



Sunshine Schoolhouse

1305 Sunshine Ave. Leesburg, FL 34748 * 352-431-3179

FLDOE: 3562

Enrollment Form

Child's first name

Middle name

Last name

Date of birth

Enrollment date

Circle one:

Full Time

T/Th

M/W/F

CHILD INFO

Address

Child lives with (circle one): Mother Father Both Other: _____

Any special custody arrangements we should be made aware of (please attach any court documentation)

Parent/Legal guardian 1 first name

Last name

Cell phone number

Work phone number

Email address

PARENT INFO

Parent/Legal guardian 2 first name

Last name

Cell phone number

Work phone number

Email address

*Any people listed in this section will be given full parental decision-making authority at our school, including but not limited to adding emergency contacts, changing or updating enrollment paperwork, and more. If a non-custodial parent is authorized to pick up, you can list them in the Emergency Contacts section of this form. In the case that there's a change of custodial agreement after enrollment begins, please provide us with legal documentation outlining the new custody agreement. Staff will strictly enforce only what is on this enrollment form.

Your signature below indicates that you have received the Sunshine Schoolhouse Family Handbook, which includes our discipline policy, and that you find all items in the handbook and on this enrollment form agreeable and that the information on this enrollment form is complete and accurate.

Parent/Legal Guardian 1 Signature

Parent/Legal Guardian 2 Signature

Date

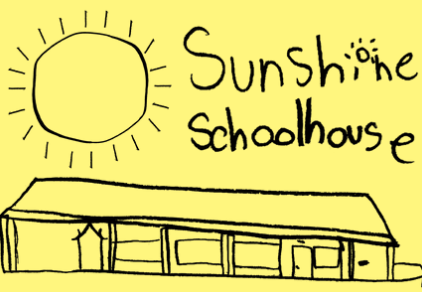
I have received and read the Know Your Child Care Facility brochure provided to me by Sunshine Schoolhouse.

Parent/Legal Guardian 1 Signature

Parent/Legal Guardian 2 Signature

Date

ITEMS RECEIVED



Sunshine Schoolhouse

www.SunshineSchoolhouseFlorida.com

info@SunshineSchoolhouseFlorida.com

Enrollment Form

Known allergies and the reaction they may cause:

I hereby grant permission for the staff of this facility to contact the following medical personnel or 911 to obtain emergency medical care, which may include an ambulance ride. If warranted, I understand that I, as the parent or guardian, will be responsible for all costs associated with said care. If I cannot be reached, I waive my right to informed consent for the treatment deemed necessary by a health care provider.

MEDICAL INFO

Parent/Legal Guardian 1 Signature

Parent/Legal Guardian 2 Signature

Date

Doctor/ Pediatrician: _____ Phone: _____

Hospital preference: _____ Insurance carrier: _____

I grant / decline (circle one) permission for my child, _____, to be photographed in connection with the Sunshine Schoolhouse experience and featured in classroom photos, Sunshine Schoolhouse marketing materials, website, and social media. Pictures will not be accompanied by the child's name, except when used in materials displayed within the school and/or distributed to currently enrolled families.

PHOTO RELEASE

Parent/Legal Guardian 1 Signature

Parent/Legal Guardian 2 Signature

Date

- I understand that there is a \$175 registration fee due upon enrollment.
- I understand that tuition is due no later than Tuesday of each week.
- I understand there is a late pick up fee laid out in the family handbook. Sunshine Schoolhouse will notify local authorities if my child is not picked up by 7:00pm.
- I understand I must provide my child's physical exam (Form 3040) and immunization record (Form 680 or 681) to Sunshine Schoolhouse prior to enrollment and these must be updated as they expire in order to continue enrollment. I agree to grant permission to Sunshine Schoolhouse to receive this and other medical information as deemed necessary.
- I understand that my child must arrive by 9:00am each scheduled day and must arrive by 7:30am if they are to receive breakfast. If my child will not be attending on a regularly scheduled day, I must notify the school by 9:00am.
- I understand that smoking, including vaping and e-cigarettes, is prohibited on Sunshine Schoolhouse premises, including the parking lot.
- I understand that firearms and weapons of any kind are prohibited from the premises, excluding federal, state, or local law enforcement officers.
- I give permission for this and any other information in my child's file to be shared with active staff members of Sunshine Schoolhouse.
- I understand it is against Sunshine Schoolhouse policy for staff to babysit for enrolled families.

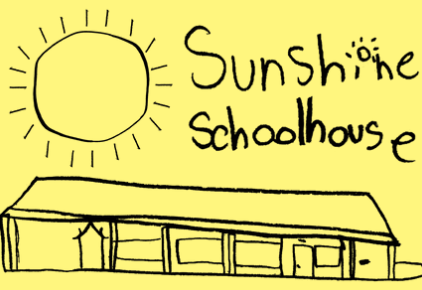
Your signature below indicates your agreement with the policies and points listed above.

Parent/Legal Guardian 1 Signature

Parent/Legal Guardian 2 Signature

Date

ENROLLMENT TERMS



Sunshine Schoolhouse

www.SunshineSchoolhouseFlorida.com

info@SunshineSchoolhouseFlorida.com

Enrollment Form

Your child will be released only to custodial parents listed on this enrollment form or to the persons listed below. The following people may also be contacted and are authorized to remove your child from the facility in case of illness, accident, or emergency if for some reason the custodial parent or legal guardian cannot be reached. Any person listed below must have photo ID with them before we will release your child to them. We will not release a child to anyone who appears to be impaired in any capacity.

If for any reason the custodial parents or the people listed below cannot be reached in case of emergency or 60 minutes past school closing, the local authorities will be notified. If the person picking up your child is not listed below, you must notify Sunshine Schoolhouse in writing in advance.

EMERGENCY CONTACTS

| | | |
|-----------------------------------|-----------------------------------|--------------|
| _____ | _____ | _____ |
| First and last name | Phone number | Relationship |
| _____ | _____ | _____ |
| First and last name | Phone number | Relationship |
| _____ | _____ | _____ |
| First and last name | Phone number | Relationship |
| _____ | _____ | _____ |
| Parent/Legal Guardian 1 Signature | Parent/Legal Guardian 2 Signature | Date |

According to DCF regulations, licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food-related activities. These activities include but are not limited to classroom cooking projects, gardening, birthday or classroom celebrations.

I, _____, give / decline (circle one) permission for my child, _____, to participate in food-related activities and special occasions wherein food is consumed. Please provide the following information:

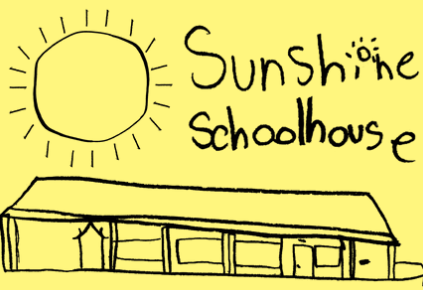
- _____ My child does **not** have a food allergy. He/She **may** participate in food activities.
- _____ My child does **not** have a food allergy. He/She may **not** participate in food activities.
- _____ My child **does** have a food allergy, detailed below. He/She **may** participate in food activities.
- _____ My child **does** have a food allergy. He/She may **not** participate in food activities.

My child may not eat or handle: _____

I agree this form will remain effective for one year from date signed. I may speak to the director to update my preferences.

| | | |
|-----------------------------------|-----------------------------------|-------|
| _____ | _____ | _____ |
| Parent/Legal Guardian 1 Signature | Parent/Legal Guardian 2 Signature | Date |

FOOD PERMISSION



Sunshine Schoolhouse

www.SunshineSchoolhouseFlorida.com

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Enrollment Form

Your tuition rates will be locked in for the dates listed below. While Sunshine Schoolhouse may raise tuition during the year, your tuition will remain the same for the dates listed. Each year around July we will reach out to our families to advise them of any tuition changes for the upcoming year. At that time we will all sign a new tuition agreement form.

Please note that if you unenroll your child from Sunshine Schoolhouse, this tuition agreement will be void and a new agreement will need to be signed, which may reflect a different rate.

From August 1, _____ to July 31, _____ your weekly tuition rate will be:

\$ _____ For Full time enrollment

\$ _____ For part-time, 3 day a week enrollment

\$ _____ For part-time, 2 day a week enrollment

Initial:

_____ I understand that the weekly fee listed above is due each week.

_____ I understand that prior to this agreement expiring I will receive a new agreement with updated pricing for the next year.

_____ I understand that additional fees may incur due to things such as late pick ups, late payments, and optional enrichment activities.

_____ I understand that if I would like to change my child's enrollment schedule I will need to notify Sunshine Schoolhouse two weeks in advance and that a new schedule is dependent upon availability in the program. If no spot is available, Sunshine Schoolhouse will notify you as soon as one becomes available for you.

Child's name: _____

Parent/Legal Guardian 1 Signature: _____ Date: _____

Parent/Legal Guardian 2 Signature: _____ Date: _____

We look forward to you and your child joining the Sunshine Schoolhouse family! If you ever have any questions, please don't hesitate to reach out to us via phone, email, in person, or through the communication app. We can't wait to see how your child blossoms and grows!

Info@SunshineSchoolhouseFlorida.com

(352) 431-3179

**TUITION
AGREEMENT**