



**KANSAS ENROLLMENT APPLICATION**  
**KRK # 2**  
**7489 W. 161<sup>st</sup>. Overland Park, Kansas, 66085**

Entrance Date: _____		Withdrawal Date: _____	
Child's Name: _____		Age: _____	Birth date: _____
		Sex: _____	
Child's Address: (City, State, Zip) _____		Home Telephone: _____	
		Area Code ( ) _____	
Father's Name: _____		Home Phone _____	Cell _____
Home Address: _____		Business Phone _____	Pager _____
Father's Place of Employment: _____		Hours of Employment: _____	
Address: _____		Business Phone: ( ) _____	
Mother's Name: _____		Home Phone _____	Cell _____
Home Address: _____		Business Phone _____	Pager _____
Mother's Place of Employment: _____		Hours of Employment: _____	
Address: _____		Business Phone: ( ) _____	
Marital Status: ( ) Married ( ) Separated ( ) Divorced ( ) Widowed ( ) Single			
Child's Legal Guardian(s): ( ) Both Parents ( ) Mother ( ) Father ( ) Other			
Child's Living Arrangements: ( ) Both Parents ( ) Mother ( ) Father ( ) Other			

**PARENTAL AGREEMENT WITH CHILD CARE CENTER**

1. The Kids 'R' Kids Child Care Center agrees to provide childcare for \_\_\_\_\_ (name child is called), and \_\_\_\_\_ (name child is called), on M-T-W-T-F (Days of week) from: \_\_\_\_\_ until: \_\_\_\_\_. (specific hours)

2. The child may be released to the person(s) signing this agreement, or to the following:

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- I agree to pay the total weekly fee of \$\_\_\_\_\_ on Friday for the upcoming week.
- I agree to provide the center with all necessary information (date, prescription #, etc.,) pertaining to administering medicine to my child.
- I understand my child will be provided with all snacks and lunch served daily during their hours of attendance.
- I understand that it is my responsibility to escort my child into and out of, and to sign my child in and out of the center. I understand that a staff member will escort my child into the center when being transported from school by county, or KRK transportation.
- 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 center.



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 dated as per state regulations.

9. 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 before each trip.

10. Should my child become ill during the time that he or she is in the care of Kids 'R' Kids, or suffer an accident of any nature, the center will undertake to contact me immediately and shall be authorized to secure such medical attention and care for the child as may be necessary. (The parent will assume responsibility for payment). I agree to keep the center informed as to changes in telephone numbers, etc., where I may be reached.

11. My child has the following special need(s) \_\_\_\_\_  
\_\_\_\_\_

12. The following special accommodation(s) may be required to most effectively meet my child's needs while at this center: \_\_\_\_\_  
\_\_\_\_\_

13. 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: \_\_\_\_\_  
\_\_\_\_\_

14. 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°, severe headache, upset stomach, or diarrhea, he or she cannot be accepted into the center until well. 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 center.

**Kids 'R' Kids will notify parents if a notifiable disease has been introduced into the center.**

15. I understand that Kids 'R' Kids # \_\_\_\_\_ (Franchise location and Franchise number), while a Kids 'R' Kids franchise, is independently owned and operated and that neither Kids 'R' Kids International, nor any Kids 'R' Kids center, other than the one whose name appears at the heading of this form is responsible for the actions or obligations of this center.

16. Emergency contact and release when parents cannot be reached:  
 NAME ADDRESS TELEPHONE  
 \_\_\_\_\_

17. Physician to be contacted when parents cannot be reached:  
 NAME ADDRESS TELEPHONE  
 \_\_\_\_\_



18. If child is of school age, what school does he/she attend? \_\_\_\_\_

19. If I have not picked up my child by 7:00 p.m., and all attempts to contact me and all emergency contacts fail, Kids 'R' Kids will call Family and Children Services and Police.

20. I understand that it is my responsibility to keep the center advised on changes of addresses, phone numbers, etc.

I agree to abide by all policies and procedures of Kids 'R' Kids as outlined in this agreement and the Parent Handbook. I have read and understand the above statements.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Director/Assistant Director