

Sunflowers Daycare Inc

Orckids Preschool

July 2020 through July 2021 Admission Agreement

Date: _____

Start of care date: _____

Child's name: _____

Child's Date of Birth: _____

Parents' name(s): _____

Home address: _____

Email address(es): _____

Home phone #: _____

Parent/Guardian #1 phone: _____

Parent/Guardian #2 phone _____

Schedule & Schedule Changes:

The hours and days agreed upon for care are as Mon: from _____ to _____.

Tue: from _____ to _____ Wed: from _____ to _____.

Thu: from _____ to _____ Fri: from _____ to _____.

A two-week notice is required to be submitted in written form for any temporary changes in this schedule. Care can only be terminated by parents/guardian with two-month notice in writing and parents are responsible to pay the tuition of these mentioned two months. Initial: _____

Terms of Payment:

Parents/guardians agree to pay for childcare according to the attached Schedule of Rates, at a rate of \$_____ per month. A security deposit should be paid equal to the tuition per month at the time of registration. Payment may be made in either money order or check to the order of Orckids Preschool. Please be advised there is a \$35.00 charge for all returned checks. Payments are due on the **third of every month**; checks turned in after the 3rd will be faced with a late payment fee of \$35.00 plus \$10.00 per day thereafter.

We appreciate your cooperation.

Start of care (MM-DD-YYYY): _____

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature: _____ Date: _____

Childcare Provider's Signature: _____ Date: _____

Orckids preschool offers its services in a monthly package including scheduled maximum 9 hours of care per day, educations, music, dance, yoga classes, mostly organic breakfast, lunch & dinner by the rate of:

Full-Time	SP Discount	Days of Care	Part Time	SP Discount
\$1,195.00	\$40.00	2		
\$1,495.00	\$60.00	3	\$995.00	\$45.00
\$1,795.00	\$80.00	4	\$1,095.00	\$60.00
\$1,995.00	\$100.00	5	\$1,195.00	\$75.00

Sibling Policy: The second child in the same program will receive relevant sibling policy discount. Part-Time is only available for maximum 4 hours of care in two options:

1- 8:00 AM through 12:00 PM and includes morning activities and breakfast.

2- 1:00 PM through 5:00 PM and includes afternoon activities and dinner.

Registration fee, (Once, non-refundable) \$150

Material fee, (Once a year, non-refundable) \$350

Security deposit, (Once) Equal to one-month tuition

Extra one hour of care is available upon request based on \$400/month (Half hour, \$200/month).

Our contracts would be year-round based on our school calendar. Please see enrolment packet.

Families should come and leave based on their schedule to avoid early drop off or late pick up fees.

In case of any changes especially policy, rates and fees, Orckids Preschool will notify parents and guardians by 30-day written notice.

HOURS OF OPERATION AND CARE

We are open Monday-Friday, from 8:00 am-6:00pm. Parents who need additional care before or after work hours are welcomed to arrange per availability. Rates may vary for additional hours. Full time hours total 21-45 hours maximum per week, or a total of 4+ hours per day, not to exceed 9 hours per day. Parents in need of additional hours may speak to us to arrange additional contract hours and costs to avoid late pickup fees.

HOLIDAYS & VACATIONS

The Sun Flowers Home Care will be closed all major holidays as well as other holidays and the winter and summer break; all indicted in our school calendar. These are PAID HOLIDAYS (Please be sure to get our school calendar). Parents enrolled full time or part time are required to pay for the schedule holidays or spring & winter breaks dates per contract. All families are required to pay year-round for care.

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature: _____ Date: _____

Childcare Provider's Signature: _____ Date: _____

CHILDCARE PAYMENTS & FEES

All daycare payments are due in advance per contract. Parents are required to pay per contract year-round. All payments are due by the **3rd of the month** for the entire month. Payments received after the due date will result in a \$35.00 late fee. Please comply to avoid fees. Applications will be accepted and evaluated on non-discriminatory basis. In order to secure a space in our program, a non-refundable enrollment fee is necessary. The enrollment fee for a full-time slot is \$150 per child. Parents are required to stay within the contracted hours as requested. Parents must inform us of any changes. **Parents coming before scheduled drop off time or arriving after scheduled pick up time will be charged \$15.00 for the first 15 minutes and \$1.00 a minute thereafter.** Late fees are due no later than the following day. Please call us in the event of an emergency. It is our goal to provide ongoing quality care. We realize fees occur however wish to have all families comply with these policies to avoid having to pay additional fees. Thank you for your cooperation.

Termination Policies:

I understand that my child is accepted into the program on a probationary basis for the first month of his/her attendance. During this time my child can be dismissed without prior notice. The program will give me at least two weeks' notice of dismissal and will refund any unused prepaid fees within two weeks.

The program may terminate the admission agreement for the following reasons:

- a) Parent/guardian has not cooperated with the program regarding child's disciplinary needs.
- b) Parent/guardian has not paid the agreed-upon fee.
- c) Parent/guardian has been uncooperative regarding program policies.
- d) The child is disruptive to the program and is not responding to the measures taken to resolve the problem.
- e) The program is not the best fit for the child.

Rights of the Licensing Agency:

[Section 101200(b) &(c)]. The Department or Licensing Agency shall have the authority to interview children or staff member, and to inspect and audit child or facility records without prior consent. The school shall make provisions for private interview with any children or staff member, and for the examination of all records relating to the operation of the school. The Department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, or inappropriate placement.

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature: _____ Date: _____

Childcare Provider's Signature: _____ Date: _____

Health

Please notify the school if your child has any food allergies or has contracted a contagious disease. The staff respects your privacy and will keep this information confidential, unless otherwise noted by you.

Children with the following infectious diseases must stay home: Chickenpox, head lice, infectious conjunctivitis, vomiting and/or diarrhea, strep throat, hand-foot-and-mouth disease, symptoms of viral or bacterial infection (fever and/or the child is feeling or acting lethargic).

We do ask that for the benefit of the other children and teachers, parents must keep their children at home If they suspect the child is in the first stages of a cold, as this is the time a child is the most contagious.

– **Please do not wait until the illness / cold is full blown to keep them at home.**

Administration of Medication

If your child has been medicated before coming to school, please notify the teacher. If your child needs to take medication while at school, please leave written instructions by certified pharmacist or physician with the teacher. Please do not leave the medication in your child's cubby; it should be given to your child's teacher.

Additional Notes:

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature: _____ Date: _____

Childcare Provider's Signature: _____ Date: _____