

# Kids 'R' Kids Mableton Student Enrollment Application

Start Date: \_\_\_\_\_ Estimated Due Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_  
(Last, First, Middle)

Child's Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Sex of Child: Male/Female

## Primary Guardian Information

Name of Primary Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_  
**(Primary guardian will receive all financial documents and is responsible for billing and enrollment)**

Full Street Address, City, State & Zip: \_\_\_\_\_  
\_\_\_\_\_

Employer Name and Full Street Address, City, State & Zip : \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: Married / Single / Widowed / Divorced

**EMAIL Address:** \_\_\_\_\_

Child's Living Arrangements (     ) Both Parents (     ) Mother (     ) Father (     ) Other

Other (Please explain):

## Secondary Guardian Information

Name of Primary Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_  
**(Primary guardian will receive all financial documents and is responsible for billing and enrollment)**

Full Street Address, City, State & Zip: \_\_\_\_\_  
\_\_\_\_\_

Employer Name and Full Street Address, City, State & Zip : \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: Married / Single / Widowed / Divorced

**EMAIL Address:** \_\_\_\_\_

# Kids 'R' Kids Mableton Student Enrollment Application

Kids 'R' Kids Mableton will provide care for \_\_\_\_\_ from 6:30 am to 6:30 pm on  Monday  Tuesday  Wednesday  Thursday  Friday. I understand that I am required to pay a weekly fee of \$ \_\_\_\_\_ on Friday's but no later than Tuesday at close of business for the upcoming week. I understand that this is a contract of enrollment and I am responsible for payment regardless of my child's attendance. If I decide to dis-enroll my child from the school, I must submit a two week written notification. (Please refer to Parent Handbook for specific information regarding tuition policy.)

Kids 'R' Kids Mableton will provide breakfast, lunch and an afternoon snack (with the exception of infants) providing my child is here within the scheduled meal time and during business hours. I understand that it is my responsibility to notify the school, in writing, of any food allergies or special food accommodations. I understand that I am responsible for any special diet my child may require.

1. My child has the following FOOD ALLERGIES: \_\_\_\_\_  
Symptoms that will appear: \_\_\_\_\_  
Treatment required: \_\_\_\_\_  
**\*\* If your child requires an EPI-PEN for treatment, please complete the Food Allergy Action Plan \*\***
2. My child has the following MEDICATION ALLERGIES: \_\_\_\_\_  
Symptoms that will appear: \_\_\_\_\_  
Treatment required: \_\_\_\_\_
3. My child has the following OTHER ALLERGIES: \_\_\_\_\_  
Symptoms that will appear: \_\_\_\_\_  
Treatment required: \_\_\_\_\_
4. My child requires the following SPECIAL ACCOMODATIONS (ex. Soy Milk, No Pork):  
\_\_\_\_\_  
\_\_\_\_\_
5. My child is currently taking medication(s) for long term continuous use and/or has the following existing or previous illness or health concern that would be relevant in the event of an emergency:  
\_\_\_\_\_  
\_\_\_\_\_

I understand that it is my responsibility to escort my child into and out of the school and sign my child in and out of the School Leader Check Point computer. I understand that a staff member will escort my child into the school when being transported on the school bus to or from another school or by any means of transportation provided by Kids 'R' Kids Mableton.

\_\_\_\_\_  
Primary Guardian Signature & Date

\_\_\_\_\_  
Administrator Signature & Date

# Kids 'R' Kids Mableton Student Enrollment Application

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I understand that I will provide diapers, pull-ups or other approved undergarments. I understand that my child must be fully potty trained to enter the preschool program (ages 3 and up.) I understand that I am to provide necessary clothes during potty training times.

If my child's diet consists of infant formula, breast milk and/or baby food, I am responsible for providing the appropriate number of bottles, containing enough formula/food on a daily basis. Each bottle of milk must be clearly labeled with your child's first and last name and the current date. Bottles brought to school must be ready to use.

Kids 'R' Kids Mableton does not provide transportation to and from school. Transportation is provided for school field trips with parental permission. A separate consent form is required for each planned activity. I understand that additional cost may be applied for transportation for field trips.

While under the supervision of Kids 'R' Kids Mableton, I understand the school will notify the primary guardian and/or secondary guardian and/or an authorized person(s) on record until someone is reached, immediately if my child becomes ill or involved in an accident requiring medical attention. I understand the school is authorized to secure medical attention and care for my child as may be necessary. Kids 'R' Kids Mableton or emergency medical services will transport any child requiring medical treatment to: WellStar Cobb Hospital 3950 Austell Rd Austell, GA. 30106. I understand that I am responsible for financial costs for treatment provided.

- I understand that Kids 'R' Kids Mableton will transport my child to the nearest Emergency Center, WellStar Cobb Hospital, in the event of an emergency. I understand I am responsible for financial cost for treatment provided.

(OR)

- I do not want my child transported to WellStar Cobb Hospital. I understand I am responsible for financial cost for treatment provided. In the event of an emergency please use:

Name of Hospital or Medical Facility: \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I understand that I am to provide Kids 'R' Kids Mableton with a Georgia State Immunization Record (3231) upon enrollment or within 30 days of enrollment. Immunization forms are due immediately upon expiration date. If I opt not to receive immunizations for religious or medical reasons, I understand that a waiver from my child's pediatrician must be submitted before enrollment.

I understand that Kids 'R' Kids Mableton opens at 6:30 am and closes at 6:30 pm. It is my responsibility to arrive by 6:25 to pick up my child. If I have not picked my child up by 6:35 pm, I will be charged a late fee of \$2.00 per minute thereafter. Kids 'R' Kids Mableton will exhaust all attempts to contact all authorized guardians. If we cannot contact an authorized guardian by 7:00 pm, we will contact Cobb County Police Department and The Department of Family and Children Services.

I agree to abide by all policies and procedures as outlined in the Kids 'R' Kids Mableton Parent and Student Handbook. I understand that it is my responsibility to update my child's record if phone numbers, addresses, allergies or special accommodations change.

\_\_\_\_\_  
Primary Guardian Signature & Date

\_\_\_\_\_  
Administrator Signature & Date

# Kids 'R' Kids Mableton Student Enrollment Application

## Authorized Guardians

I hereby authorize the following person(s) to pick up my child from Kids 'R' Kids Mableton when the primary and secondary guardians cannot be reached, or as designated by primary guardians, or in the event of an emergency. Kids 'R' Kids Mableton will contact the primary and secondary guardians first. Two guardians in addition to primary and secondary guardians must be listed. Additional guardians will only be contacted when primary and secondary guardians cannot be reached.

Name of Guardian: \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Relationship to parent:** \_\_\_\_\_

Full Street Address, City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Guardian: \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Relationship to parent:** \_\_\_\_\_

Full Street Address, City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Guardian: \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Relationship to parent:** \_\_\_\_\_

Full Street Address, City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I hereby authorize Kids 'R' Kids Mableton to contact my child's pediatrician or physician in the event guardians cannot be reached.

**Child's Pediatrician/ Physician Name:** \_\_\_\_\_

**Address, City, State & Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

\_\_\_\_\_  
Primary Guardian Signature & Date

\_\_\_\_\_  
Administrator Signature & Date

# Kids 'R' Kids Mableton Student Enrollment Application

## Child Profile

This form is a guideline to help our staff determine your child's needs at our preschool. Please list any necessary information that will help make transition into class as successful as possible. If your child is an infant, please complete as much information as possible. Thank you for your cooperation.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male /Female

1. Has your child had previous preschool or group care experiences? Explain: \_\_\_\_\_  
\_\_\_\_\_
2. What would you like most for your child to experience at our preschool? \_\_\_\_\_  
\_\_\_\_\_
3. What activities / toys / games does your child enjoy at home? \_\_\_\_\_  
\_\_\_\_\_
4. Does your child have any fears? \_\_\_\_\_  
\_\_\_\_\_
5. Do you consider your child shy or outgoing? \_\_\_\_\_
6. Is your child curious about particular things? If so, explain: \_\_\_\_\_  
\_\_\_\_\_
7. Does your child like to play with children? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Does your child like to play alone? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Does your child have any siblings? Yes \_\_\_\_\_ No \_\_\_\_\_
10. What words do you generally use at home for potty training? \_\_\_\_\_
11. Does your child usually nap? Yes \_\_\_\_\_ No \_\_\_\_\_ How long? \_\_\_\_\_
12. Does your child have a favorite item (ex. blanket or animal)? \_\_\_\_\_
13. How many hours of sleep does your child get on a daily basis? \_\_\_\_\_
14. Does your child have any problems with speech? \_\_\_\_\_
15. Does your child have any special physical needs? \_\_\_\_\_
16. Would you like to help with special events at the school? Yes \_\_\_\_\_ No \_\_\_\_\_
17. With proper notification, are you able to chaperone field trips? Yes \_\_\_\_\_ No \_\_\_\_\_
18. What is the primary language spoken in your home? \_\_\_\_\_

Please list any additional information we should know about your child: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Primary Guardian Signature & Date

\_\_\_\_\_  
Administrator Signature & Date

# Kids 'R' Kids Mableton Student Enrollment Application

## Health and Permission Record

It is vital that all information be completed on this form. This form accompanies your child on all field trips and activities outside of the school. It may appear that we are asking for you to repeat the same information, but the forms are separated and distributed to different places.

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

Child's Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Sex of Child: Male / Female

Child's Pediatrician/ Physician Name: \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. My child has the following FOOD ALLERGIES: \_\_\_\_\_

Symptoms that will appear: \_\_\_\_\_

Treatment required: \_\_\_\_\_

**\*\* If your child requires an EPI-PEN for treatment, a Food Allergy Action Plan form must be completed \*\***

2. My child has the following MEDICATION ALLERGIES: \_\_\_\_\_

Symptoms that will appear: \_\_\_\_\_

Treatment required: \_\_\_\_\_

### In the event of an emergency, please contact the following guardians:

**Name of Guardian:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to parent: \_\_\_\_\_

Full Street Address, City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Name of Guardian:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to parent: \_\_\_\_\_

Full Street Address, City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I, \_\_\_\_\_, give Kids 'R' Kids Mableton permission to seek medical attention for my child, \_\_\_\_\_, in the event of an emergency, and hold and release Kids 'R' Kids Mableton and Kids 'R' Kids International Inc. from liability. I further agree to keep the facility informed of changes in telephone numbers, allergies or other pertinent information.

\_\_\_\_\_  
Primary Guardian Signature & Date

\_\_\_\_\_  
Administrator Signature & Date

# Kids 'R' Kids Mableton Student Enrollment Application

## Transportation Agreement

I, \_\_\_\_\_, authorize Kids 'R' Kids Mableton to  
(Guardian Name)  
transport my child, \_\_\_\_\_ for the following  
(Child's Name)  
reasons:

Please check all that are applicable:

From School: \_\_\_\_\_  
(Name of school)

**Please specify which days KRK Mableton will pick your child up at the school listed above:**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Field trips / School activities – An additional form must be signed for each specific field trip.

Emergencies

In the event the designated location is unable to receive your child or there is a cancellation due to unforeseen circumstances, you will be notified before alternate plans are made. Your child will never be left unattended on the vehicle. All seats have seatbelts and children are required to wear them at all times when bus is in operation.

**It is vital that Kids 'R' Kids Mableton be notified of any changes in the above scheduled transportation. Any change in the transportation agreement must be made in writing.** We will assume the schedule of transportation daily unless a notification has been made by the primary or secondary guardian. If your child is absent from school, please notify us as soon as possible. Our school uses every precaution to provide a safe and secure environment.

\_\_\_\_\_  
Primary Guardian Signature & Date

\_\_\_\_\_  
Administrator Signature & Date

# Kids 'R' Kids Mableton Student Enrollment Application

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## Bus Safety Rules

1. Children shall never cross the street to board the bus
2. Children shall never be left unattended on the bus
3. Children will be checked on/off each time they board or exit the bus
4. All children must be seated and buckled while on the bus
5. Children will not be on the bus at any time during fueling
6. Children will not remove items from their book bags while on the bus
7. Children will keep their voices low
8. Children will not touch others in an aggressive manner
9. Children will keep hands, arms, head, feet and legs inside the bus at all times

Bus safety rules will be reviewed with children who are transported. Evacuation drills will be conducted periodically.

## Bus Evacuation Plan

1. In the event of an emergency, pull the vehicle over to the side of the road and turn hazard lights to the on position.
  2. Contact 911 if necessary. If you are unable to contact 911 at that time, contact them as soon as possible.
  3. Prepare to evacuate the bus using the appropriate method based on the emergency. Render first aid if necessary.
  4. Turn on hazard lights (if possible)
  5. Have all passengers move as far away from the road as possible
  6. Complete a sweep of the bus to ensure that all passengers are off the bus
  7. Complete headcount and make sure all passengers are present
  8. Again, render first aid if necessary
  9. Contact Kids 'R' Kids Mableton as soon as possible (678) 213-2184
- 
- ✓ If you are exiting the bus through the back door, have passengers leave from back to front.
  - ✓ If you are exiting the bus through the front door, have passengers leave from front to back.
  - ✓ If you are exiting through the window, push the window out by lifting the latch, and have someone assist the passengers on the outside of the vehicle as you help them through the opening. If you do not have another person with you, instruct each passenger where to go once outside and make sure they get through the window safely.



# Kids 'R' Kids Mableton Student Enrollment Application

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## Photo Release

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

I hereby assign and grant the photographer, or those whom the photographer is acting as indicated above, the right and permission to copyright and/or use and/or publish, republish, photogenic pictures and portraits of the minor child named above in which said minor may be included in whole or 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, it assigns, and all persons acting 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.

\_\_\_\_\_  
Primary Guardian Signature & Date

\_\_\_\_\_  
Administrator Signature & Date

# Kids 'R' Kids Mableton Student Enrollment Application

## Topical Ointment Authorization Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Suite # \_\_\_\_\_

I give Kids 'R' Kids Mableton permission to apply one or more of the following topical ointments and/or creams to the child listed above in accordance with the directions on the label of the container. Topical ointments, creams and medications must have a current date, child's full name and be in the original container. Authorization forms are good for one year from the date signed. **I authorize the following non-prescription ointments and topical treatments:**

\_\_\_\_\_ Diaper Cream (Check all that are applicable)

- Aquaphor – Expiration Date: \_\_\_\_\_
- Desitin – Expiration Date: \_\_\_\_\_
- Balmex – Expiration Date: \_\_\_\_\_
- Boudreaux's Butt Paste – Expiration Date: \_\_\_\_\_
- A & D – Expiration Date: \_\_\_\_\_
- Triple Paste Medicated Ointment – Expiration Date: \_\_\_\_\_
- Compounded / Homemade Paste made of: \_\_\_\_\_

\_\_\_\_\_ Sunscreen (Product Name): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_ Antibiotic Cream

\_\_\_\_\_ Hydrocortisone Cream

\_\_\_\_\_ Vaseline

\_\_\_\_\_ Anti-Itch Cream

\_\_\_\_\_ Anti-Septic Spray

\_\_\_\_\_ Insect bite pain reliever spray

\_\_\_\_\_ Band-Aids

\_\_\_\_\_ Hydrogen peroxide

\_\_\_\_\_ Rubbing alcohol

\_\_\_\_\_ Other, please specify: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

This form is valid for one year beginning: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Primary Guardian Signature & Date

\_\_\_\_\_  
Administrator Signature & Date

# Kids 'R' Kids Mableton Student Enrollment Application

## Infant Feeding Plan

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

1. Does your child take a bottle? \_\_\_\_\_ YES \_\_\_\_\_ NO (Formula / Breast Milk / Both)

- What type of formula do you use? \_\_\_\_\_
- How much formula does your child drink? \_\_\_\_\_  
Do you warm the bottle? \_\_\_\_\_ YES \_\_\_\_\_ NO
- Can your child hold his/her bottle? \_\_\_\_\_ YES \_\_\_\_\_ NO
- Do you want your child to be awakened to eat? \_\_\_\_\_ YES \_\_\_\_\_ NO

2. Does your child eat strained baby foods? \_\_\_\_\_ YES \_\_\_\_\_ NO  
( Stage 1 / Stage 2 / Stage 3 )

- What are your child's favorite food items? \_\_\_\_\_
- What food items does your child dislike? \_\_\_\_\_
- Has your child had any reactions to any foods? \_\_\_\_\_

3. Does your child eat table food? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please list specific instructions for introducing solid foods: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does your child drink juice? \_\_\_\_\_ YES \_\_\_\_\_ NO

5. Does your child drink \_\_\_\_\_ whole dairy milk \_\_\_\_\_ Soy Milk \_\_\_\_\_ other \_\_\_\_\_

Child's Schedule	Approximate Time	Types of Food and Amount to be served
Feeding #1		
Feeding #2		
Feeding #3		
Feeding #4		
Nap Time		
Nap Time		
Nap Time		

I understand it is my responsibility to keep Kids 'R' Kids Mableton updated, in writing, as my child's needs change. This form must be update bi-weekly or more often if needed.

\_\_\_\_\_  
Primary Guardian Signature & Date

\_\_\_\_\_  
Teacher Signature & Date