



4515 FM 1463 Katy, Texas 77454  
Phone 281-347-5437  
[www.krkkaty.com](http://www.krkkaty.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: \_\_\_\_\_



**ENROLLMENT APPLICATION**

4515 FM 1463  
 Katy, Texas 77454  
[www.krkkaty.com](http://www.krkkaty.com)

Phone: 281-347-5437

Fax: 281-392-1478

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 <b>ONLY</b> 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 #	



**ENROLLMENT APPLICATION**

4515 FM 1463  
Katy, Texas 77454  
[www.krkkaty.com](http://www.krkkaty.com)

Phone: 281-347-5437

Fax: 281-392-1478

**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: <b>Memorial Herman Katy Hospital</b>	Address: <b>23900 Katy Frwy., Katy, TX 77494</b>	Ph.#: <b>281-644-7000</b>

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



**ENROLLMENT APPLICATION**

4515 FM 1463  
 Katy, Texas 77454  
[www.krkkaty.com](http://www.krkkaty.com)

Phone: 281-347-5437

Fax: 281-392-1478

**Health Requirements**

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

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



- |  |
|--|
| Distribution<br>• Child's File<br>• Evacuation Binder<br>• Transportation Log<br>(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 # 46 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 # 46 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 # 46 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 \_\_\_\_\_



<b>Distribution</b> • 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

