



GRIS & JAY'S KIDS, LLC  
DBA  
KIDS R KIDS #3 NV

## CHILDREN'S FILE CHECKLIST

- 1. Enrollment Application
- 2. Child Profile\*
- 3. Emergency/Photo Release/Internet Access \*\*
- 4. Immunization Information
- 5. Transportation Agreement/Permission to Release Information
- 6. Air Freshener and Pest Control Advisory
- 7. Health Statement

### **INFANTS ONLY**

- 8. Infant Feeding Plan (Please See Front Desk)\*

### **How did you hear about us, check all that applies:**

- Referral (i.e. Co-worker/Family)
- YellowPages.com
- Henderson Yellow Pages
- Yellow Book
- Web Site
- Dex Knows
- Google Search
- Other \_\_\_\_\_

Check the box only after the information is completed and signed by all applicable persons.

\* Copy to Classroom Log

\*\* Copy to Transportation Log



GRIS & JAY'S KIDS, LLC  
DBA  
KIDS R KIDS #3 NV

**NEVADA ENROLLEMENT APPLICATION**

Entrance Date:	Withdrawal Date:	
Child's Name:	Age:	Birth Date:
		Sex:
Child's Address: (City, State, Zip)	Home #:	
Father's Name:	Home #:	Cell #:
Home Address:		
Father's Place of Employment:	Work #:	
Address:		
Mother's Name:	Home #:	Cell #:
Home Address:		
Mother's Place of Employment:	Work #:	
Address:		
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

**PARENTAL AGREEMENT WITH CHILD CARE CENTER**

- The Kids 'R' Kids Child Care Center agrees to provide child care for \_\_\_\_\_ (name child is called by) on M-T-W-T-F (days of week) from: \_\_\_\_\_ until \_\_\_\_\_ (specific hrs.) After 6:30 PM, there is a late pick up fee of \$10.00 and additional \$5.00 for every five minutes thereafter. If I have not picked up my child by 7:00 pm and all attempts have been made to contact me, and all my emergency contacts Kids R Kids will call Family and Children Services and Henderson Police.
- The child may be released to the person(s) signing this agreement or to the following:
 

NAME	ADDRESS	TELEPHONE	RELATION
_____	_____	_____	_____
_____	_____	_____	_____
- I agree to pay the total weekly fee of \$\_\_\_\_\_ on Friday for the upcoming week. If not paid by Friday, a \$25.00 late fee will be added. If your child is present one to five days, you pay for a full week. If your check returns for any reason, \$25.00 fee will be added and your tuition reapplied. **If your account becomes delinquent or is turned over to collections you will be responsible for all collection, attorney, and legal fees associated to collect any outstanding debt.**
- Please note that weekly tuition is due in full each week. There are no exceptions.*
- I agree to provide the center with all necessary information (prescription #, etc.) pertaining to administering medicine to my child.
- 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 KKR 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.
- 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.
- 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 School shall 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 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 degrees; severe headaches, 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.
- I understand that Kids 'R' Kids NV#3, 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.
- I understand that it is my responsibility to keep the center advised on changes of addresses, phone numbers and will not use employees/teachers for babysitting services.**
- It is the goal of Kids R Kids to offer only the best in child care. At times, however, it may become necessary to dismiss a child if he/she has behavioral or other problems that may keep the staff from caring for your child in a group setting. It also may become necessary to dismiss your child if you, as a parent, are uncooperative in completing and returning required forms, fail to pay your tuition on time, or fail to observe the center's hours of arrival and departure.

\*I agree to abide by all policies and procedures of Kids 'R' Kids as outlined in this agreement.

\*I have read and understand the above statements.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Manager: \_\_\_\_\_ Date: \_\_\_\_\_



GRIS & JAY'S KIDS, LLC  
DBA  
KIDS R KIDS #3 NV

### Child Profile

**Child Name:** \_\_\_\_\_

**Birth Date:** \_\_\_/\_\_\_/\_\_\_

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?  
\_\_\_\_\_
2. What would you like most for your child to experience with us?  
\_\_\_\_\_
3. What does your child most enjoy doing?  
\_\_\_\_\_
4. Do you consider your child shy, outgoing does he/she have any fears?  
\_\_\_\_\_
6. What are your child's favorite toys?  
\_\_\_\_\_
7. About what things does your child express the most curiosity?  
\_\_\_\_\_
8. List the names and ages of other children in your family.  
\_\_\_\_\_
9. What words are spoken in your home for toileting?  
\_\_\_\_\_
10. Does your child take a nap? Yes \_\_\_\_\_ No \_\_\_\_\_ how long? \_\_\_\_\_
11. Does your child have any allergies/special medical or physical needs? Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain:  
\_\_\_\_\_
12. Does anyone else care for your children? Yes \_\_\_ No \_\_\_ (Grandparents, Neighbors, etc.)  
\_\_\_\_\_
13. What language is spoken in your home? \_\_\_\_\_
14. Authorized persons to pick up your child:
  1. \_\_\_\_\_ Relationship \_\_\_\_\_
  2. \_\_\_\_\_ Relationship \_\_\_\_\_
  3. \_\_\_\_\_ Relationship \_\_\_\_\_

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

**Additional Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



GRIS & JAY'S KIDS, LLC  
DBA  
KIDS R KIDS #3 NV

**HEALTH AND EMERGENCY PERMISSION RECORD**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Does the child have physical problems, mental health disorders, or developmental disabilities, which would limit the child's participation in the program and activities?

Yes \_\_\_\_\_ No \_\_\_\_\_ Specify: \_\_\_\_\_

Does the child have allergies? (foods, medications, insects, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_ Specify: \_\_\_\_\_

Are there any special procedures that are required in caring for the child?

Yes \_\_\_\_\_ No \_\_\_\_\_ Specify: \_\_\_\_\_

**EMERGENCY CONTACTS/ PHONE NUMBERS**

1. \_\_\_\_\_ Home/Cell \_\_\_\_\_

2. \_\_\_\_\_ Home/Cell \_\_\_\_\_

3. \_\_\_\_\_ Home/Cell \_\_\_\_\_

I, \_\_\_\_\_ give my permission for Kids 'R' Kids # 3 to seek medical attention for my child, \_\_\_\_\_, in the event of an emergency if I cannot be reached, and to hold harmless and release Kids 'R' Kids # 3 and Kids 'R' International, Inc., from all liability. I further agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached.

Parent or guardian agree for the provider to consult with a nurse or a physician in regards to child (ren)'s health as needed for clarification. In the event that we should have questions regarding the health of your child we may contact the Clark County Health District 383-1378 or the child's listed physician.

Kids 'R' Kids # 3 emergency medical procedure will be:

1. Contact parent
2. Contact person listed as emergency contact
3. Call emergency medical team, if necessary
4. Have emergency medical team transport to nearest hospital
5. Will seek medical attention from:

Doctor: *The doctor on call from the hospital, and the phone number of the hospital stated below:*

Hospital center uses: \_\_\_\_\_

**PHOTO RELEASE AND INTERNET ACCESS**

Children at the center may be photographed by other parents and are visible to other parents via the internet. Photographs may also be posted within the center or on the school website. I give my permission for my child to be photographed while in attendance at the center and during any field trip activities.

Internet access to your child's classroom is by password only. By enrolling your child in Kids R Kids you consent that your child's image may be seen on the Internet by other parents or persons with access to such password. Please provide your email address we will need this information in order to provide you with internet viewing.

E-mail address: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

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



GRIS & JAY'S KIDS, LLC  
DBA  
KIDS R KIDS #3 NV

**TRANSPORTATION AGREEMENT**

K'R'K # 3 Address: 1640 Patrick Lane Henderson, Nevada 89014

I, \_\_\_\_\_, agree for, \_\_\_\_\_ to be transported by  
(Parent's Name) (Child's Name)

Kids 'R' Kids # 3 to, (Circle one): Jim Thorpe Harriet Treem Explorer Knowledge Academy

School Times, (Circle one): AM or PM Kindergarten Before & After School Before or After School

Teacher's Name \_\_\_\_\_

**TRANSPORTATION GUIDELINES**

In the event the designated location is unable to receive children they will be returned to KRK# 3. Children will not be left unattended on any vehicle used for transportation. Children will wear seat belts.

It is vital that K'R'K # 3 be notified of any changes in the above scheduled transportation.

IT IS OUR GOAL TO PROVIDE A SAFE ENVIRONMENT FOR EACH CHILD WHILE IN THE VEHICLE.

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

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

**PERMISSION TO RELEASE INFORMATION**

I understand that the time my child, \_\_\_\_\_ is in the facility, that the director may be asked for information regarding my child.

\_\_\_\_\_ I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

\_\_\_\_\_ I do not give permission to release information about my child as set forth in the aforementioned statement. I realize that the Bureau of Services of Child Care has access to my child's record as the licensing agent.

\_\_\_\_\_  
Signature of Parent/Guardian

.....  
I \_\_\_\_\_, am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled in and the previous 12 months.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date



**Air Freshener & Pest Control Advisory**

As part of ongoing cleanliness, sanitation and pest control Kids "R" Kids uses commercial air fresheners, as well as professionally applied pest control solutions, by a licensed pest control operator.

Please inform a member of our management team at the time of enrollment or at any time thereafter if you have any questions or concerns about the use of these items.

I have read and acknowledge this advisory.

---

Child's Name

---

Parent's / Guardian Name (Print)

---

Parent's / Guardian Signature

---

Date



GRIS & JAY'S KIDS, LLC  
DBA  
KIDS R KIDS #3 NV

## Health Statement

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Date Last Exam: \_\_\_\_\_

Status of Child's Health: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

Any Known Conditions Under Treatment: \_\_\_\_\_

On occasion there may be a need for the following over the counter medications to be administered. However these forms of medications may not be administered without prior authorization from the child's physician. Upon initialing the following forms of medication, the above named child will receive treatment as needed.

Diaper Rash Cream/Ointment: \_\_\_\_\_

Specify \_\_\_\_\_ Initial \_\_\_\_\_

Powder: \_\_\_\_\_

Specify \_\_\_\_\_ Initial \_\_\_\_\_

Teething Medications: \_\_\_\_\_

Specify \_\_\_\_\_ Initial \_\_\_\_\_

Sunscreen: \_\_\_\_\_

Specify \_\_\_\_\_ Initial \_\_\_\_\_

Child is capable of adjusting to indoor and outdoor programs of the learning center. YES NO

Physician/Clinic's Stamp:

Physician's Signature: \_\_\_\_\_

Office Phone Number (702) \_\_\_\_\_ - \_\_\_\_\_