



# ENROLLMENT APPLICATION

25950 Cinco Ranch Blvd.

Katy, TX 77494

Phone: 281-392-1370 , Website: www.krkcincoranch.com

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 #		



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**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.  
Name of sibling(s):

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

HEALTH REQUIREMENTS					
Name of Child: _____				Date of Birth: _____	
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
DTP / DTaP / DT					
POLIO IPV or OPV					
MEASLES Rubeola / Serampion					
MUMPS					
RUBELLA					
Hib					
Hepatitis A					
Hepatitis B					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____		
Varicella (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		
Signature of Health Care Professional _____			Date _____		
For additional information regarding immunizations contact the Department of State Health Services at <a href="http://www.dshs.state.tx.us/immunize/school_info.htm">http://www.dshs.state.tx.us/immunize/school_info.htm</a>					

**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.

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