



DATE _____

PRE-REGISTRATION FORM

DROP-OFF TIME _____

FIRST DATE _____

PICK-UP TIME _____

I hereby apply for enrollment of my child to Kidd Academy.

CHILD INFORMATION

Child's Name		Nickname	
Address			
Birthdate		Sex	Age
		<input type="checkbox"/> Male	<input type="checkbox"/> Female

PARENT/GUARDIAN INFORMATION

Mother's Full Name		Marital Status	
Address			
Phone		License	
Employer		Work Phone	
Employer's Address			
Email Address		Work Hours	

Father's Full Name		Marital Status	
Address			
Phone		License	
Employer		Work Phone	
Employer's Address			
Email Address		Work Hours	

Has your child been previously enrolled in Kidd Academy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what year?
Will you have a sibling enrolled?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give sibling's name and age

IMPORTANT NOTES

ENROLLMENT: Prior to your child's attendance at Kidd Academy, all enrollment information must be completed, signed and returned to the school office along with your child's non-refundable registration/equipment fee.

EMAIL CORRESPONDENCE: We know that communication from you as parents to us at the school is vital to your child's success here at Kidd Academy. Due to suggestions by the parents, we would like to use email as our main mode of communication throughout the day. We check our email constantly and respond to all of our correspondence promptly. You may email us at info@kiddacademy.com

Signature of Parent/Guardian

Date



WELCOME TO THE PRESCHOOL CLASSROOM

The Preschool classroom provides children with experiences that shape his or her positive attitude toward learning. Your child will learn verbal expression with an emphasis on conversation, asking questions and building vocabulary. Each month, through the *Kidd Academy Family Notes* letter, the teacher will communicate the wonderful enrichment experiences that help develop happy, confident learners who smile while they sing, dance, talk, rhyme, count, create, write and explore. The Daily Lesson Plan posted outside the classroom will provide detailed information regarding daily classroom activities.

For your child's safety and protection, we do not permit anyone other than those authorized by you to remove your child from our campus. Please be sure to notify the school management staff in writing if someone other than the person authorized on the Kidd Academy Enrollment Application will be picking up your child from school.

Prescription medication will only be administered once per day by a member of the management staff. An *Authorization for Medication* form must be completed and left at the front desk with your child's medication. **MEDICATION SHOULD NEVER BE BROUGHT TO SCHOOL AND LEFT IN YOUR CHILD'S BAG OR TAKEN INTO THE CLASSROOM.** Over-the-counter medication can only be administered with a written prescription from your child's doctor. We appreciate your assistance in this important safety procedure designed to protect every child.

Each preschooler at age three is given an embroidered backpack for their personal belongings. Please bring the bag to school every day. Important classroom information and completed projects will be returned to you each day via this bag.

A change of clothes labeled with your child's name and placed in a zipper-sealed bag should be placed in the Kidd Academy bag for your child's use in case of an unforeseen accident. While bathroom accidents are infrequent for preschoolers, a change of clothes will prevent an embarrassing situation for your child.

The toys and equipment in the Preschool classroom have been carefully selected for safety and to meet the developmental needs of the specific age of the children in the class. Please be sure to leave all personal toys at home. This will prevent your child's disappointment if the personal belonging should get lost or broken while at school.

A soft toy/blanket, small enough to fit into your child's bag may be brought to school to comfort your child during nap time. For safety reasons, we cannot allow any type or size of pillow to be used while your child is at school.

Please refer to the *Parent Handbook* you received upon enrollment for a complete review of general policies and procedures.

Kidd Academy is your partner in your child's education. Please feel free to voice your questions or concerns with any management team member. We are looking forward to an exciting year of learning.

Sincerely,

Kidd Academy



ADMISSION INFORMATION

Operation Name		Director's Name	
Child's Name		Date of Birth	Child's Home Phone
Child's Home Address			
Date of Admission	Date of Withdrawal	Hours and days child will be in care	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers where parents/guardian may be reached while child will be in care:		Mother's Telephone No.	Father's Telephone No. Guardian's Telephone No.
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name and phone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:

- TRANSPORTATION:** I hereby give consent for do not give consent for my child to be transported & supervised by the operation's employees.
 for emergency care on field trips to and from home to and from school
- FIELD TRIPS:** I hereby give consent for do not give my consent for my child to participate in field trips.
 Parent's Comments:
- WATER ACTIVITIES:** I hereby give my consent for my child to participate in the following water activities:
 splashing/wading pool sprinkler play swimming pools water table play
- RECEIPT OF WRITTEN OPERATIONAL POLICIES:** I acknowledge receipt of the facility's operational policies including those for discipline & 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	Phone Number
Emergency Medical Care Facility	Address	Phone Number

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:

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address

School Phone Number

CHECK ALL THAT APPLY:

- His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. 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.
 Vision and Hearing screening records are also on file. Name of sibling(s):

Signature - Parent or Legal Guardian

Date



**2006-2007
School Year Calendar**

Office Copy: Please Sign and Return

We are closed the following days:

Independence Day	July 4, 2006
Labor Day	September 4, 2006
Thanksgiving Day	November 23, 2006
Day After Thanksgiving	November 24, 2006
Christmas Holiday	December 25, 2006
Christmas Holiday	December 26, 2006
New Years Day	January 1, 2007
Good Friday	April 6, 2007
Memorial Day	May 28, 2007
Independence Day	July 4, 2007
Labor Day	September 3rd, 2007
Thanksgiving Day	November 22, 2007
Day After Thanksgiving	November 23, 2007
Christmas Holiday	December 24, 2007
Christmas Holiday	December 25, 2007
Christmas Holiday	December 26, 2007

*These are recognized holidays for Kidd Academy. Tuition must still be paid for these dates.

Parent Signature

Date



PAYMENT AUTHORIZATION FORM

Welcome to the Kidd Academy. Please complete this form so that we can set up your account.

Tuition can be paid monthly or weekly. If you choose to pay monthly, tuition is due on or before the first day of each month. **It is considered late if it is not paid by noon on the third day of the month.** (Monthly tuition is calculated by multiplying the weekly rate by 4.33.)

If you choose to pay weekly, tuition is due every Friday for the following week. **It is considered late if not paid by noon on Monday of the week for which you are paying.**

It is imperative that your account be kept current. Please be aware that your account will be assessed a late fee of \$10.00 per day on any overdue balances.

Child's name

Parent's Signature

Please select a payment option.

- I will be paying tuition monthly.
- I will be paying tuition weekly.
- Automatic Bank draft (complete section A below)

A

Credit Card Number

Expiration Date

Select One

Visa Mastercard American Express



VOLUNTEER OPPORTUNITY FORM
2006-2007 School Year

During the year the Kidd Academy has many opportunities for parents to get involved. If you would like to volunteer, please indicate below and return this form to the front desk. We appreciate your support

- Reading Visitor (read to the children on special days)
- Field Day Coordinator
- Spring Fling / Charity Event Coordinator
- Special Events Day Volunteer
- Substitute Teacher
- Special Talents / Other Skills _____

I can help through my employment (please specify how) _____

Child's name

Home Phone

Parent's name

Mobile Phone

Email Address

Work Phone



MINIMUM STANDARD RULES
For Licensed Child Care Centers

Please note that a copy of *Minimum Standard Rules for Licensed Child Care Centers* is available for you to review at your child care facility. You can also request a copy of these standards from your child care licensing office. A list of these offices may be found on the TDFPS website:

www.tdfps.state.tx.us

or by calling the Child Care Information Line
1-800-862-5252.

TDFPS Licensing Office
2221 West Loop South
Houston, Texas 77222-6017

TDFPS Child Abuse Hotline
1-800-252-5400

I acknowledge that I may review a copy of *Minimum Standard Rules for Licensed Child Care Centers* at my child-care facility.

Child's name

Signature

Parent's name

Date



EMERGENCY INFORMATION FORM

Personal Information - To maintain current information, a new form must be completed each year.

CHILD INFORMATION

Child's Name	Home Phone
Address	
Birthdate	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Age	

PARENT/GUARDIAN INFORMATION

Mother's Full Name	Home Phone	<input type="checkbox"/> Call Please
Mother's Employer	Mobile Phone	<input type="checkbox"/> Call Please
Mother's Position	Work Phone	<input type="checkbox"/> Call Please
Father's Full Name	Home Phone	<input type="checkbox"/> Call Please
Father's Employer	Mobile Phone	<input type="checkbox"/> Call Please
Father's Position	Work Phone	<input type="checkbox"/> Call Please

I designate no emergency contacts & authorize absolutely no one to pick up my child other than me.

Signature - Parent or Legal Guardian

Persons authorized to pick up child must have the last four digits of mothers or fathers social security number, the parents password, and provide a picture ID. Emergency contacts will be contacted only if parents / guardians cannot be reached. Please list in contact order.

EMERGENCY CONTACT INFORMATION

Name	1	2	3
Home Phone			
Mobile Phone			
Work Phone			
Relationship			

MEDICAL INFORMATION (Emergency Medical Attention Authorization)

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Kidd Academy personnel to take my child to:

Physician _____ Address _____ Phone _____

Nearest Hospital

Hospital _____ Address _____ Phone _____

A copy of my insurance card is attached or complete the following:

Insurance company _____ Phone _____

Name _____ Numbers _____ Group Number _____

Signature of Parent or Guardian

Signature of Notary Public

Date

Date