



Kids 'R' Kids Apopka  
 301 West Welch Road  
 Apopka, FL 32712  
 (407) 884-5621

## ENROLLMENT FORM

Today's Date: _____	Preferred Start Date: _____
Preferred Enrollment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time 2 Day <input type="checkbox"/> School Age <input type="checkbox"/> Part Time 3 Day	Primary Days of Care: _____  Primary Hours of Care: _____

CHILD			
Child's Full Name: _____	Child's Nickname: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age: _____
Child's Address: _____	Child's Date of Birth: _____	Is child potty trained?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
PLEASE COMPLETE FOR SCHOOL AGE CHILDREN ONLY			
Name of School Child Attends: _____	School Phone Number: _____	Current Grade Level: _____	
School Address: _____			

MOTHER	FATHER
Name: _____	Name: _____
Address: <input type="checkbox"/> check if same as child	Address: <input type="checkbox"/> check if same as child
Home Address: _____	Home Address: _____
City: _____ State ____ Zip _____	City: _____ State ____ Zip _____
Home Phone: (    )	Home Phone: (    )
Cell Phone: (    )	Cell Phone: (    )
Pager: (    )	Pager: (    )
E-mail: _____	E-mail: _____
Employer: _____	Employer: _____
Employer Address: _____	Employer Address: _____
City: _____ State ____ Zip _____	City: _____ State ____ Zip _____
Work Phone: (    )	Work Phone: (    )
Work Hours: _____	Work Hours: _____

Parent's Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single
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 _____

### Emergency Contacts

The persons listed below may be contacted in the event of an emergency AND are also authorized to drop off and pick up this child. Please list at least 2 names.

Name	Address	Home Phone	Work Phone	Cell Phone	Relationship
1.		( )	( )	( )	
2.		( )	( )	( )	
3.		( )	( )	( )	

### Additional Pickup Authorizations

In addition to the parents and emergency contacts above, the following may pick up and drop off this child.

Name	Address	Home Phone	Work Phone	Cell Phone	Relationship
1.		( )	( )	( )	
2.		( )	( )	( )	

## MEDICAL INFORMATION

I authorize Kids 'R' Kids #13 FL to obtain any and all medical treatment to be performed as deemed necessary by Kids 'R' Kids #13 FL staff, licensed medical personnel, including emergency personnel, ambulance personnel and doctors and nurses. I give permission for Kids 'R' Kids #13 FL to transport my child in the event of an emergency, if I cannot be reached. I further agree to be fully responsible for all medical expenses incurred and to hold harmless and release Kids 'R' Kids #13 FL and Kids 'R Kids International, Inc. from all liability. I further agree to keep the Center informed of any changes to the information below.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Physician:	Physician's Address:	Physician's Phone Number: ( )
Name of Dentist:	Dentist's Address:	Dentist's Phone Number: ( )
Preferred Hospital:	Hospital Address:	Hospital Phone: ( )
Health Insurance Policy Provider:  Provider Phone: ( )	Health Insurance Policy Number:	

Does your child have allergies?  Yes  No Specify: \_\_\_\_\_

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

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

Kids 'R' Kids follows the following 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: Florida Hospital Apopka, 201 N. Park Ave., Apopka, FL 32703

### PHYSICAL EXAMINATION & IMMUNIZATION RECORD

Chapter 65C-22.006(2) of the Florida Administrative Code requires a current physical examination (HRS-H Form 3040) and immunization record (DH Form 680 or 681) within 30 days of enrollment.  
\*This is not required for school-age children.

#### Kids 'R' Kids Use Only

Date of Enrollment \_\_\_\_\_ Entrance Room \_\_\_\_\_ Last Date of Attendance \_\_\_\_\_ Departure Room \_\_\_\_\_

# Kids 'R' Kids Apopka #13 FL

## PARENTAL AGREEMENT

### Hours / Days of Operation

**Center Hours:** The Center will be open Monday through Friday from 6:00 a.m. to 7:00 p.m.

**Holidays:** The Center will be closed to recognize the following 6 holidays. New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. The Center will close at 3:00 p.m. on Christmas Eve and New Year's Eve. No discount or prorated tuition will be made for holidays or other days on which the Center does not operate, opens late, or closes early.

### Fees and Payment Information

1. I agree to pay the weekly tuition on Friday for the upcoming week. Tuition prices are subject to change at any time.
2. No tuition credit is given for days my child does not attend the Center. If my child attends 1 to 5 days in a standard Monday to Friday week, a full week's tuition is due.
3. If my child does not attend the Center any days in a standard Monday to Friday week, ½ of a full week's tuition is due. I understand that only 4 half priced weeks are available to me per child, per year.
4. An initial enrollment fee of \$75.00 is due at the time the enrollment application is submitted. The enrollment fee is not refundable. An annual re-enrollment fee will be charged January 1<sup>st</sup> of each year. If your child's initial start date falls between October 1<sup>st</sup> –December 31<sup>st</sup>, your annual re-enrollment fee for the year will be waived.
5. Tuition is considered late if not received by close of business day Monday. If tuition is not paid by 7:00 p.m. Monday evening, a \$10.00 late fee will be added to the balance due. If tuition is not paid by 7:00 p.m. Wednesday evening, an additional \$20.00 late fee will be added to the balance due. If payment is not rendered by the end of the week, your child will not be allowed to return until payment in full is received.
6. If your check returns for any reason, \$30.00 will be charged to your account. If checks are returned more than three times, we will require that your account be paid by cashier's check only.
7. After 7:00 p.m. there will be a late pick-up fee of \$15.00 for the first fifteen minutes and an additional \$15.00 for every 15 minutes thereafter. As soon as you realize that you will be late, please contact the Center immediately. If we do not hear from you by 8:00 p.m. and all attempts to contact you and your emergency contacts have failed, the Center will call the Apopka Police and the Florida Department of Children and Family Services.
8. If the Center is required to take legal action for non-payment, the parent will be responsible for all legal/attorney fees incurred by the Center.

### Sick / Vacation Policy

9. If your child is out for the entire week, you pay ½ of a full week's tuition to reserve your child's space. After four weeks absent in one year, you will be required to pay full tuition for missed time.
10. You receive 2 weeks of vacation after 1 year of enrollment. Vacation credits can only be taken if your child is out for a calendar week (Monday through Friday). Vacation weeks do not carry over if they are not used during the year.
11. It is the parent's responsibility to notify the Center at least two weeks in advance if you wish to use vacation credits.

### Withdrawal Policy

12. A minimum two-week written notice to the Director is required prior to dis-enrollment. You are responsible for payment for those two weeks whether your child attends the Center or not.
13. The Center reserves the right to dis-enroll any child for any reason at any time, to include but not limited to non-payment for services, severe behavioral issues that may affect the safety of other children or staff, or non-compliance with administrative policies.

## **Illness & Medication Policy**

14. In accordance with Florida law and for the well being of all children at the Center, we do not allow sick children in the Center including, but not limited to a severe cough or sore throat, undetermined rash or spots, temperature over 101 degrees, severe headaches, upset stomach, pink eye or recurring diarrhea. Your child cannot be accepted into the Center until well or has been without fever or other symptoms for a minimum of 24 hours. We reserve the right to require a doctor's note prior to your child's return.
15. Kids 'R' Kids will notify parents if your child has been exposed to a communicable disease that has been introduced into the Center.
16. I agree to keep the Center informed of all changes in address, phone numbers, contacts, and child custody agreements.
17. I understand that the school has a specific policy regarding the administration of medicine. I agree to provide the school with all required information in accordance with this policy. Medicines are administered only as prescribed by a licensed physician. I understand that a medication form must be filled out completely and signed prior to medication being administered. Only prescription medications in their original containers and with a doctor's prescription will be administered. Prescriptions must include the full name of the child and the dosage to be administered. Over the counter medications will also require a doctor's note. Kids 'R' Kids will only administer prescription medication at 11:00 a.m. and/or 3:00 p.m..
18. I understand that if my child should become ill during the time that he/she is in the care of Kids 'R' Kids or suffers an accident of any nature, the school shall attempt to contact me immediately and shall be authorized to secure such medical attention and care for the child as may be necessary. I also give permission for my child to receive CPR, first aid, and/or emergency medical care, if necessary.

## **Health and Immunization Form Requirements**

19. In accordance with Florida State Law, parents must present the following current state required forms within 30 days of enrollment (excludes school age children) and/or within 30 days of form expiration date:

- DH Form 3040 – Student Health Examination
- DH Form 680 – Florida Certification of Immunization, Part A-1, B, or C

If forms are not received within the above time frames, your child will be dis-enrolled until forms are received.

## **Food Policies**

20. The Center provides breakfast, morning snack, lunch and afternoon snack daily. Breakfast ends promptly at 8:00 a.m. Lunch and snack schedules are posted in each classroom.
21. I understand that I am responsible to inform the Center of any special diet required by my child. If my child must not eat certain foods due to allergies or religious reasons, I will have my pediatrician complete and sign an allergy form. If my pediatrician affirms the school's menu is not acceptable, I will discuss alternate arrangements with Kids 'R' Kids Apopka.
22. If my child is an infant, I will provide the appropriate number of prepared bottles containing the formula necessary for my child each day. Per state regulations, each bottle must be labeled with my child's full name and date of preparation.

## **Transportation**

23. Transportation is provided to and from school and 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 and returned before each trip.

## **Services Provided**

24. I understand that it is my responsibility to escort my child into and out of the school upon arrival and departure, to make my child's teacher aware of his/her arrival and departure, and to sign my child in and out each day. I understand that a staff member will escort my child into and out of the school when transportation is provided by Kids 'R' Kids.

25. If my child wears diapers, I agree to provide disposable diapers for my child. I understand that only disposable diapers are permitted in the Center. If my child does not have diapers, a charge of \$5.00/per day will be assessed for the use of the Center's diapers.
26. A clean change of clothing is required for all children attending through Pre-K and must be in the classroom at all times. All items must be labeled with the child's full name.
27. Kids 'R' Kids does not have the right to withhold a child from any parent having custody or joint custody. If there is a current court order stating that one parent may not have access to a child, the Center must have a copy in the child's file. Kids 'R' Kids cannot deny any parent access to their child without such an order. The Center cannot become involved in a custody dispute. The child will be dis-enrolled if such disputes occur.
28. While at the Center, Kids 'R' Kids encourages you to lock all car doors and windows. Kids 'R' Kids is not responsible for lost, stolen, or damaged items.
29. I understand that this agreement supersedes any and all verbal agreements and/or prior written agreements made with Kids 'R' Kids or its employees.
30. I understand that tuition is based on the suite my child attends and not the age of my child.
31. I agree to abide by all policies and procedures of Kids 'R' Kids Apopka as outlined in this agreement and the Parent Handbook.
32. I understand that Kids 'R' Kids Apopka #13 FL, located at 301 West Welch Road, Apopka, FL 32712, is independently owned and operated, and that neither Kids 'R' Kids International, Inc. nor any other Kids 'R' Kids location is responsible for the actions or obligations of this Center.
33. I understand that the Center has the right to change its policies and procedures at any time and that I will be provided a minimum of 30 days notice regarding the changes.

I have read and understand all of the above statements. I agree to abide by all of the policies and procedures of Kids 'R' Kids Apopka and understand any changes to information submitted can only be made by the parent that signs below.

Parent Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_



## DISCIPLINARY PRACTICES

The use of physical punishment, in any form, is prohibited at our Center. Discipline consists of positive redirection to guide children toward appropriate choices and behavior. Should minor incidents occur, the parent(s) or guardian(s) will receive an "Oh-No" Report and we encourage you to discuss these with your child's teacher. However, Kids 'R' Kids reserves the right to ask the parent to make alternative arrangements for the care of a child in the event that behavior becomes a problem that cannot be corrected. Students striking a teacher, or any other staff member, using foul language or exhibiting other such inappropriate or unsafe behaviors may be suspended or expelled from school.

In order to provide the best care for your child(ren), parents must notify the changes in your child's environment that might affect the behavior of the child(ren). Our being aware of changes in your child's life will assist us in implementing the adjustment.

Section 10M-12.013 of DCF Child Care Standards, requires that parents are notified, in writing, of the disciplinary practices used by the child care facility. The parent's or legal guardian's signature verifies that the parents or guardians have been notified, in writing, of the disciplinary practices of the child care facility. Please complete the following:

I have received the disciplinary practices used by the child care facility.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## WATCH ME GROW PARENTAL ACKNOWLEDGEMENT

As a service to its parents, Kids 'R' Kids Apopka has installed a camera system which permits parents or family members with Internet access and passwords to view images of their child in his/her classroom and on the playground. More detailed information is available from the Director or by calling WatchMeGrow.

I acknowledge that Kids 'R' Kids has entered into an agreement with WatchMeGrow. I give my permission to display photos and videos of my child via the Internet camera system. I also agree that Kids 'R' Kids Apopka may use photos and videos of my child for newspaper articles, brochures, Web sites, and/or other publicity purposes.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## KNOW YOUR CHILD'S DAY CARE CENTER

Section 10M 12.008 (2) F.AC. requires that parents must receive a copy of the Child Care Facility Brochure, KNOW YOUR CHILD'S DAY CARE CENTER. The parent's or legal guardian's signature verifies receipt of the child care brochure. Please complete the following:

I, \_\_\_\_\_ have received a copy of the Child Care Facility Brochure, KNOW YOUR CHILD'S DAY CARE CENTER.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_



## SPLASHPAD RELEASE

I hereby assign and grant permission to Kids 'R' Kids Apopka that my child has permission to participate in the water activities that will be held on the outdoor splashpad.

I hereby understand that water is splashed/sprayed on the children. The splashpad will be adequately drained so there will be no water accumulation on the concrete. The pad will be built per the state of Florida Standards and Regulations.

### *ITEMS REQUIRED FROM HOME FOR USING THE SPLASH PAD*

- Sun Screen (if desired and form is completed and on file)
- Water Shoes
- Bathing Suit
- Towel

I understand that if my child does not have the above required items, he/she will not be permitted to participate on the splashpad.

I hereby release and discharge Kids 'R' Kids Apopka, 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 injury that may occur while the child is participating with on the outdoor splashpad.

Print Child's Full Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Child Profile

Child Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Date Completed: \_\_\_/\_\_\_/\_\_\_

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 affect on your child while in our care. Thank you for your cooperation.

1. Has your child had previous preschool experiences: Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_
2. What would you like most for your child to experience with us? \_\_\_\_\_  
\_\_\_\_\_
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? \_\_\_\_\_
12. Does your child need a favorite item (such as a blanket) for a nap? Yes \_\_\_ No \_\_\_
13. How many hours of sleep does your child usually receive at night? \_\_\_\_\_
14. Does your child have allergies? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_
15. Does your child have any medical needs, physical needs/problems, mental health disorders, or developmental disabilities? Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_
16. Are there any special procedures that are required in caring for your child? Yes\_\_\_ No\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_
17. Do you have a special interest or hobby you would like to share with the children? \_\_\_\_\_  
\_\_\_\_\_
18. Are you available to help us with field trips or other special events? Yes \_\_\_ No \_\_\_
19. Does anyone else care for your children? (Grandparents, Neighbors, etc.) Yes\_\_\_ No\_\_\_  
If so, who? \_\_\_\_\_
20. What language is spoken in your home? \_\_\_\_\_
21. Who else lives in your home? \_\_\_\_\_

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



## Transportation Agreement

Child's Name: \_\_\_\_\_

Please complete Item **1** *or* **2** and sign and date:

**1. PreSchool Program:** (please check one)

Infant/Toddler

PreSchool

PreKindergarten

- I \_\_\_\_\_ (Parent Name) give permission for Kids 'R' Kids Apopka to transport my child, \_\_\_\_\_, to and from any field trips that I have authorized. All field trips will have specific information provided to families prior to the trip date advising you of locations and departure times.
- I authorize Kids 'R' Kids Apopka to transport my child at anytime during an emergency situation where evacuation by transportation is necessary.
- I authorize my child to view a G rated film at Kids 'R' Kids that has been approved by administration.

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**2. School Age Program:** My child will be: (please check one)

Dropped off BEFORE school only

Picked up AFTER school only

Both dropped off BEFORE school and picked up AFTER school

Current Grade: \_\_\_\_\_ Name of Orange County School: \_\_\_\_\_

- I \_\_\_\_\_ (Parent Name) give permission for Kids 'R' Kids Apopka to transport my child, \_\_\_\_\_, to and/or from the school listed above and to and from any field trips that I have authorized. All field trips will have specific information provided to families prior to the trip date advising you of locations and departure times.
- I authorize Kids 'R' Kids Apopka to transport my child at anytime during an emergency situation where evacuation by transportation is necessary.
- In the event that the designated location is unable to receive children, they will be returned to Kids 'R' Kids Apopka.
- I understand that if my child is part of the before-school and/or after-school program, it is my responsibility to keep the Center informed of any and all changes to his/her drop-off and/or pick-up schedule. If my child is part of the before-school program, he/she must arrive at the Center no later than 7:30 a.m.. If my child is part of the after-school program, I must notify the Center no later than 1:30 p.m. if my child will not be riding the bus for that day. Failure to notify the Center will result in delays as we attempt to locate your child and will result in a \$15 fee.
- I authorize my child to view a PG rated film at Kids 'R' Kids that has been approved by administration.

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

\_\_\_\_\_  
Date