



“Where Little Patients Get Big Attention and Parents Get Peace Of Mind”

NINAL Care | Get Well Care 4 Kidz™

Studio – Pearland

“Same Day Sick Stay – The NINAL Way”

 **2743 Smith Ranch Rd, Suite 1701, Pearland, TX 77584**

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Welcome Letter

Welcome to NINAL Care | Get Well Care 4 Kidz™ Studio – Pearland

Our mission is to provide safe, compassionate, and professional sick-day care for children ages 2 months to 10 years old.

We understand that when your child is under the weather, balancing work and care can be stressful. Our studio is designed to give your child a comfortable, supervised space to rest and recover while you attend to your daily responsibilities.

This enrollment packet contains important forms, policies, and consents that ensure your child's safety and wellbeing during their time with us.

Thank you for trusting me with your child's care.

– Dr. Lanin Reviere Buford

Owner, Founder and Provider of NINAL Care GET WELL CARE 4 KIDZ LLC



Child Enrollment Form

Child's Full Name: _____

Date of Birth: __/__/____ Age: ____

Home Address:

Parent/Guardian 1 Name: _____

Phone: _____ Email: _____

Parent/Guardian 2 Name: _____

Phone: _____ Email: _____

Emergency Contact (other than parents):

Name: _____ Phone: _____

Relationship: _____

Authorized Pick-Up Persons (with Photo ID required):

1. _____

2. _____

Parent/Guardian Signature: _____ Date: _____



Health & Medical History

Primary Care Physician: _____

Phone: _____

Hospital Preference: _____

Health Insurance Provider: _____

Policy #: _____

Allergies: _____

Chronic Conditions: Asthma Diabetes Seizures Heart
Condition Other: _____

Current Medications: _____

Immunizations Up to Date? Yes No

*****Please provide up to date immunization record; if child **not up to date** with vaccines or **not vaccinated** they **WILL NOT BE PERMITTED TO ATTEND GET WELL CARE 4 KIDZ** until vaccines up to date.*****

Parent/Guardian Signature: _____

Date: _____



Medication Administration Consent

I authorize staff at NINAL Care | Get Well Care 4 Kidz™ Studio – Pearland to administer the following medications as prescribed:

Medication: _____ Dosage: _____

Time/Frequency: _____

Special Instructions: _____

Medication: _____ Dosage: _____

Time/Frequency: _____

Special Instructions: _____

Medication: _____ Dosage: _____

Time/Frequency: _____

Special Instructions: _____

Medication: _____ Dosage: _____

Time/Frequency: _____

Special Instructions: _____

I authorize over-the-counter medications (Tylenol, Motrin, Benadryl) if needed.

I do not authorize over-the-counter medications.

Parent/Guardian Signature: _____ Date: _____



Financial Agreement

Get Well Care 4 Kidz™ Studio – Pearland provides structured SICK CARE services for children who are too ill for school or daycare but do not require urgent care or hospitalization. Children may stay up to 12 hours (6:00 AM – 6:00 PM) under Pediatric Nurse Practitioner supervision. This service focuses on monitoring, symptom support, and recovery during the day.

Sick Care Levels & Pricing (Per Child, Per Day)

Short-Stay Sick Care (minimum 3 hours): \$100

Initial NP assessment, monitoring during stay, basic symptom support, parent updates, and discharge plan. If care needs increase, the visit converts to the appropriate Sick Care level below.

Essential Sick Care: \$155

NP assessment and reassessments, symptom monitoring, OTC medications as indicated, hydration support, rest, parent communication, and discharge planning.

Moderate Sick Care: \$205

Includes all Essential Sick Care services plus prescription management, vomiting/diarrhea monitoring, and increased reassessment frequency.

Advanced Respiratory Sick Care: \$255

Includes all Moderate Sick Care services plus nebulizer treatments, oxygen saturation monitoring, and extended observation.

Capacity & Safety

- Maximum of 4 children total
- Maximum of 3 children requiring self-preservation
- Advanced Respiratory Sick Care always counts toward self-preservation limits

Financial and Care Policies

- Early pickup does not change the Sick Care rate
- Payment due at drop-off unless otherwise arranged
- Late Pick-Up Fee: \$10 per 15 minutes starting after 6pm
- Parents/guardians are responsible for providing all required personal items listed on the Get Well Care 4 Kidz Child Item Checklist for their child's age group on each day of attendance.
- Get Well Care 4 Kidz does not supply personal care items, medical supplies, comfort items, meals, snacks, bottles, diapers, wipes, clothing, electronics, or other items identified as parent-provided on the checklist.
- Children may not be accepted into care, or care may be delayed or interrupted, if required items are missing and cannot be promptly provided by the parent/guardian.
- Get Well Care 4 Kidz is not responsible for the replacement, loss, damage, or failure to provide items designated as parent-supplied on the Child Item Checklist.

I understand and agree to the financial and care policies of NINAL Care | Get Well Care 4 Kidz™ Studio – Pearland.

Parent/Guardian Signature: _____ Date: _____



Get Well Care 4 Kidz – Child Item Checklist

Child Name: _____ Date: _____

Age: 2–6 months 7–12 months 1–2 years 3–5 years 6–10 years

Parent/Guardian Name: _____ Phone: _____

Required for All Children

- Labeled bag with child's name
- Change of clothes (weather appropriate)
- Comfort item (blanket/stuffed animal, if applicable)
- Any prescribed medications (original container, labeled)
- Medication authorization form completed
- Diapers/Pull-ups (if applicable)
- Wipes (if applicable)

Infants: 2–12 Months

- Diapers (size: _____ quantity: _____)
- Wipes
- Bottles or Sippy cup (number: _____)
- Formula or breast milk, or milk (clearly labeled)
- Baby food/snacks (if age appropriate)
- Burp cloths or Bibs
- Pacifier (if used)
- Infant blanket or toy
- Extra outfit(s)

Additional items brought (please list):

Toddlers: 1–2 Years

- Diapers or pull-ups (size: _____ quantity _____)
- Wipes
- Sippy cup or spill-proof cup
- Snacks/lunch (clearly labeled)
- Comfort item (blanket/toy)
- Small age-appropriate toy or book
- Extra clothes

Additional items brought (please list):

Preschool: 3–5 Years

- Lunch and/or snacks (nut-free preferred)
- Water bottle or cup
- Small toy, book, or coloring items
- Tablet/iPad (optional, labeled)
- Headphones (if bringing a device)
- Pull-ups (size:____ quantity____)
- Blanket or comfort item (optional)
- Extra clothes (recommended)

Additional items brought (please list):

School-Age: 6–10 Years

- Lunch and/or snacks
- Water bottle
- Tablet/iPad or electronic device (optional, labeled)
- Headphones
- Book, homework, or quiet activity
- Blanket or comfort item (optional)

Additional items brought (please list):

Not Permitted Items

- Toys with small parts or choking hazards***
- Weapons or violent toys***
- Glass containers***
- Unlabeled medications***
- Expensive or irreplaceable items***

Parent/Guardian Acknowledgment:

I confirm all items are labeled and understand Get Well Care 4 Kidz is not responsible for lost or damaged personal items.

Signature: _____ Date: _____



GET WELL CARE 4 KIDZ

*“Bridging the Gap between Healthcare and
Childcare with Compassion”*