

# Little Sunshine Learning Center ADMISSION AGREEMENT

License # 013419418

Little Sunshine Learning Center has reserved a place for my child \_\_\_\_\_

His/her birthday is \_\_\_\_\_.

He/she is going to be in the: (Circle One)                      **Preschool class**                      **Pre-K class.**

I have reviewed the attached monthly fee schedule and selected the following combination for my child:  
**(Circle One)**

<b>PROGRAM (Check One)</b>	<b>FULL DAY</b>	<b>EXTENDED DAY</b>
_____ I select a five (5) days per week schedule	(\$1500.00)	(\$1600.00)
_____ I select a four (4) day per week schedule	(\$1385.00)	(\$1460.00)
_____ I select a three (3) days per week schedule	(\$1200.00)	(\$1280.00)
_____ I select a two (2) days per week schedule	(\$840.00)	(\$890.00)
_____ I select a five (5) half days per week schedule	(\$1135.00)	
_____ I select a four (4) half days per week schedule	(\$915.00)	
_____ I select a three (3) half days per week schedule	(\$715.00)	
_____ I select a two (2) half days per week schedule	(\$495.00)	
_____ Other _____	Monthly Rate _____	

- Program hours are 8:30 AM to 4:30 PM for full day and 8:30 AM to 12:30 PM or 12:30 PM to 4:30 PM for half days.
- Program hours are 8:00 AM to 5:30 PM for extended days schedule.
- Please note that there are extra fees if your child is not potty trained. See attached addendum.

**I have reviewed and INITIALED where I agree with the following:**

\_\_\_\_\_ The non-refundable registration/wait list fee for each child is \$75.00. The registration fee is a one-time fee if your child remains enrolled and can also be used to hold a spot on our wait list.

\_\_\_\_\_ I will be charged \$35.00 for each returned check. Checks will not be re-deposited. Payments for return checks must be made within 48 hours of written notification and must be in the form of a cashiers' check, or money order. Clients having two or more returned checks WILL be required to pay all tuition payments by cashiers check, or money order from that moment on. Little Sunshine Learning Center will refer all unpaid returned checks to the District Attorney's Bad Check Program. They will also be listed with the local credit agencies.

\_\_\_\_\_ Monthly payments are due the first business day of the month. Each monthly payment not made by the fifth day of the day month will be subject to an additional required \$20.00 late charge. A late charge will be added to each day that the account is not brought up to date. All past due payments must be made by cashiers check, or money order ONLY. Once your account has been brought up to date, it will be expected to stay up to date.

\_\_\_\_\_ I will make on-time, FULL monthly tuition payment regardless of illness, vacations, holidays, Spring break, Winter break or emergency closure of the school (example: acts of nature, power outages, COVID 19 related issues, etc.). Little Sunshine does not provide make-up days for students who have been absent.

\_\_\_\_\_ Families with more than one child enrolled will receive a 5% discount on the monthly tuition of additional children if multiple children remain enrolled. Returned checks for the monthly tuition that had a 5% additional child discount will be charged the 5% difference for the discount as well as the \$35.00 return check fee.

\_\_\_\_\_ a written notification of basic rate change(s) will be given 30 days before the effective date of the rate change(s).

\_\_\_\_\_The Dept. of Social Services and Children’s Protective Services shall have the authority to interview children, or staff, and to inspect and audit a child or facility records without prior consent. The Licensee shall make provisions for private interview with any child or staff member and for the examination of all records relative to the operation of the childcare facility. The Department has the authority to observe the physical condition of the child, including conditions that could indicate abuse, neglect, or inappropriate behavior.

\_\_\_\_\_ I understand I **must** bring lunch for my child and that a refrigerator and microwave are available. The school will provide milk. The school will also provide morning and afternoon snacks unless your child is on a special diet.

\_\_\_\_\_ I agree to pay my child’s tuition on time, and I understand and agree to the terms of this agreement.

\_\_\_\_\_ I agree to pay monthly. Payments will be made before the close of business on the first day of the month.

\_\_\_\_\_ I agree to make the payment in the form of a personal check, money order or cashier’s check payable to:

**Little Sunshine Learning Center**

**REFUNDS**

The \$75 enrollment/wait list fee is non-refundable. Tuition refunds will only be considered in case of serious illness as presented in writing by a certified healthcare provider or family emergency. The refund will be pro rata based on the number of days that the child attended during the month in which a full payment was made. No refund will be given for the days in which the child attended the center. Tuition adjustments are for vacations/absences that are two weeks or longer with prior notice of at least two (2) weeks. Little Sunshine will have two weeks from the last day of attendance to issue the refund.

**Returning to school after Alameda County COVID-19 Shelter in Place order.**

Little Sunshine Learning Center will be following all guidelines regarding social and physical distancing and healthy practices for childcare facilities in response to the global coronavirus (COVID 19) pandemic written by the State of California Department of Social Services Community Care Licensing Division.

**WAIVER**

I understand and realize that upon returning to Little Sunshine Learning Center, the center cannot guarantee that there will be no exposure of COVID-19 to my child(ren), myself and/or any person listed on the emergency as an authorized pick-up.

By signing below, I agree to the fact that participation can cause exposure of COVID-19, which can cause illness, harm or injury to my child(ren) myself and/or other family members. I release Little Sunshine Learning Center and its staff from all liability, costs and damages which could arise from participating in services provided by the center. I agree to accept financial responsibility for the costs related to emergency treatment and give my confirmation of the same by signing this document.

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

Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## TERMINATION OF THE AGREEMENT

This agreement shall be terminated if any one or more of the following occur:

- My child has withdrawn from Little Sunshine Learning Center. To withdraw your child, you must provide a two-week written notice, and tuition balance must be current.
- Death of my child.
- Serious illness of my child as presented in writing by a certified healthcare provider.
- Failure of a parent or responsible person to respond to a reasonable request from the Director and/or teacher to meet and discuss the disruptive and/or dangerous behavior of their child.
- The parents and/or responsible person allow their account to become delinquent.
- Failure of the parents or responsible person(s) to honor the obligations listed in this agreement or in any rules, regulations, or manuals provided by Little Sunshine Learning Center.
- Little Sunshine Learning Center, in its sole and unlimited discretion, determines that it is unable to meet the needs of your child or the family or parents/guardians.
- Little Sunshine closes due to catastrophic circumstances.

## PERSON RESPONSIBLE FOR TUITION PAYMENTS

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

Relationship to child: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

CA Driver's License #: \_\_\_\_\_ Expires: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

I wish to register my child at Little Sunshine Learning Center and agree to all conditions in this Admission Agreement.

Signature of Responsible Person: \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of Director: \_\_\_\_\_ Date \_\_\_\_\_