

## SUNSHINE HOUSE CONCORD ENROLLMENT AGREEMENT

1. All children will be admitted who appear able to benefit from our program. This form and non-refundable registration fee must be received to constitute enrollment.
2. State licensing requires that the attached forms be returned before attendance can begin. The one exception is the Physician's Report, which you are allowed up to 30 days after attendance begins to turn in, provided you have other verification of immunizations.
3. Our hours of operation are Monday through Friday, 7 A.M. to 6 P.M. You are encouraged to arrive prior to 9 A.M. to receive the maximum benefit from our program and to avoid disruption of learning time in progress. All children are to be picked up by 6 pm, any parent leaving with their child after 6 P.M. will pay a \$20 late fee for the first 1-15 minutes late; a \$30 late fee is charged for each additional 15 minutes or portion of that you leave late. This fee is charged to your tuition account. This payment is in addition to your responsibility to call and let us know that you will be late. If we have not heard from you within 1 hour after closing time, your child will be placed with protective services according to state regulations. Late pickups will be cause for terminated enrollment.
4. Tuition is due in advance. Payment will be charged to your account on Monday of each week. If Monday is a holiday tuition is charged the Friday before. There is a \$25 charge for any refused or declined payments.
5. Your tuition covers the space for your child and pays for staff and materials whether your child actually attends or not. There is no credit given for days when your child is sick, on vacation, with grandparents, etc. A 2-week notice is required for withdrawal from our program or for reduced days/hours of attendance.
6. You will receive a 30 day written notice whenever circumstances covered in the agreement change, including tuition increases. A new contract will be issued and signed.
7. I have seen the indoor and outdoor equipment and received a description of activities and I give permission for my child to participate.
8. I give permission for my child to be included in developmental evaluations. These are done on annual and 1/2-year birthdays.
9. We reserve the right to deny our services to anyone who refuses to conform to our school's policies or who engages in abusive language or conduct towards any child or adult. Corporal punishment (spanking, etc.) is never allowed.
10. Sunshine House is licensed by the Department of Social Services, Community Care Licensing, which issues licenses, monitors and evaluates our program. They can be contacted at 1515 Clay St., Suite 1102, Oakland, CA, 94612 or by calling 510-622-2602. DSS has the right to review student records and to interview children, without your prior consent.

initials\_\_\_\_\_

11. You have the right to visit Sunshine House at any time without appointment.
12. We will observe your child closely, especially the first 2 weeks of attendance, to see whether care in our center is the best environment for your child. If other alternatives seem better, we will work with you to find optimum care. Any threat to the physical, emotional or mental well-being of other Sunshine House children could be the cause of immediate ended enrollment.
13. We are closed on the following days: New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Weekend (begins 4 P.M. Wed.), 2 days at Christmas and New Year's Eve at 4 pm.
14. On your child's first day they need to bring: bedding, entire change of labeled clothing (long pants, shirt, socks, underwear), and a small picture (to put on your child's cubby). Many children also feel comforted by a picture of family, kept inside their cubby.
15. We emphasize healthy eating habits in our program and serve snacks consisting of mainly whole grains, fresh fruits & vegetables. In addition, we ask that you support our program by providing a low sugar lunch. A half-sandwich and fruit for dessert seem to work out best. We serve milk or water with lunch. If your child prefers juice, please send a drink that is 100% juice. Please send food containers that your child can manage, to encourage independence.
16. All medications to be administered at Sunshine House are reviewed on an individual basis in advance of administration. Additional paperwork is needed from both parent and doctor. We are not trained medical professionals and therefore unable to provide care for all medical conditions.
17. All volunteers must provide a negative TB skin test and Proof of Immunizations (Influenza, Pertussis, Measles).
18. I give permission for my child's photo or video to be used for school promotional purposes, staff training, or publicity. Your child's last name will not be used.  
Initials \_\_\_\_\_
19. Upon occasion parents may take photo's at school events in which your child may appear and is not under Sunshine House control.

We have many forms of internet communication. Please visit our website: [www.sunshinehouseCA.com](http://www.sunshinehouseCA.com). You can email us: [sunshinehouseconcord@gmail.com](mailto:sunshinehouseconcord@gmail.com). You can "like" us to add us as an interest group on Facebook to receive daily updates, photos of your child at work and play, and notice of upcoming events: search "Sunshine House Concord".

In order to maintain professional relationships, employees may not communicate with our families via social media (Facebook, Instagram, Snapchat, etc.).

Initials \_\_\_\_\_

**REGISTRATION DATA**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Known Food Allergies \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Work # \_\_\_\_\_

Parent 1 Work Name & Address \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Work # \_\_\_\_\_

Parent 2 Work Name & Address \_\_\_\_\_

Family email address \_\_\_\_\_

Circle Days of Attendance:            Mon            Tue            Wed            Thu            Fri

Approximate time of arrival \_\_\_\_\_ Approximate time of departure \_\_\_\_\_

Non-Refundable Registration Fee	\$	_____
Annual Supply Fee	\$	_____
2 Week Deposit	\$	_____
Weekly Tuition	\$	_____

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(or authorized person)

Our contact information:

Phone: 925-676-4373  
President, Christy Sierra (707) 592-6405

Email: [sunshinehouseconcord@gmail.com](mailto:sunshinehouseconcord@gmail.com)  
[www.sunshinehouseCA.com](http://www.sunshinehouseCA.com)

Child's Name \_\_\_\_\_

ACH Collection Information

Account Type: Checking of Savings (circle)

Name on Account: \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Start date: \_\_\_\_\_ Amount: \_\_\_\_\_