

Sunflowers Daycare Inc Sunflowers Daycare

August 20__ through July 20__ Admission Agreement

Date: _____ Start of care date: _____

Child's name: _____ Child's Date of Birth: _____

Parents' name(s): _____

Home address: _____

Email address(es): _____

Home phone #: _____

Parent/Guardian #1 phone: _____ Parent/Guardian #2 phone _____

Schedule & Schedule Changes:

The hours and days agreed upon for care are as Mon: from _____ to _____.

Tue: from _____ to _____ Wed: from _____ to _____.

Thu: from _____ to _____ Fri: from _____ to _____.

A two-week notice is required in written form for any temporary changes in this schedule. Care can only be terminated by parents/guardians with two-month notice in writing. Parents are responsible for paying the tuition for these mentioned two months. Initial: _____

Terms of Payment:

Parents/guardians agree to pay for childcare rates at **\$2100** per month. A security deposit should be paid equal to the tuition per month at registration. Payment may be made in either money order or check to the order of Sunflowers Home Daycare. Please be advised that there is a \$35.00 charge for all returned checks. Payments are due on the **third of every month**; checks turned in after the 3rd will face a late payment fee of \$35.00 plus \$10.00 per day thereafter.

We appreciate your cooperation.

Start of care (MM-DD-YYYY): _____

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature: _____ Date: _____

Childcare Provider's Signature: _____ Date: _____

Tuition and Fees:

Sunflowers Daycare offers its services in a monthly package, including scheduled maximum 9 hours of care per day, play-based curriculum, music, dance, yoga classes, mostly organic breakfast, lunch & dinner by the rate of:

Tuition:	\$2100/Month
Registration fee, (Once, non-refundable)	\$150
Material fee, (Once, non-refundable)	\$350
Security deposit, (Once, refundable*)	\$2100

*Security Deposit will be returned if only the enrolled child stays until the end of the school calendar year (two weeks summer break). Children who leave sooner than summer break will not receive their security deposit. Initial: _____

Extra one hour of care is available upon request based on \$400/month (Half hour, \$200/month).
Sibling Policy: The second child will receive a \$100 sibling policy discount.

Our contracts would be year-round based on our school calendar. Please see the enrolment packet. Families should come and leave based on their schedule to avoid early drop-off or late pick-up fees. Agreed additional hours will be charged for \$20.00 per hour. (max. until 6:00 pm)

In case of any changes to policies, rates, and fees, Sunflowers Daycare Inc. will notify parents and guardians by 30-day written notice.

HOURS OF OPERATION AND CARE

We are open Monday-Friday, from 8:00 am-6:00 pm. Parents who need additional care before or after work hours are welcome to arrange per availability. Rates may vary for additional hours.

Full-time hours total 21-45 hours maximum per week, or a total of 4+ hours per day, not to exceed 9 hours per day. Parents who need additional hours may speak to us to arrange additional contract hours and costs to avoid late pick-up fees.

HOLIDAYS & VACATIONS

Sunflowers Daycare will be closed all major holidays in addition to the winter and summer break, all indicated in our school calendar. These are **PAID HOLIDAYS** (Please be sure to get our school calendar). Parents must pay for the scheduled holidays, or spring & winter breaks dates per contract.

Parent/Guardian’s Name (Print): _____

Parent/Guardian’s Signature: _____ Date: _____

Childcare Provider’s Signature: _____ Date: _____

CHILDCARE PAYMENTS & FEES

All daycare payments are due in advance per contract. All payments are due by **the 3rd of the month** for the entire month. Payments received after the due date will result in a \$35.00 late fee. Please comply to avoid fees. Applications will be accepted and evaluated on a non-discriminatory basis. To secure a space in our program, a non-refundable enrollment fee is required. The enrollment fee for a full-time slot is \$150 per child. Parents are required to stay within the contracted hours as requested. Parents must inform us of any changes. **Parents coming before scheduled drop-off time or arriving after scheduled pick-up time will be charged \$15.00 for the first 15 minutes and \$1.00 a minute after that.** Late fees will be added to the following month's invoice. Please call us in the event of an emergency. It is our goal to provide ongoing quality care. We realize fees occur; however, we wish to have all families comply with these policies to avoid paying additional fees. Thank you for your cooperation.

Termination Policies:

I understand that my child is accepted into the program on a probationary basis for the first month of his/her attendance. During this time my child can be dismissed without prior notice. The program will give me at least two weeks' notice of dismissal and will refund any unused prepaid fees within two weeks.

The program may terminate the admission agreement for the following reasons:

- a) Parent/guardian has not cooperated with the program regarding child's disciplinary needs.
- b) Parent/guardian has not paid the agreed-upon fee.
- c) Parent/guardian has been uncooperative regarding program policies.
- d) The child is disruptive to the program and is not responding to the measures taken to resolve the problem.
- e) The program is not the best fit for the child.

Rights of the Licensing Agency:

[Section 101200(b) &(c)]. The Department or Licensing Agency shall have the authority to interview children or staff member, and to inspect and audit child or facility records without prior consent. The school shall make provisions for private interview with any children or staff member, and for the examination of all records relating to the operation of the school. The Department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, or inappropriate placement.

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature: _____ Date: _____

Childcare Provider's Signature: _____ Date: _____

Health

Please notify the school if your child has any food allergies or has contracted a contagious disease. The staff respects your privacy and will keep this information confidential unless otherwise noted by you.

Children with the following infectious diseases or symptoms must stay home: Chickenpox, head lice, infectious conjunctivitis, vomiting and/or diarrhea, strep throat, hand-foot-and-mouth disease, symptoms of viral or bacterial infection (fever and/or the child is feeling or acting lethargic).

If children display symptoms, we ask that parents keep their children at home for the wellbeing and safety of the other children and teachers. If they suspect the child is in the first stages of a cold, said child should be kept at home as this is the time a child is the most contagious.

Please do not wait until the illness/cold is full-blown to keep them at home. Please do your part to keep our community safe and healthy.

Administration of Medication

If your child has been medicated before coming to school, please notify the teacher. If your child needs to take medication while at school, please leave written instructions by a certified pharmacist or physician with the teacher. Please do not leave the medicine in your child's cubby; it should be given to your child's teacher.

Additional Notes:

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature: _____ Date: _____

Childcare Provider's Signature: _____ Date: _____