (See waiting list policy).
2. School Age prices include transportation.
3. We offer a 10% discount on the oldest child for families with 2 or more FULL-time/FULL-day children.
4. Prices include Breakfast, Lunch, Afternoon Snack for full day programs, baby food, baby wipes, school age transportation.
5. Hours of Operation: 6:30 a.m. to 6:30 p.m. Monday through Friday

131 North Eagle Creek Drive ☺ Lexington, Kentucky 40509
859-266-0123 ☺ Kidsrkids1ky@yahoo.com

Parental Agreement

Initial in the spaces provided indicates acceptance of the item initialed.

Billing and Payment

1. _____ Kids 'R' Kids #1KY agrees to provide child care for the above child on M - T - W - T - F (days of week).
2. _____ The child may be released to the person(s) signing this agreement above or to the following:
- | Name | Address | City, State, Zip | Telephone | Relationship |
|------|---------|------------------|-----------|--------------|
| | | | | |
| | | | | |
| | | | | |
3. _____ I understand that to be placed on a Waiting List, a \$40 Non Refundable Deposit is due. This will be credited toward the Equipment Replacement Fee when the child starts attending.
4. _____ I agree to pay a non-refundable Enrollment Fee of \$40 per child prior to my child's first day of attendance and the total weekly fee of the then current tuition fees, based upon the age of my child(ren) as of the Monday being billed.
5. _____ I understand that the first week's fees are due 2 weeks prior to the start date and serves as a final confirmation of my intent to attend Kids R Kids #1KY. I understand that failure to do so places my child(ren)'s projected entrance date to a date that is available based upon Kids R Kids #1KY's current enrollment and waiting list.
6. _____ I understand that all fees are due by Monday at 6:30pm for the week being billed and that if my account has a balance of \$25 or more on Tuesday of the week being billed at noon, I will be assessed a \$10 late fee, regardless of the amount I have paid toward fees prior to that day/time.
7. _____ I understand that if my account has a balance of \$25 or more on Wednesday of the week being billed at noon, I will be assessed a \$5 late fee, regardless of the amount I have paid toward fees prior to that day/time.
8. _____ I understand that if my child attends 1 to 5 days in a standard Monday to Friday week, a full week's fees are due.
9. _____ I understand that if my child does not attend the center in a standard Monday to Friday week, 1/2 of a full week's fees are due.
10. _____ I understand that only 2 half priced weeks are available to me per child per year.
11. _____ I understand that I will be charged \$25 for all returned checks made out to Kids R Kids on behalf of my child(ren)'s tuition.
12. _____ I understand that Kids R Kids #1KY requires a 2 week notification in writing on all dis-enrollments. If I dis-enroll my child(ren) without providing 2 weeks notification, I understand that I am still responsible and will be billed for the remaining 2 weeks of time remaining.
13. _____ I understand that there is a yearly Equipment Replacement Fee due in August of \$40.
14. _____ I understand that if I am receiving 3rd party payment assistance that Kids R Kids #1KY will apply my payments in the following manner:
- a. Any accrued late fees.
 - b. Any field trip fees, T-shirt fees, or other special cost fees.
 - c. The parent's required fee amount for weekly tuition.
 - d. The parent's state required "Co-Pay" amount.
15. _____ I understand that Kids R Kids #1KY is closed on New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. I understand that I am still responsible for the normal weekly fees during those weeks.
16. _____ I understand that if I fail to pick up my child(ren) by 6:30pm, I will have to pay a late pickup fee of \$1 per minute per child for every minute after 6:30pm. I understand that Kids R Kids will attempt to contact everyone on my authorized pickup list at that time and that I further understand that if I have not picked up my child by 7:00pm, Kids R Kids will contact the police and/or Child Protective Services.
17. _____ If my child wears diapers, I understand I will provide disposable diapers necessary for my child. I also understand that if my child runs out of diapers and Kids 'R' Kids provides replacement diapers, I will be charged \$1 per diaper.
18. _____ I understand that if I am taken to court to recover fees for services rendered, I agree to pay for any and all attorneys fees, collection fees, and any other costs incurred by this center or its designates in the attempt of collecting unpaid balances for services rendered.

| | | | | | |
|-----------------------------|--------------|------|-----------------------------|--------------|------|
| Mother/Guardian's Signature | Printed Name | Date | Father/Guardian's Signature | Printed Name | Date |
|-----------------------------|--------------|------|-----------------------------|--------------|------|

Services Provided

1. _____ I understand my child will be provided with breakfast, lunch and an afternoon snack if my child is in attendance at the time of the meal service and that I am not permitted to bring food into the center.
2. _____ I understand I am 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 dated as per state regulations.
3. _____ I understand that all clothing, storage bags, blankets must be clearly labeled with a non-removable marker or other permanent marking device.
4. _____ I understand that Kids R Kids #1 is in no way responsible for lost, stolen, or damaged clothing.
5. _____ I understand that my child is not allowed to bring in toys, candy, or any other things of value and that Kids R Kids #1KY is not responsible for the loss or damage of those items.
6. _____ I understand that it is my responsibility to escort my child into and out of the center and to sign my child in and out of the center using the provided computer check in/out system.
7. _____ I understand that failing to notify Kids R Kids #1Ky of my child's presence in the building by signing in or out constitutes a breach in contract and a failure to transfer care, custody, and control to Kids R Kids and I will in no way hold School BELLS, LLC dba Kids R Kids #1KY liable for any harm that may arise from any actions during that time.
8. _____ I understand that a staff member will escort my child into the center when being transported from school by county transportation or Kids 'R' Kids transportation.
9. _____ I understand that I am allowed access to all common areas of the center and my child(ren)'s classroom at any time that I wish.
10. _____ I understand that Kids R Kids #1KY is an independently owned franchise and that only Kids R Kids #1KY and not any other entity is responsible for the actions or obligations of this center.
11. _____ I understand that it is my responsibility to keep the center advised on the changes of my addresses, phone numbers, etc. and that I must provide Kids R Kids #1KY a copy of any divorce or custody agreements relating to the pick up or drop off of my child(ren).
12. _____ I understand that I am not allowed to solicit from Kids R Kids #1KY's employees for any childcare related services, to include evening or night time babysitting , and I further understand that if I do solicit any Kids R Kids #1KY employees, my child will be dis-enrolled from the center. Further, I understand that if my child is dis-enrolled from the center for this reason, that I am responsible for paying the remaining 2 weeks fees.
13. _____ I understand that this agreement supercedes any and all verbal agreements and/or prior written agreements made with Kids R Kids #1KY or it's employees.
14. _____ I understand that Kids R Kids #1KY reserves the right to dis-enroll my child for any reason if my child is not adjusting to the center and programs.
15. _____ I understand that my secure access to WatchMeGrow to view my child(ren)'s class(es) are solely for the use of the people listed on this form. I further understand that sharing this information and/or allowing others to view my child's class is a violation of this agreement, WatchMeGrow's agreement and may be a violation of law.

Mother/Guardian's Signature

Printed Name

Date

Father/Guardian's Signature

Printed Name

Date

Medical

1. _____ I agree to provide the center with all necessary information (date, prescription #, etc.) pertaining to administering medicine to my child and I understand that medicine is given at 2 set times of the day, 11:00am and 3:00pm.
2. _____ I understand that I must provide a Kentucky record of immunization prior to their 1st day in attendance and maintain a current Kentucky record of immunization. I understand that failure to do so will result in immediate dis-enrollment of my child.
3. _____ I understand that I will have to take my child out of the care of Kids R Kids #1KY if my child is ill, including, but not limited to: a body temperature above 101 degrees, a severe cough or sore throat, undetermined rash or spots, severe headaches, upset stomach (determined by 2 throw ups in 2 hours) or diarrhea (determined by 2 runny bowel movements in 2 hours), or other illnesses.
4. _____ I understand that I need to provide Kids R Kids a release form from a medical professional before my child can return to Kids R Kids group care environment.
5. _____ I understand that Kids R Kids #1KY will inform me of a Notifiable Disease via a notice posted on my child(ren)'s classroom door if a Notifiable Disease is introduced into the center.
6. _____ I understand that Kids R Kids #1KY will attempt to contact me immediately and shall be authorized to secure such medical attention for my child(ren) as may be necessary if my child should become ill or injured while at Kids R Kids #1KY.
7. _____ I understand that I am required to provide the following medical information for my child(ren) and that Kids R Kids will attempt to contact the below physician if I am unable to be contacted:

| Physician | Physician's Address | City/State/Zip | Physician's Phone # |
|-----------|---------------------|----------------|---------------------|
|-----------|---------------------|----------------|---------------------|

8. _____ My child has the following Allergies, Food Restrictions, or medical conditions:

| Child's Name | Allergies | Food Restrictions | Medical Conditions |
|--------------|-----------|-------------------|--------------------|
|--------------|-----------|-------------------|--------------------|

9. _____ I understand that it is my responsibility to pay for any medical costs associated with injuries incurred while in the care of Kids R Kids #1KY.
10. _____ As it relates to Kentucky regulations for child care centers, I understand that anything other than soap and water is a medication. I understand that all over the counter medicine stating that a physician be consulted for the purposes of administering that medication to my child, that Kids R Kids #1KY will administer that medication only with a physicians authorization.
11. _____ I understand that all medications, including "over the counter" medications such as Sunscreen and Tylenol must have daily permission forms signed by me.
12. _____ I will hold Kids R Kids #1KY harmless due to the actions of other children.

Transportation

1. _____ I understand that transportation is provided to and from school and I authorize Kids R Kids to transport my child to or from the following schools at the following times:

| Child's Name | School Attended | Drop Off Time | Pick Up Time | Special Instructions |
|--------------|-----------------|---------------|--------------|----------------------|
|--------------|-----------------|---------------|--------------|----------------------|

2. _____ I understand that transportation is provided 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.

| Mother/Guardian's Signature | Printed Name | Date | Father/Guardian's Signature | Printed Name | Date |
|-----------------------------|--------------|------|-----------------------------|--------------|------|
|-----------------------------|--------------|------|-----------------------------|--------------|------|

WE ACCEPT CHILDREN WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY.

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)

| Name | Relationship | Phone 1 | Phone 2 |
|------|--------------|---------|---------|
| | | | |
| | | | |

Kids 'R' Kids # _____ emergency 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.

Hospital the center uses: _____

Hospital Address: _____

I, _____ give permission for Kids 'R' Kids # _____ 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 # _____ 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.

Signature

_____/_____/_____
Date

Photo 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 #1KY, 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 in 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 the State of Kentucky, 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.

Minor's Name

(Parent) or (Guardian) Circle one

Parent/Guardian Signature

Date

PRINTED NAME