

SONSHINE PRESCHOOL ENROLLMENT AGREEMENT

CHILD INFORMATION

NAME **BIRTHDATE** **STARTDATE** **ALLERGIES**

A. _____

B. _____

C. _____

FAMILY INFORMATION (circle child's primary residence)

Mother

Name _____ Step Father _____

Address _____

Home # _____ Cell or pager # _____

Work _____ Work # _____

Work Hours _____ Email _____

Father

Name _____ Step Mother _____

Address _____

Home # _____ Cell or Pager# _____

Work _____ Work# _____

Work Hours _____

Person who will be picking your child up regularly

Name _____ Relation _____

Home # _____ Work# _____ Cell # _____

EMERGENCY NUMBERS

(LIST IN ORDER WHO TO CALL FIRST IN CASE OF EMERGENCY)

NAME HOME# CELL# WORK#

1. _____

2. _____

3. _____

4. _____

PERSONS AUTHORIZED TO PICK YOUR CHILD UP

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

(Pick up Policy: no one can pick your child up unless he/she is on the list and if the child can not identify the person he/she may be asked to show ID. If someone who is not on list will be picking your child up you may call us and it will be allowed.)

PAYMENT ARRANGMENTS

DAYS YOUR CHILD WILL ATTEND (circle)

Monday/Wednesday 9:30-12:30

Tuesday/Thursday 9:30-12:30

Monday-Thursday 9:30-12:30

Summer 2 days 9:30-12:30

Tuition 2 days \$175 4 days \$220

(Payments are due at the first of each month)

PAYMENT POLICIES

Tuition is the same each month no matter how many days attended.

There is a two week notice cancellation policy.

SUPPLIES YOU WILL NEED TO BRING

Book bag with a complete set of clothes to change into if necessary including socks and underwear. You are not responsible for any school supplies or snacks. All is included with your tuition.

Personal information about your child

1. Name _____
2. Favorite toys _____
3. Favorite foods _____
4. Does he take a nap? When? _____
5. Least like foods _____
6. Fears _____
7. Has he/she been left with caregivers besides family (ex Sunday school, daycare est.) _____
8. Any special instructions about food or schedule I need to know about _____

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I agree to:

1. Provide licensed child care facility
2. Only transfer child's records to any person, agency or public school with written permission of parent.
3. Establish rules and methods of discipline that are constructive and reasonable.
Corporal punishment shall be avoided
4. We do not disperse medication with some exceptions discussed with parent
5. Discuss child's activities with parent and encourage participation when possible
6. Have written permission from parent for each medical, developmental, psychological, or research evaluation that may be part of child care program.

Signature for center _____

1. My child will be pickup up at the assigned time
2. My child has my permission to use all of the play equipment and participate in all of the activities provided.
3. Required medical and immunization records on my child will be provided
4. Any pictures taken of my child may be used in newspapers, displays, bulletin boards, or other types of educational publications
5. Center will be notified promptly of any changes in family that would affect my child's attendance, activities, or behavior.
6. My child will be provided an extra set of clean clothing.
7. Payment for services rendered will be made on a regular basis as outlined previously.
8. I will provide a signed emergency medical care release on first day of school.
9. I will not bring my child if he/she is nauseated, has had a fever or vomited in previous 24 hour period, has rash, pink eye, or other contagious conditions.
10. I understand regular attendance is important (especially for children with Separation Anxiety) and will make it a priority to bring my child unless he/she is sick or the family has another important engagement.

Parent signature _____