

Sunflowers Daycare Inc

Sunflowers Daycare

AUGUST 2025 THROUGH JULY 2026 ADMISSION AGREEMENT

Date: _____

Start of care date: _____

Child's name: _____

Child's date of birth: _____

Parents' name(s): _____

Home address: _____

Email address(es): _____

Parent/guardian 1 phone: _____

Parent/guardian 2 phone: _____

SCHEDULE & SCHEDULE CHANGES: (8:00 AM TO 5:00 PM OR 8:30 AM TO 5:30 PM)

The hours and days agreed upon for care are

Mon: from _____ to _____.

Tue: from _____ to _____.

Wed: from _____ to _____.

Thu: from _____ to _____.

Fri: from _____ to _____.

To support a smooth transition into the new school setting, care will follow a half-day schedule ending at 12:45 p.m. during the first week.

A written two-week notice is required for any temporary changes to your schedule. Families are expected to follow their designated times to avoid early drop-off or late pick-up fees.

This agreement is year-round and follows our school calendar. Please refer to the enrollment packet for details. Parents/guardians may terminate the agreed care with two months' written notice and are responsible for tuition during that two-month period.

Initial: _____

TERMS OF PAYMENT:

Parents/guardians agree to pay childcare rates at _____ per month. A security deposit equal to one month's tuition is required at the time of registration. Payment may be made in either money order or check to the order of Sunflowers Daycare. Please be advised that there is a \$35.00 charge for all returned checks. Payments are due on the **THIRD OF EVERY MONTH**; payments turned in after the 3rd will face a late payment fee of \$35.00 plus \$10.00 per day thereafter.

Parent/Guardian's name (Print): _____

Parent/Guardian's Signature: _____ Date: _____

Childcare Provider's Signature: _____ Date: _____

TUITION AND FEES:

Sunflowers Daycare offers a monthly package that includes up to 9 hours of care per day, a play-based curriculum with music, dance, and yoga, as well as mostly organic breakfast, lunch, and dinner, all at the following rate:

Registration fee, (Once, non-refundable)	\$150
Material fee, (Once, non-refundable)	\$350
Security deposit, (Once, refundable*)	\$2250/\$2400/\$2600

Infants Full-time Tuition (3-24month old)	\$2600/Month
Toddlers Full-time Tuition (24-36month old)	\$2400/Month
Preschoolers' full-time tuition (36+ month old & potty trained)	\$2250/Month

*The security deposit will be refunded only if the enrolled child remains through the end of the school calendar year (August 2026). Families who withdraw earlier will forfeit the deposit, regardless of whether care has commenced. We strongly advise against submitting a deposit solely to reserve a spot with the expectation of a refund if plans change. Initial: _____

When a sibling is enrolled in the Sunflowers Daycare program, the first child will receive a \$100 sibling discount. In the event of any changes to policies, rates, or fees, Sunflowers Daycare will provide a 60-day written notice to parents and guardians. All changes communicated with proper notice will become part of this agreement and are to be observed by both parties.

HOURS OF OPERATION AND CARE:

We are open Monday through Friday, from 8:00 a.m. to 5:30 p.m., and parents may select a maximum of 9 hours of care each day. For example, 8:00 a.m. to 5:00 p.m. or 8:30 a.m. to 5:30 p.m. Parents who require additional care may add one half-hour increment to their daily hours of care for \$200 per month, based on availability. In case of an emergency, please contact us immediately. We ask that all families adhere to these policies to avoid incurring additional fees.

HOLIDAYS & VACATIONS:

Sunflowers Daycare will be closed on all major holidays, as well as during winter, spring, and summer breaks, as outlined in our school calendar. These are **PAID HOLIDAYS** (please refer to the school calendar for details). Parents are required to pay for the scheduled holidays and break periods as specified in the contract.

Parent/Guardian's name (Print): _____

Parent/Guardian's Signature: _____ Date: _____

Childcare Provider's Signature: _____ Date: _____

TERMINATION POLICIES:

I understand that my child's enrollment in the program is on a probationary basis during the first month of attendance. During this period, my child may be dismissed without prior notice. The program will provide 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:

- Parent/guardian has not cooperated with the program regarding child's disciplinary needs.
- Parent/guardian has not paid the agreed-upon tuition and fees.
- Parent/guardian has not been respectful regarding the school's policies and/or staff.
- The child is disruptive to the program and does not respond to the measures taken to address the issue.
- The program is not the best fit for the child or family.

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 specified 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, and symptoms of viral or bacterial infections (such as fever or lethargy).

If a child displays any of these symptoms, we ask that parents keep them at home to ensure the wellbeing and safety of other children and staff. Please do not wait until the illness or cold has fully developed to keep your child at home--early intervention helps maintain a healthy community.

RIGHTS OF THE LICENSING AGENCY:

[Section 101200(b) &(c)]. The Department or Licensing Agency shall have the authority to interview children or staff members, and to inspect and audit child or facility records without prior consent. The school shall make provisions for private interviews 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: _____