LIL' SUNSHINE CHILDCARE

ENROLLMENT APPLICATION

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1. _____ Enrollment fee is $100 per student, a one-time fee, not part of tuition.
2. _____ Fee is not refundable unless a position is not available.
3. _____ This application is valid when accompanied by $100 enrollment fee.
4. _____ Once tuition has been paid, a slot will be held for the student.

Child's Name: _____ Birthdate: _____ - _____ - _____

Child's Name: _____ Birthdate: _____ - _____ - _____

Guardian's Name: _____ Referred From: _____

Address: _____ Zip: _____

Email: _____ Phone: _____

Cell Carrier: _____

Monday: _____ - _____

Tuesday: _____ - _____

Wednesday: _____ - _____

Thursday: _____ - _____

Friday: _____ - _____

Requested Start Date: _____ - _____ - _____

Tuition Child 1 $_____

Tuition Child 2 $_____

Total $_____

I/We (parent/guardian) _____, as

Client(s) agree to pay $ _____ per month to Lil' Sunshine Childcare

for the time in the schedule below for (student) _____ under the terms and conditions specified in the school handbook. Tuition is assessed monthly and must be pre-paid before childcare / preschool begins. Tuition is the same regardless of holidays, closures and absences. Our holiday and closures are listed in the parent handbook and on our website.

Please initial below to accept our terms and policies:

_____ I agree with the handbook rules, holidays, closures, and absence.

_____ I agree to pay the Late Pay charge of $20 per day, each day my payment is late.

_____ My payment is due on the 1st of this month for next month.

_____ Tuition increase is for January tuition each year.

_____ Notice given this month, makes NEXT month, your last month. Notice is for dropping hours, moving onto kindergarten, or moving out of the area.

_____ Adding hours will mean the new tuition needs to be paid and a new tuition form signed, prior to attending.

_____ Accounts not in good standing will be sent to collection. Client agrees to pay all associated fees with collection or court costs.

_____ Yearly contract renewal on January 1st with 4% increase.

I have understood and agree to abide by the terms of this agreement.

Signature: _____ Date: _____

Date Contacted for Enrollment: _____ Date of Enrollment Meeting: _____

Tuition Paid: _____ Paid by: Cash Check _____ Start Date: _____

Child Enrollment Authorization

Child's Name (Last, First)		**Child Nickname**
Date of Birth	**Date Entered Care**	**Age at Entry**

ALLERGY ALERT **Does your child have allergies? ☐ YES ☐ NO If yes, list all allergies on back side of form.**

Parent or Guardian Contact Information

Name (First, Last)			Relationship
Home Address (Street, City, Zip)			
Home Phone	Cell Phone	Email Address	
Employer and Work Hours	Address (Street, City, Zip)		Work Phone
Name (First, Last)			Relationship
Home Address (Street, City, Zip)			
Home Phone	Cell Phone	Email Address	
Employer and Work Hours	Address (Street, City, Zip)		Work Phone

Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Non-Emergency Contact Information – person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Medical/Dental Contact Information

Insurance Provider and Policy Information (if applicable)	
Primary Physician Name	Phone
Dental Provider	Phone

Parent or Guardian Authorization

Please list any restrictions to permission of the following:

My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see special transportation arrangements section on back of form). ☐ Yes ☐ No

My child may participate in swimming or other water activities under required supervision (OCC requires approved lifeguard). ☐ Yes ☐ No

My child may be photographed for publicity or news purposes ☐ Yes ☐ No This applies to ☐ On-site ☐ Off-site photography.

In an emergency, the child care facility has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

_____ _____

Parent/Guardian Signature Date

Continued on back

Child Information

Has your child previously been in child care? **No** ☐ **Yes** ☐ **If yes, what type of care and for how long?**
Reason for requesting care
Child General Information – please include all information that will assist us in providing quality care for your child
Likes and dislikes
Eating habits and schedule
Toileting habits and schedules
Sleeping habits and Schedule
Play
Fears
How your child like does to be comforted when upset?
Child's home language
Special word and their meanings
Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?
Does your child have any educational special needs (IFSP, etc.) No ☐ Yes ☐ If yes, List any health partners or providers you would like us to know about.
Child Medical Information
Does your child have special medical needs? No ☐ Yes ☐ If yes, List any health partners or providers you would like us to know about.
Does your child have allergies No ☐ Yes ☐ If, yes list below Has your child had chicken pox No ☐ Yes ☐

Other Children in the Home		
Name (first, Last)	**Age**	**Gender**
Name (first, Last)	**Age**	**Gender**
Name (first, Last)	**Age**	**Gender**
Name (first, Last)	**Age**	**Gender**