



# Sunshine School

## 2018 SUMMER ADMISSIONS AGREEMENT

This agreement is between Sunshine School and \_\_\_\_\_ (parent or guardian) for the care of \_\_\_\_\_ (child's name).

### SCHEDULE

Our summer program cares for children from Kindergarten through 12<sup>th</sup> grade. Our summer program is open from Monday to Friday, 8:30 AM to 6:00 PM. The school is closed in observation of these holidays:

- Independence Day - July 4<sup>th</sup>

### PAYMENT PROVISIONS

- **Services:** Sunshine Summer Program provides a safe, interactive, and enriching space for children from kindergarten to 12<sup>th</sup> grade. Every day, the children will practice next level education (in preparation for the school year in Fall 2018). Morning snack, lunch, and afternoon snack are provided as part of the basic service. If your child is not able to eat certain foods, it is a safer option for those children to bring their own snacks and lunches to school. There is no deduction in your tuition if you choose not to partake of the meals.
- **Due Date:** Tuition is required to be paid in full at the time of registration OR a deposit of one week's tuition (\$280 for full-time and \$210 for part-time) is required and parents will need to pay tuition by the Payment Sessions that are specified below -

Payment Session	Specified Weeks	Tuition for 10 Weeks	Deadline to Pay
1	June 11 - June 29	\$280 x 3 weeks = <b>\$840</b>	<b>At the Time of Registration</b>
2	July 2 - August 3	\$280 x 5 weeks = <b>\$1400</b>	<b>June 29<sup>th</sup></b>
3	August 6 - August 10 August 13 - August 17	\$280 x 1 week = <b>\$280</b> \$60 per day OR 5 days = <b>\$200</b>	<b>August 3<sup>rd</sup></b>

Parents are required to pay by the Deadline for any and all weeks that are in a Payment Session. Deposit is applied to the first week your child will attend Summer Program. All paperwork/payments need to be submitted to the Office at 1363 Turlock Lane, San Jose.

- **Method of Payment:** Unless otherwise expressly provided in this agreement, any payment made by the parents to the center must be made by online payment through [www.mysunshineschool.com](http://www.mysunshineschool.com), cash, check, or money order payable to Sunshine School. There is a \$25.00 fee for any returned checks or for an ACH transaction that is returned unpaid due to insufficient funds. If this should occur more than once, future payments must be made only in cash or money orders.
- **Late Pick-up Penalty:** If a child is picked up later than the scheduled pick-up time, parents shall be assessed a fine of \$1.00 per minute for each minute after the scheduled pick-up time.
- **Absence Policy:** There are no refunds or transfer of tuition for absences one week (5 days) or less. For absences more than one week (5 days), parents can choose one of two options.
  - **Option 1 – Transfer** the amount of tuition for the week missed to a different week. Parents may use the full amount for the week missed to sign-up for additional week ONLY if they inform the Office one week in advance. If there is not a notice of one week in advance, transfers will not be accepted. There will be a fee of \$100 will be charged for the week of summer camp that is missed. Refunds will be mailed the last week of summer program.
  - **Option 2 – A Refund** can be returned in the form of a check. Parents may be refunded the full amount for each week of summer that is missed ONLY if they inform the Office one week in advance. If there is not a notice of one week in advance, there will be a fee of \$100 will be charged for each week of summer camp that is missed. Refunds will be mailed the last week of summer program.

## **MODIFICATION CONDITIONS**

- **General:** Parent understands and acknowledges that, under California law, Center may modify this agreement whenever circumstances covered in this agreement change, provided that any such modification shall be in writing and shall be signed and dated by Parent and Center.
- **Full Fee Families:** Parent shall be given 30 days prior written notice for any basic rate change.
- **Subsidized families:** Rate changes for subsidized families are government prescribed and the effective date is the date the new rate is prescribed. No prior notice is necessary.
- **Additional charges:** Additional charges may be levied for extracurricular classes, field trips, or in instances where increase in number of staff needed results in increased cost to Center.

## **RIGHT OF LICENSING OFFICIALS TO INTERVIEW CHILDREN**

Parent understands and acknowledges that Center is a licensed childcare center and that, under California law, the California department of Social Services has the right at any time, without notice or prior consent, to privately interview children or staff at any licensed child care center, to inspect and audit children's records, to observe the physical condition of children, including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional conduct physical examination of children (Community Care Licensing).

## **WITHDRAWAL BY PARENT**

Parent may withdraw Child from Center's program at any time provided Parent gives ONE WEEK written notice of intent to withdraw. Failure to give ONE WEEK'S notice shall result in charges for the week of care.

## **TERMINATION CONDITIONS:**

**Immediate:** Center may terminate Child's enrollment in Center's program effective immediately upon written notice to Parent of such termination, if any of the following conditions arise:

1. In the sole judgment of the Center Director, Child's behavior threatens the physical or mental health or well-being of one or more of the other children at the Center;
2. Parent is hostile, uses profane language, is verbally or physically abusive or threatening to staff or clients of the facility;
3. Any payment owed by Parent to Center is not paid within one month after such payment is due;
4. Child is picked up late more than three (3) times during any month;
5. Parent fails to pick up child promptly when notified child is ill;
6. Non-cooperation of Parent. Parent refuses to comply with agreed upon plan of action relating to child's behavior.

**Two weeks notice:** Center may terminate Child's enrollment in center's program effective upon two week written notice to Parent if any of the following conditions arise:

1. Any of the conditions listed under Section above, provided that Center has not exercised its right to terminate Child's enrollment immediately;
2. In the sole judgment of Center's Director, Center's program does not meet the developmental or special needs of the child;
3. Parent fails to provide items for child that Parent is required to provide under terms of this agreement or the Family Handbook; or
4. Center terminates Center program.

## **PARENTS' ADDITIONAL RESPONSIBILITIES AND OBLIGATIONS**

1. **Be Informed:** Parent shall complete information on the forms listed below and certify that s/he has read and agrees to abide by all provisions in the Parent Handbook. Parent agrees to notify Center immediately of any changes in information on forms listed below:
  - a) Admission Agreement
  - b) Identification and Emergency Information (LIC 700)
  - c) Child's Pre-Admission Health History Parent's Report (LIC 702)
  - d) Consent for Medical Treatment Form (LIC 627)
  - e) Playground and School Ground Release Form
  - f) Photography and Video Release Form
  - g) Personal Rights (LIC 613A)
  - h) Notification of Parents' Rights (LIC 995)



# IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE (    )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME					BUSINESS TELEPHONE
LAST					(    )
MIDDLE					
FIRST					
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE					(    )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME					BUSINESS TELEPHONE
LAST					(    )
MIDDLE					
FIRST					
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE					(    )
FATHER'S EMAIL			MOTHER'S EMAIL		

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE (    )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE (    )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL       OTHER      EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_ DATE

\_\_\_\_\_ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_ HOME ADDRESS

HOME PHONE  
( )

WORK PHONE  
( )



# Sunshine School

## PLAYGROUND/ SCHOOL GROUNDS & VICINITY RELEASE WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Child's Name: \_\_\_\_\_ M F Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Legal Guardian/Parent Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In consideration of allowing my child to participate in activities associated with Sunshine School, I/we shall release, waive, discharge and covenant not to sue Sunshine School, their agents and employees, from all liability from any and all loss or damage and any claim or demands thereof on account of injury to the person or property or resulting in death of the name participant except in the case of gross or willful wanton negligence of Sunshine School, its agents and employees or otherwise while the named participant participates in the playground/school grounds and vicinity at Sunshine School.

I/we further agree to indemnity Sunshine School, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which Sunshine School, their agents and employees become legally obligated to pay including reasonable attorney's fees and costs, as a result of claims, demands, costs or judgments against Sunshine School, their agents and employees on account of injury to the person or property resulting in the death of the named participant except in case of gross or willful wanton negligence of Sunshine School, their agents or employees and whether or not such liability is sole, joint or several.

I/we am (are) aware that participation on the playground may present a strain on my child's body, or its parts and there I/we represent to Sunshine School, that to the best of my knowledge, my child is in proper physical condition to allow him/her to participate and that I/we assume the risk of participating. I acknowledge that I have received information concerning playground/school grounds and vicinity activities given with registration, including the absence of medical personnel as it pertains to the playground and other programs.

I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it's an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia or to order injections or surgery for the safety of my child. I/we further agree the privileges may be revoked upon any participants at the sole discretion of the supervisor. I/we, the parent or legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with willful knowledge of it significance. I/we have executed this release on this date indicated next to my name.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



# Sunshine School

## PHOTOGRAPHY & VIDEO RELEASE FORM

In consideration of the opportunity to provide certain statements and participate in photography or audio/video taping relating to certain services of SUNSHINE SCHOOL or its affiliated companies (collectively, "SUNSHINE SCHOOL"), I, \_\_\_\_\_, for myself and, in the case of a minor (the "Minor"), for myself and the Minor in my capacity as the Minor's parent/guardian, agree as follows:

1. I hereby consent to the recording of statements, photographs, and/or audio or video recordings taken of the Minor or me by SUNSHINE SCHOOL or its contractors.
2. All statements, photographs, and/or audio or video recordings taken of the Minor or me, by SUNSHINE SCHOOL or its contractors, may be used by SUNSHINE SCHOOL for promotional, commercial or other purposes as determined by SUNSHINE SCHOOL anywhere in the world in its sole discretion. Neither the Minor nor I shall have any right to control the use or publication by SUNSHINE SCHOOL of the statements, photographs, and/or audio or video recordings.
3. All statements, photographs, and/or audio or video recordings taken of the Minor or me by SUNSHINE SCHOOL or its contractors, shall be the sole property of SUNSHINE SCHOOL. Neither the Minor nor I shall receive any compensation in connection with use of these statements, photographs, and/or audio or video recordings for promotional, commercial or other purposes.
4. On behalf of the Minor and myself, I hereby release, waive and discharge any claims of any kind or nature arising out of or relating to the use of the statements, photographs, and/or audio or video recordings against SUNSHINE SCHOOL or any person or firm authorized by SUNSHINE SCHOOL to publish said materials ("Publisher"), Such release, waiver and discharge shall also extend to all affiliated companies, shareholders, directors, officers, employees, agents and assigns of SUNSHINE SCHOOL and any Publisher.
5. This Release shall be binding upon the Minor and me, and our respective successors, heirs, assigns, executors, administrators, spouse and next of kin.
6. I HAVE READ THIS DOCUMENT AND I UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS ON BEHALF OF THE MINOR AND MYSELF (INCLUDING RIGHTS RELATING TO PUBLICITY AND PRIVACY WITH RESPECT TO THE COMMERCIAL USE OF ANY STATEMENTS, PHOTOGRAPHS, AND/OR AUDIO OR VIDEO RECORDINGS) AND I SIGN THIS RELEASE FREELY AND VOLUNTARILY.

\_\_\_\_\_  
Printed Name of Minor

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Age of Minor



# PERSONAL RIGHTS

## Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

**TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:**

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

Licensing Office Telephone #: \_\_\_\_\_

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

*For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

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