



## KIDS R US EARLY LEARNING CENTER REQUESTED SCHEDULE

In order to maintain proper ratios please indicate the requested schedule for your child. Please note that the schedule must be adhered to. In the event you need to alter the requested schedule at a future date please notify the center office.

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Friday \_\_\_\_\_

PERMISSION SLIP

I hereby give my permission for my child/ren \_\_\_\_\_

To go on impromptu walking field trips in the neighborhood. This includes walks to the library, park, etc. Field trips that require transportation will require a separate signed permission form and will be supplied prior to the field trip.

Signed \_\_\_\_\_

Date \_\_\_\_\_

I do \_\_\_\_\_ I do not \_\_\_\_\_ give my permission for my child/ren \_\_\_\_\_ to be photographed in the program, program functions, and field trips and the photographs to be displayed and/or used for publicity purposes. I understand that the photographs may be taken by center staff, professional photographers, news media, or other parents.

Signed \_\_\_\_\_

Date \_\_\_\_\_

EMERGENCY SERVICES PERMISSION

I, \_\_\_\_\_ GIVE PERMISSION FOR  
PARENT/GUARDIAN

\_\_\_\_\_ TO BE TREATED AS  
SON/DAUGHTER

NECESSARY BY THE PHYSICIANS AND STAFF AT THE ADIRONDACK  
MEDICAL CENTER. I UNDERSTAND THAT EVERY EFFORT WILL BE MADE  
TO NOTIFY ME IN THE CASE OF AN EMERGENCY.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

PICK UP AUTHORIZATION FORM

I, \_\_\_\_\_ Give my permission  
Parent/guardian

For Kids R Us Child Care Center to release  
\_\_\_\_\_ to the following  
Name of child

People for pick-up.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Attach Photo

Attach Photo

## “Tell Us About Your Child”

Is this your child’s first child care center experience?

Yes\_\_\_\_\_No\_\_\_\_\_

If so, please feel free to offer suggestions that may assist the staff with transitioning your child to a center experience.

Does your child object to being left in the care of others?

What are some effective ways to comfort your child? Favorite comfort toys, songs, etc..

Does your child have any documented food allergies?

If so, please list and advise an alternative food product to be offered.

Is your child currently receiving any special needs services?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain

Does your child have any allergies to medications?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list.

Are there any other medical issues or required treatments that the center staff should be aware of. Allergies that require an epipen, nebulizer treatments, etc.

Yes \_\_\_\_\_ No \_\_\_\_\_

I \_\_\_\_\_ acknowledge that I  
Parent/guardian

have read and accept the terms of all policies at Kids R Us. These policies include but are not limited to payment and withdrawal policies as detailed in the Parent Handbook and/or outlined on the Kids R Us website via the fees and policies link.

Signature \_\_\_\_\_

Date \_\_\_\_\_