



# Kids R Kids Academy at Blakeney

Private Preschool / Kindergarten / Elementary School Enrichment

## ENROLLMENT APPLICATION

This application must be completed, signed, and placed on file in the facility on the first day, and updated as changes occur and at least annually. A photo of the child must be attached

### CHILD'S INFORMATION

Last Name	First Name	Middle	Start Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Full Address			Birth Date	Schedule <input type="checkbox"/> M-F <input type="checkbox"/> T/Th <input type="checkbox"/> M/W/F

### MOTHER'S INFORMATION

### FATHER'S INFORMATION

Name _____ SS# _____	Name _____ SS# _____
Address (if different from child) _____	Address (if different from child) _____
City _____ State ____ Zip _____ Home # _____	City _____ State ____ Zip _____ Home # _____
Employer _____ Work # _____	Employer _____ Work # _____
Email _____ Cell # _____	Email _____ Cell # _____

Parent's Marital Status:  Married  Divorced  Separated  Single  Other \_\_\_\_\_

Child's Legal Guardian(s):  Both Parents  Mother  Father  Other \_\_\_\_\_

Child's Living Arrangements:  Both Parents  Mother  Father  Other \_\_\_\_\_

**PRIMARY GUARDIAN**  
Which guardian will be primarily responsible for tuition payments  
 Mother  Father

### EMERGENCY CONTACTS & AUTHORIZED ALTERNATE PICKUPS

The persons listed below may be contacted in the event of an emergency and/or are authorized to pick up my child at any time without further authorization by the guardians who sign this application. In the event of an emergency, if the guardians cannot be reached, the facility has permission to contact the following individuals.

The North Carolina Division of Child Development requires children to have at least one local emergency contact

Name	Address	Home Phone	Work Phone	Other Phone	Relation	Designation
						<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Alternate Pickup
						<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Alternate Pickup
						<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Alternate Pickup
						<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Alternate Pickup
						<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Alternate Pickup

Please provide: 4 to 6 digit access code for entry door: \_\_\_\_\_ Password for alternate pickups: \_\_\_\_\_

I, as the parent(s)/guardian(s), authorize the Kids R Kids – The Academy at Blakeney to obtain medical attention for my child in an emergency.

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_ Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

### CHILD'S MEDICAL INFORMATION

Doctor \_\_\_\_\_ Practice Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Practice Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Health Insurance Policy Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_

### HEALTH CARE PLAN NEEDS

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional.

Is there a medical action plan attached?  Yes (Please complete this section)  No (Please skip this section)

List any allergies and the symptoms and type of response required for allergic reactions:

List any health care needs or concerns, symptoms of, and type of response for these health care needs or concerns:

List any particular fears or unique behavior characteristics your child has:

List any types of medication taken for health care needs:

Share any other information that has a direct bearing on assuring safe medical treatment for your child:

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

School Management's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Application Completed:



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Child's Name \_\_\_\_\_,  
(Last Name) (First Name)

## PARENTAL AGREEMENT

- (initial)\_\_\_\_\_ I understand that tuition is due each week on Monday for the upcoming week, even if my child is out due to illness, vacation, or for any other reason. Late fees will begin to accrue if tuition is not paid in full by the end of business on Tuesday. I also understand that my registration fee and any deposits are non-refundable, and agree to pay any enrollment and/or activity fees required by the school.
- (initial)\_\_\_\_\_ I understand that I must give written notice at least two full calendar weeks (Monday-Friday) prior to the withdrawal of my child from *Kids R Kids Academy at Blakeney*, and that failure to do so will result in a charge equal to the remaining tuition due for those two calendar weeks, including any late fees if applicable.
- (initial)\_\_\_\_\_ I understand that I must give at least two full calendar weeks (Monday-Friday) written notice when requesting a change in my child's attendance schedule, and that failure to do so will result in a charge equal to the remaining tuition due for those two weeks at the original tuition rate.
- (initial)\_\_\_\_\_ I understand that my child will earn two weeks of vacation per enrollment year at a reduced tuition rate after one full year of attendance, and that vacation weeks do not carry over if they are not used during the year. I also understand that my child must not attend any days during a calendar week for the week to be credited as vacation. If my child is attending the private Kindergarten at *Kids R Kids Academy at Blakeney*, vacation credits do not apply since the full program tuition is based on the school year, and attendance is mandatory.
- (initial)\_\_\_\_\_ I understand that it is my responsibility to escort my child into and out of the school upon arrival and departure, to make my child's teacher aware of his/her arrival and departure, and to sign my child in and out each day. I understand that a staff member will escort my child into and out of the school when transportation is provided by *Kids R Kids Academy at Blakeney*.
- (initial)\_\_\_\_\_ I understand that if I have not picked up my child by closing time that a late pickup fee will begin to accrue. If I have not picked up my child one hour after closing time and all attempts to contact me and my emergency contacts fail, *Kids R Kids Academy at Blakeney* will contact the appropriate Child Protective Authorities.
- (initial)\_\_\_\_\_ I understand that no reduction in tuition applies when *Kids R Kids Academy at Blakeney* is closed for a holiday or for any other reason beyond its control, including but not limited to inclement weather, power outages, etc. I also understand that no tuition credit is given for days my child does not attend school.
- (initial)\_\_\_\_\_ I understand that if I do not arrive for a scheduled conference, it will result in a charge to my account.
- (initial)\_\_\_\_\_ I understand that if my child is part of the before-school or after-school program, it is my responsibility to keep *Kids 'R' Kids Academy at Blakeney* informed of any and all changes to his/her drop-off and/or pick-up schedule. If my child is part of the after-school program, I must notify *Kids 'R' Kids Academy at Blakeney* no later than 1:00pm if my child will not be riding the bus for that day. I understand that failure to do so will result in a non-notification fee charged to my account.
- (initial)\_\_\_\_\_ I understand that children at the school are visible to other registered parents via webcam.
- (initial)\_\_\_\_\_ I understand that photographs of my child may be taken and posted within the school and on the school's Facebook page.
- (initial)\_\_\_\_\_ I understand that any food items brought into the school to be shared with other children must be store-bought and in the original container, per NC state and Mecklenburg County Health Department sanitation guidelines. If I choose to bring in alternate milk for my child, I understand that I am responsible for bringing in a new, unopened container each Monday and picking up that container by the end of the day on Friday as per Mecklenburg County Health Department sanitation guidelines. Any milk not picked up must be discarded.
- (initial)\_\_\_\_\_ I understand that my child will be served meals and snacks during his/her hours of attendance. I understand that I am responsible for notifying administration of any allergies and/or special dietary requirements my child may have. All food items brought into the school must be labeled with my child's full name and the current date. If my child is an infant, I will provide the appropriate number of bottles and/or baby food each day.
- (initial)\_\_\_\_\_ I understand that *Kids 'R' Kids – The Academy at Blakeney* is an independently owned and operated franchise, and that neither *Kids 'R' Kids International, Inc.* nor any other *Kids 'R' Kids* location is responsible for the actions or obligations of this school.



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Child's Name \_\_\_\_\_,  
(Last Name) (First Name)

## PARENTAL AGREEMENT (continued)

- (initial)\_\_\_\_\_ I understand that *Kids 'R' Kids Academy at Blakeney* is not responsible for any personal belongings brought into the school.
- (initial)\_\_\_\_\_ I understand that I must inform administration in advance if someone other than one of my alternate pickups will be picking up my child from *Kids R Kids Academy at Blakeney*, and that he or she must provide a photo ID and give my password before my child will be released.
- (initial)\_\_\_\_\_ I give permission for my child to participate in a walking trip or to be transported in a *Kids R Kids Academy at Blakeney* school bus for a field trip. I understand that children will not be left unattended in any vehicle used for transportation, and that my child will wear a seat belt. I further give permission for my child to participate in age-appropriate and developmentally-appropriate supervised activities outside of the fenced playground.
- (initial)\_\_\_\_\_ I authorize *Kids R Kids Academy at Blakeney* to obtain any and all medical treatment deemed necessary by the staff, licensed medical personnel, emergency personnel, ambulance personnel, doctors and nurses. I further agree to be fully responsible for all medical expenses incurred and to hold harmless and to release *Kids R Kids Academy at Blakeney* and *Kids R Kids International* from all liability.
- (initial)\_\_\_\_\_ I understand that if my child should become ill or suffer an accident of any nature, the school shall attempt to contact me immediately and shall be authorized to secure such medical attention and care for my child as may be necessary. I will keep the school informed of all changes in contact information.
- (initial)\_\_\_\_\_ I understand that medicines are administered only as prescribed by a licensed physician, and a medication form must be filled out completely and signed prior to medication being administered to my child. Only prescription medications in their original containers, or OTC medications with a doctor's note, will be administered. Only medications required by a doctor to be administered 3 or more times per day will be given, with the only exception being "rescue" medications such as inhalers, epi-pens, nebulizers, antihistamines, etc.
- (initial)\_\_\_\_\_ I understand that if my child is ill, including but not limited to a severe cough or sore throat; undetermined rash or spots; temperature of 101° or above; severe headaches; upset stomach or diarrhea, that he/she cannot return to school until well. In the event my child has a notifiable disease, a release form from a medical source may be required before my child returns to school. *Kids 'R' Kids Academy at Blakeney* will inform parents if a notifiable disease has been introduced into the school.
- (initial)\_\_\_\_\_ I understand that it is my responsibility prior to enrollment to provide the school with current medical and immunization records for my child and to keep these records updated as needed.
- (initial)\_\_\_\_\_ I give permission for my child to be transported in the event of an emergency.
- (initial)\_\_\_\_\_ I give permission for my child to receive CPR if necessary.
- (initial)\_\_\_\_\_ I give permission for my child to receive first aid and emergency medical care if necessary.
- (initial)\_\_\_\_\_ I have read & received a copy of the *Kids 'R' Kids Academy at Blakeney* Discipline and Behavior Management Policy, and that the School Principal or other designated staff member has discussed this policy with me.
- (initial)\_\_\_\_\_ I have read & received a copy of the Summary of North Carolina Child Care Law for Child Care Centers.
- (initial)\_\_\_\_\_ I have read & received a copy of the Prevention of Shaken Baby Syndrome and Abusive Head Trauma policy.
- (initial)\_\_\_\_\_ I have read & received a copy of the *Kids 'R' Kids Academy at Blakeney* Parent Handbook.

I have read and accept these policies and understand that any changes to my child's information submitted may only be made by the following parent(s) or guardian(s):

Mother's Signature	Mother's Printed Name	Date
Father's Signature	Father's Printed Name	Date