Sunshine Houe Kid Zone at Loma Vista Enrollment Agreement

Admissions

- Open to all children who seem to benefit from the program.
- Completed enrollment form and registration fee required.
- Required licensing forms needed before attendance.

Hours & Pick Up

- Open Monday-Friday, 7:00 AM to 6:00 PM.
- Late pick-up fees:
    - $20 for the first 15 minutes.
    - $30 for each additional 15 minutes or portion thereof.
    - You will be notified of the amount to be added to your tuition, paid via ACH.
    - No contact within 1 hour of closing triggers state-mandated protective services involvement.
    - Fees apply also if you are called to pick up your child early or pre-holiday 4 PM closures.

Tuition & Fees

- Due in advance and charged on Mondays via ACH
- $25 fee for declined or refused payments.
- Covers child's space, staff, and materials expenses, regardless of attendance.
- No credits for absences (illness, vacation, etc.).
- 2-week written notice is required for withdrawal or schedule reduction

Changes & Notifications

- 30-day written notice provided for any agreement changes, including tuition increases.
- New contract will be issued.

Permissions

- Granted for your child to participate on indoor/outdoor equipment and in activities.

Closures

- New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Weekend (begins 4 P.M. Wed.), 2 days at Christmas and New Year’s Eve at 4 pm.

Initials _____

Food

- Sunshine House promotes healthy eating with whole grains, fresh fruits, and vegetables.
- Parents are asked to provide low-sugar lunches (a half-sandwich and fruit are recommended).
- Milk and water is served with lunch. Please 100% juice if sent in a lunchbox.
- Food containers should be manageable by the child.

Health

- All medications (including over-the-counter) require completed paperwork & doctor's prescription.
- Staff are not medical professionals and cannot manage the treatment of all conditions.
- Children who become ill during the day are to be picked up within 30 minutes
- Volunteers must provide a negative TB test and proof of immunizations.

Policies

Licensed by CA Department of Social Services (DSS) Community Care Licensing. DSS can review records and interview children without parental consent.

- Parents have the right to visit Sunshine House at anytime.
- Children are observed upon enrollment, particularly during the first two weeks, to determine whether the program can meet their individual needs while maintaining the health and safety of the group.
- Sunshine House uses positive guidance and behavior support methods. Corporal punishment and humiliating or frightening discipline are strictly prohibited by all, including parents.
- Sunshine House reserves the right to refuse or discontinue services if a child's or parent's behavior is noncompliant, disruptive, or abusive, or if it poses a threat to the health, safety, or well-being of children, staff, or families.

Photo & Video Release

- Permission granted for photos and videos of my child to be used for school purposes (promotions, training, publicity) with the child's last name omitted.
- We don't have control over other parents taking and posting photos from school events

Initials _____

Communication

- Sunshine House uses various communication methods:
  - Website: sunshinehouseCA.com
  - Email: sunshinehouseLV@gmail.com
  - Facebook/IG: "Sunshine House Kid Zone Loma Vista"
    - **Note:** Staff cannot communicate with families via social media

Initials _____

REGISTRATION DATA

Child's Name _____ Birthdate _____

Home Address _____

City _____ Zip Code _____ Phone _____

Known Food Allergies _____

Parent 1 Name _____ Cell # _____

Parent 1 Work Name, Address, Phone_____

Parent 2 Name _____ Cell # _____

Parent 2 Work Name, Address, Phone_____

Family email address _____

Circle Days of Attendance: Mon Tue Wed Thu Fri

Approximate time of arrival _____ Approximate time of departure_____

Non-Refundable Registration Fee	$	_____
2 Week Deposit(applied to last 2 weeks in attendance with 2 weeks' notice)		_____
Annual Supply Fee		_____
Weekly Tuition		_____

.

Signature of Parent:_____ Date: _____

Signature of Director:_____ Date:_____
(or authorized person)

Our contact information:

Phone: 925-513-1113 Email: sunshinehouseLV@gmail.com www.sunshinehouseCA.com

Child's Name _____

ACH Collection Information

Account Type: Checking of Savings (circle)

Name on Account: _____

Bank Name_____

Routing Number_____

Account Number_____

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	BIRTHDATE
ADDRESS (Number, Street, City, State, ZIP)			

PARENT / AUTHORIZED REPRESENTATIVE

NAME (Last, Middle, First)	BUSINESS TELEPHONE	HOME TELEPHONE
HOME ADDRESS (Number, Street, City, State, ZIP)		

NAME (Last, Middle, First)	BUSINESS TELEPHONE	HOME TELEPHONE
HOME ADDRESS (Number, Street, City, State, ZIP)		

PERSON RESPONSIBLE FOR CHILD (Last, Middle, First)	HOME TELEPHONE	BUSINESS TELEPHONE

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 PICKED UP	SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

Family & Social History

Name of Child _____ Nickname_____

Parent 1 Name _____ Age _____ Work _____

Parent 2 Name _____ Age _____ Work _____

Has your child been to the dentist? _____ Vision Tested? _____ Hearing Tested?_____

Does your child have any difficulties or differing abilities that we should be aware of?

_____

_____

What method of discipline is used in your home? _____

_____

What is your child's reaction? _____

Sunshine House respects diversity of all family households. We would like information about your household composition to better understand your child.

Married/Living Together _____ Stepfather _____(How Long?)

Separated_____(How Long?) Stepmother _____(How Long?)

Divorced _____(How Long?) Remarks_____

Custody/Visiting Arrangements _____

_____

If Child is Adopted: Age at adoption _____ Does child know they are adopted? _____

Brothers & Sisters of child:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Other Members of the Household (include relationship & age):

_____

At Sunshine House we respect all religious traditions. We do celebrate traditional "American" holidays. Those include Christian based holidays (Christmas, Easter, etc.) but we do not teach the religious aspects of these holidays. It is difficult for very young children to understand religion and we feel it is the parent's privilege to share their religious beliefs with their child. Your child is encouraged to share your family's symbols and celebrations.

What special customs or traditions do your family have? _____

_____.

We respect the cultural/ethnic heritage of all individuals. It is not OK to express racist ideas at Sunshine House. We will challenge and work to re-educate individuals with those attitudes.

What is your cultural/ethnic heritage? _____

What language(s) are spoken in your home? _____

What special traditions do you have related to this heritage? _____.

_____.

We respect diversity of gender roles. We respect the right of and encourage children to freely explore all parts of our curriculum, equally. It is not OK to express sexist ideas at Sunshine House. We will challenge and work to re-educate individuals with those attitudes.

State of California - Health and Human Services Agency California Department of Social Services

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE

PARENT / AUTHORIZED REPRESENTATIVE NAME	LIVES IN HOME WITH CHILD? [ ] YES [ ] NO
PARENT / AUTHORIZED REPRESENTATIVE NAME	LIVES IN HOME WITH CHILD? [ ] YES [ ] NO
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN? [ ] YES [ ] NO	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

PAST ILLNESSES - Check illnesses child has had and specify approximate dates

[ ] Chicken Pox [ ] Asthma [ ] Rheumatic Fever [ ] Hay Fever	DATES	[ ] Diabetes [ ] Epilepsy [ ] Whooping Cough [ ] Mumps	DATES	[ ] Poliomyelitis [ ] Ten-Day Measles (Rubeola) [ ] Three-Day Measles (Rubella)	DATES

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

FREQUENT COLDS? [ ] YES [ ] NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES (*For infants and preschool-age children only)

GET UP?*	GO TO BED?*	SLEEP WELL?* [ ] YES [ ] NO	SLEEP DURING DAY?* [ ] YES [ ] NO	WHEN?* / HOW LONG?*

DIET PATTERN - usual foods	BREAKFAST	LUNCH	DINNER
USUAL EATING HOURS			

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

TOILET TRAINED?* [ ] YES [ ] NO	IF YES, AT WHAT STAGE?*	BOWEL MOVEMENTS REGULAR?* [ ] YES [ ] NO	USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

PRESENTLY UNDER DOCTOR'S CARE? [ ] YES [ ] NO	IF YES, NAME OF DOCTOR	TAKES PRESCRIBED MEDICATION(S)? [ ] YES [ ] NO	IF YES, WHAT KIND / SIDE EFFECTS
USES SPECIAL DEVICE(S)? [ ] YES [ ] NO	IF YES, WHAT KIND	USES SPECIAL DEVICE(S) AT HOME? [ ] YES [ ] NO	IF YES, WHAT KIND

PARENT/AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT/AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____ . This Child Care Center/School provides a program which extends from _____ : ____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

_____ _____
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: Allergies: medicine:

Vision: Insect stings:

Developmental: Food:

Language/Speech: Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

☐ Risk factors not present; TB skin test not required.

☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
☐ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician:_____ Date of Physical Exam: _____
Address:_____ Date This Form Completed: _____
Telephone: _____ Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

* Have a family member or contacts with a history of confirmed or suspected TB.
* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
* Live in out-of-home placements.
* Have, or are suspected to have, HIV infection.
* Live with an adult with HIV seropositivity.
* Live with an adult who has been incarcerated in the last five years.
* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
* Have abnormalities on chest X-ray suggestive of TB.
* Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

CONSENT FOR MEDICAL TREATMENT

As the parent or authorized representative, I hereby give consent to Sunshine House Children's Center to obtain all emergency dental or medical care prescribed by a duly licensed physician (M.D.), osteopath(D.O.) or dentist (DDS) for _____(child's name). This care may be given under 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 Signature: _____

Home Address:_____

Home Phone:_____ Work Phone:_____

PERSONAL RIGHTS
Child Care Centers

See Title 22, Section 101223 of the California Code of Regulations for personal rights applicable to Child Care Centers.

(a) Each child receiving services from a Child Care Center shall have rights which include the following:

(1) To be accorded dignity in their personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet their 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 their authorized representative informed, by the licensee of the 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 their choice. Attendance at religious services, either in or outside the facility, shall be voluntary. In Child Care Centers, decisions concerning attendance at religious services shall be made by the child's authorized representative. To the extent that the child's authorized representative has agreed to the child's compulsory attendance at religious services and activities as a condition of admission in the admission agreement, a Child Care Center may require a child's attendance at such religious services and activities.

(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

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

LIC 995 (9/08) (Detach Here - Give Upper Portion to Parents)

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.***

For the Department of Justice "Registered Sex Offender"database go to www.meganslaw.ca.gov

Sign-In & Out Kiosk

An electronic sign in system requiring a 4-digit code and signature is at the parent desk for drop off and pick up of your child. Please complete the information below so that you can get your assigned 4-digit code for the system.

Once added, you will receive an email from 'Procare'. The email will guide you through the process of getting your 4-digit code that you will use to sign in your child/ren. There is also an app available. Every person who picks up your child will need their own code.

Please note: only parents/guardians will have access to the Procare app so you will be responsible for letting your "additional pickup" people know what their code is (which you will see on the app). We can also let you know your code if you do not have access to the email/app.

If you have any questions please let us know.

Parent/Guardian Information

Parent 1 Name:_____

Parent 1 Email Address:_____

Parent 2 Name:_____

Parent 2Pr Email Address:_____

Additional Authorized Pickups (Please list their name only)

_____

_____

_____

_____

_____

Initials_____