

Little Sunshine Learning Center
ADMISSION AGREEMENT

License # 013419418

Little Sunshine Learning Center has reserved a place for my child _____, beginning on _____, 20____. 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:

Please Circle One:

- | | | |
|--|---------------------------------|---------------------|
| _____ I select a five (5) days per week schedule | Regular (\$800) | Extended (\$900) |
| _____ I select a four (4) days per week schedule | Regular (\$715) | Extended (\$815) |
| _____ I select a half day schedule (4 hrs.) | Morning (\$650) | Afternoon (\$650) |
| _____ I select a regular part-time schedule | 2 Days/Week (\$465) | 3 Days/Week (\$675) |
| _____ I select an extended part-time schedule | 2 Days/Week (\$495) | 3 Days/Week (\$700) |
| _____ I select a half-day part time schedule | 2 Days/Week for 4 hours (\$265) | |
| _____ Other _____ | Monthly Rate _____ | |

- Please note that there are extra fees if your child is not potty trained. See attached addendum.

I have reviewed and INITIALED where I am in agreement with the following:

_____ The non-refundable registration fee for each child is \$75.00. The registration fee is a one-time fee as long as your child remains enrolled.

_____ I will be charged \$35.00 for each returned checks. 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 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 payments not made by the fifth day of the day month will be subject to an additional required \$20.00 late charge. The 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 am responsible for making the on time FULL monthly tuition payments regardless of illness, vacations, holidays, Spring break, Winter break or emergency closure of the school (example: acts of nature, power outages, 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 as long as 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 child care 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 snack unless your child is on a special diet. The school does not provide breakfast; however, I may bring breakfast up to 8:15 am. If I am unable to bring lunch, because of any emergency, my child will receive a lunch from the school at the cost of \$5.00 payable in cash.

_____ 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 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.

TERMINATION OF THE AGREEMENT

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

- My child is withdrawn from Little Sunshine Learning Center. In order to withdraw your child, you must provide a two-week written notice, and tuition balance is 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: _____

Relationship to child: _____

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 _____