San Isidro: 9902 Crystal Ct. Laredo TX 78045 Ph.956.441.02.98



Plantation: 2715 E. del Mar E1 Laredo TX 78041 Ph.945.701.3041

### **ADMISSION INFORMATION**

Child's Full Name		Child's Date of Bi mm/dd/yyyy	rth	Center: Plantation San Isidro	
If your child has 2 names, you want he/she to learn to write first:		he/she to			
Child's Home Address					
Date of Admission Date of Withdrawal		e-mail Mom Dad			
Parents' or Guardians' Names Mother's Name: Father's Name: Guardians' Name if different: Custody:		Address (if different from child's address)			
List telephone numbers be					
Mother's Telephone No.	Father	s lelephone No	Guardian's I	el No.	Cell Phone No
Give the name, address, an emergency if parents / Name: Address: Phone number: I hereby authorize the chill with the following persons released to a parent, or a FIRST AND LAST NAME	dcare ope	eration to allow	my child to leave	the ch	Children will only be
You must submit a copy for each person's ID that you authorize to pick up your child					
<del></del>	nereby 🛭 give	e 🔲 do not give	– my consent fo Field Trips:	or my c	child to participate in
Parent's Comments: SUNSHINE'S COMMMENTS	· YOU MU	IST ACCOMPAN	IV WITH YOUR CH	II D	
2. RECEIPT OF WRITTEN Coperational policies incluprocedures. You can conthis in order to enroll the Signature	PERATION Iding those me to a m	IAL POLICIES: I do se for discipline neeting if you h	acknowledge rec , guidance, all no ave any question	eipt of on-refu ns. You	indable fees, and must read and sign

San Isidro: 9902 Crystal Ct. Laredo TX 78045 Ph.956.441.02.98



Plantation: 2715 E. del Mar E1 Laredo TX 78041 Ph.945.701.3041

# ADMISSION INFORMATION

<ul> <li>3. I understand that the following meals will be serve to my child, If I enroll in the meal plan:    Meal plan: 1 Lunch and 1 snack; Monday – Friday \$100/ Month</li> <li>  Meal plan: 1 Lunch and 2 snacks; Monday – Friday \$110/ Month</li> <li>  Snack plan: 1 snack; Monday – Friday \$20</li> <li>  Want to enroll in the selected meal plan, send the invoice</li> <li>  Monthly</li> </ul>
Semester  3.a No, I don't want to have a Monthly meal plan. I know that I must provide lunch and snack for my children daily. Fail to bring your lunch box before 10:00 a.m. You will be charge \$6.00 usd
Do not serve food to my child. I will bring Lunch in a termo container, (I know that is the allowed material for Preschool kids and younger) and I will bring snacks too.
Signature Food Allergies:
If your child has a food allergy you must submit the doctor's notice.  Comments:  Every once in a while we will be celebrating birthdays at Sunshine. Do you allow your child to receive food from the party (cup cakes and food) if anyone brings to celebrate?
Yes, my child can have food when classmates share  No, I don't allow my child to receive food that someone shares
4. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:
4 Months old − 17 months old  ☐ Drop off Monday − Friday 7:30 a.m. − 10:30 a.m. pick up 2:30 p.m. − 3:00 p.m. \$550  ☐ Drop off Monday − Friday 7:30 a.m. − 10:30 a.m. pick up 2:30 p.m. − 5:30 p.m. \$575  18 Months old − 6 years old+ - Wear your school uniform and closed shoes  ☐ Drop off Monday − Friday 7:30 a.m. − 10:30 a.m. pick up 2:30 p.m. − 3:00 p.m. \$500  ☐ Drop off Monday − Friday 7:30 a.m. − 10:30 a.m. pick up 2:30 p.m. − 5:30 p.m. \$560
Tuition, semester supply fee and registration fee are non-refundable August 2024 – May 2025

San Isidro: 9902 Crystal Ct. Laredo TX 78045 Ph.956.441.02.98



Plantation: 2715 E. del Mar E1 Laredo TX 78041 Ph.945.701.3041

#### ADMISSION INFORMATION

	ADMISSION IN ORMATION	
AUTHORIZATION FOR EMERGENCY MED		
	decide for emergency medical care, I au	uthorize the
person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care	Address:	Ph.#:
Facility:		
The second for the feed that a group will		
I give consent for the facility to secure all necessary emergency medical care for my		
child.		
	Signature - Parent or Legal Gu	vardian
List any special medical concerns that	your child may have, such as allergies, exist	
· ·	ns during the past 12 months, any medication	•
- · · · · · · · · · · · · · · · · · · ·	er information which caregivers should be a	•
,		
	ns under the Americans with Disabilities Act (ADA), Title III. If	
operation may be practicing discrimination in violatio 514-0383 (TTY).	n of Title III, you may call the ADA Information Line at (800) 5	514-0301 (voice) oi (800)-
,		
Signature – Parent or Le	gal Guardian	Date
IMMUNIZATION RECORD: I have pr	ovided the childcare operation with a cop	y of my child's most
IMMUNIZATION RECORD: I have procurrent immunization record.	ovided the childcare operation with a cop	y of my child's most
current immunization record.		· ·
current immunization record.  ADMISSION REQUIREMENT: If your child d	oes not attend pre-kindergarten or school awa	ay from the child-
current immunization record.  ADMISSION REQUIREMENT: If your child d	oes not attend pre-kindergarten or school awe to be presented when your child is admitted to	ay from the child-
ADMISSION REQUIREMENT: If your child decare operation, one of the following must	oes not attend pre-kindergarten or school awe to be presented when your child is admitted to	ay from the child-
ADMISSION REQUIREMENT: If your child decare operation, one of the following must operation or within one week of admission Please check only one option:	oes not attend pre-kindergarten or school awe to be presented when your child is admitted to	ay from the child- the child-care
ADMISSION REQUIREMENT: If your child do care operation, one of the following must operation or within one week of admission Please check only one option:  1.  HEALTH-CARE PROFESSIONAL'S STATE	oes not attend pre-kindergarten or school awe t be presented when your child is admitted to n.	ay from the child- the child-care
current immunization record.  ADMISSION REQUIREMENT: If your child docare operation, one of the following must operation or within one week of admission Please check only one option:  1. HEALTH-CARE PROFESSIONAL'S STATE year and find that he / she is able to	oes not attend pre-kindergarten or school away to be presented when your child is admitted to n.  EMENT: I have examined the above named chotake part in the day care program.	ay from the child- the child-care
ADMISSION REQUIREMENT: If your child do care operation, one of the following must operation or within one week of admission Please check only one option:  1. HEALTH-CARE PROFESSIONAL'S STATE year and find that he / she is able to the Health Care Profession in the profession of the care profession in the profession of the care profession in the profession of the care profession of the car	oes not attend pre-kindergarten or school aware to be presented when your child is admitted to n.  EMENT: I have examined the above named character to take part in the day care program.  Ssional's Signature	ay from the child- the child-care hild within the past
ADMISSION REQUIREMENT: If your child decare operation, one of the following must operation or within one week of admission Please check only one option:  1. HEALTH-CARE PROFESSIONAL'S STATE year and find that he / she is able to the Health Care Profe  2. A signed and dated copy of a health care profession and the state of the signed and dated copy of a health care profession.	oes not attend pre-kindergarten or school away to be presented when your child is admitted to n.  EMENT: I have examined the above named chotake part in the day care program.	ay from the child- the child-care hild within the past
ADMISSION REQUIREMENT: If your child docare operation, one of the following must operation or within one week of admission Please check only one option:  1. HEALTH-CARE PROFESSIONAL'S STATE year and find that he / she is able to the Health Care Profesure 2. A signed and dated copy of a head 3. Medical diagnosis and treatment contains the desired profesure of the signed and dated copy of a head 3.	oes not attend pre-kindergarten or school away to be presented when your child is admitted to n.  EMENT: I have examined the above named chool take part in the day care program.  Sissional's Signature alth care professional's statement is attached. On the professional of the profession	ay from the child- the child-care  hild within the past  Date
ADMISSION REQUIREMENT: If your child docare operation, one of the following must operation or within one week of admission Please check only one option:  1. HEALTH-CARE PROFESSIONAL'S STATE year and find that he / she is able to Health Care Profe  2. A signed and dated copy of a head organization, which I adhere to or any	oes not attend pre-kindergarten or school away to be presented when your child is admitted to n.  EMENT: I have examined the above named chool take part in the day care program.  Ssional's Signature alth care professional's statement is attached.	ay from the child- the child-care  hild within the past  Date
ADMISSION REQUIREMENT: If your child do care operation, one of the following must operation or within one week of admission Please check only one option:  1. HEALTH-CARE PROFESSIONAL'S STATE year and find that he / she is able to Health Care Profe  2. A signed and dated copy of a head organization, which I adhere to or am stating this.	ces not attend pre-kindergarten or school away to be presented when your child is admitted to n.  EMENT: I have examined the above named chool take part in the day care program.  Essional's Signature alth care professional's statement is attached. Enflict with the tenets and practices of a recogning a member of. I have attached a signed and on the professional and continue to the signed and on the professional and the signed and on the professional and the signed and the signed and the professional and the signed and the professional and the signed and th	ay from the child- the child-care  nild within the past  Date  nized religious dated affidavit
ADMISSION REQUIREMENT: If your child do care operation, one of the following must operation or within one week of admission Please check only one option:  1. HEALTH-CARE PROFESSIONAL'S STATE year and find that he / she is able to Health Care Profe  2. A signed and dated copy of a head organization, which I adhere to or am stating this.  4. My child has been examined within	ces not attend pre-kindergarten or school away to be presented when your child is admitted to n.  EMENT: I have examined the above named chool take part in the day care program.  Essional's Signature alth care professional's statement is attached on flict with the tenets and practices of a recogning a member of. I have attached a signed and on the past year by a health care professional of the past	ay from the child- the child-care  nild within the past  Date  nized religious dated affidavit  and is able to
ADMISSION REQUIREMENT: If your child decare operation, one of the following must operation or within one week of admission Please check only one option:  1. HEALTH-CARE PROFESSIONAL'S STATE year and find that he / she is able to Health Care Profe  2. A signed and dated copy of a head organization, which I adhere to or am stating this.  4. My child has been examined within participate in the day care program	oes not attend pre-kindergarten or school away to be presented when your child is admitted to n.  EMENT: I have examined the above named chool take part in the day care program.  Sissional's Signature alth care professional's statement is attached. I have attached a signed and on the past year by a health care professional on. Within 12 months of admission, I will obtain on.	ay from the child- the child-care  nild within the past  Date  nized religious dated affidavit  and is able to
ADMISSION REQUIREMENT: If your child docare operation, one of the following must operation or within one week of admission Please check only one option:  1. HEALTH-CARE PROFESSIONAL'S STATE year and find that he / she is able to the state of the state	oes not attend pre-kindergarten or school away to be presented when your child is admitted to n.  EMENT: I have examined the above named character to take part in the day care program.  Essional's Signature alth care professional's statement is attached on flict with the tenets and practices of a recogn a member of. I have attached a signed and on the past year by a health care professional on. Within 12 months of admission, I will obtain a livill submit it to the child-care operation.	ay from the child- the child-care  nild within the past  Date  nized religious dated affidavit  and is able to
ADMISSION REQUIREMENT: If your child decare operation, one of the following must operation or within one week of admission Please check only one option:  1. HEALTH-CARE PROFESSIONAL'S STATE year and find that he / she is able to Health Care Profe  2. A signed and dated copy of a head organization, which I adhere to or am stating this.  4. My child has been examined within participate in the day care program	oes not attend pre-kindergarten or school away to be presented when your child is admitted to n.  EMENT: I have examined the above named character to take part in the day care program.  Essional's Signature alth care professional's statement is attached on flict with the tenets and practices of a recogn a member of. I have attached a signed and on the past year by a health care professional on. Within 12 months of admission, I will obtain a livill submit it to the child-care operation.	ay from the child- the child-care  hild within the past  Date hized religious dated affidavit
ADMISSION REQUIREMENT: If your child docare operation, one of the following must operation or within one week of admission Please check only one option:  1. HEALTH-CARE PROFESSIONAL'S STATE year and find that he / she is able to the state of the state	oes not attend pre-kindergarten or school away to be presented when your child is admitted to n.  EMENT: I have examined the above named character to take part in the day care program.  Essional's Signature alth care professional's statement is attached on flict with the tenets and practices of a recogn a member of. I have attached a signed and on the past year by a health care professional on. Within 12 months of admission, I will obtain a livill submit it to the child-care operation.	ay from the child- the child-care  hild within the past  Date hized religious dated affidavit
ADMISSION REQUIREMENT: If your child do care operation, one of the following must operation or within one week of admission Please check only one option:  1. HEALTH-CARE PROFESSIONAL'S STATE year and find that he / she is able to Health Care Profe  2. A signed and dated copy of a head organization, which I adhere to or am stating this.  4. My child has been examined within participate in the day care program professional's signed statement and Name and address of health care professional and address of health care professional.	ces not attend pre-kindergarten or school away to be presented when your child is admitted to n.  EMENT: I have examined the above named chool take part in the day care program.  Essional's Signature alth care professional's statement is attached. I have attached a signed and on the past year by a health care professional on. Within 12 months of admission, I will obtain a will submit it to the child-care operation.  Diffessional:	ay from the child- the child-care  nild within the past  Date  nized religious dated affidavit  and is able to a health care
ADMISSION REQUIREMENT: If your child docare operation, one of the following must operation or within one week of admission Please check only one option:  1. HEALTH-CARE PROFESSIONAL'S STATE year and find that he / she is able to the state of the state	ces not attend pre-kindergarten or school away to be presented when your child is admitted to n.  EMENT: I have examined the above named chool take part in the day care program.  Essional's Signature alth care professional's statement is attached. I have attached a signed and on the past year by a health care professional on. Within 12 months of admission, I will obtain a will submit it to the child-care operation.  Diffessional:	ay from the child- the child-care  nild within the past  Date  nized religious dated affidavit  and is able to

### **ADMISSION INFORMATION**

As a new family joining Sunshine Academy, we want to ensure you have all the necessary information to better understand our early learning program and how we strive to serve families. The following topic should address all you need to know, but at any time, please do not hesitate to ask questions or seek more information from our staff. The form below is completed by both administrative staff and the touring parent.

The Parent Handbook is provided to all interested and enrolling parents, which details all of the program's policies and procedures. Acknowledgements of receipts of this handbook is required before, or on, the child's first day of enrollment.

Parent handbook received and understood:	(i	initials c	and sign	ature)

The following topics will be discussed during the tour, parent orientation or within the Parent Handbook:

- Tour of the facility. Tour date: \_\_\_\_\_ Classroom toured: \_\_\_\_\_
- An introduction to the teaching staff.
- A parent visit with the classroom teacher: Meet the teacher.
- An overview of the parent handbook.
- The policy for arrival and late arrival.
- The policy of withdraw.
- An opportunity for an extended visit in the classroom by parent and child for a period to allow both to be comfortable: Meet the teacher day.
- An explanation of Texas Rising Start quality certification.
- A statement encouraging parents to inform the facility on any elements related to their CCS enrollment that the program may be able to help with.
- An overview of family support resources and activities in the community.
- Information on child development and development milestones (assessment).
- A statement informing parents of the significance of consistent arrival time, including
  points that children should arrive before the educational portion of the program begins to
  limit disruption, and the consistent routines prepared children for the transition to
  kindergarten.
- A statement to parents regarding limiting technology use on site (e.g., encouraging them
  to refrain from cellphone use), in order to facilitate better communication between the
  parents and teachers and parents and the child. It is best if parents are not distracted by
  use of electronic devices while at the center/home and the child.
- A statement to parents reflecting the role and influence of families.

acknowledge that I received a tour and that I was provided the above possibilities and/ information completing enrollment for my child:	or
Parents signature:	
Date:	
Admin Initials: T.G.	

# **BANK TRANSFER AUTHORIZATION FORM**

I authorize Sunshine Academy LLC to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing:		
	and on the 5 <sup>th</sup> of e	each month according to
□ \$275 one-time payn	nent for Registration Fees 2	2024-2025 or
<ul> <li>Semester supply fee</li> </ul>	e August 5 <sup>th</sup> , 2024 \$550	
<ul> <li>Semester supply fee</li> </ul>	January 5 <sup>th</sup> , 2025 \$550	
□ Meal plan \$ 100/ Mo	onthly or \$110/Monthly (p	lease mark)
<ul><li>Summer Camp enro</li></ul>	ollment June 2025	
<ul><li>Summer Camp enro</li></ul>	ollment July 2025	_
I understand there will be due to any reason from n Custom bank account in	•	en payments are rejected
Routing number	er	Account number
Account type: (please o	circle your account type)	
Checking Sav	ings Consumer	Business
cancellation by giving writter	to remain in effect until I notify n notice ( <u>info@sunshine-acade</u> be attending classes at Sunshi	my.us) a month in advance of
Customer signature	Customer printed name	
I know that If I don't subm	nit my autopayment and I 5/ Late Payment Fee and I	don't make payments on

service after one week without payment. \_\_\_\_\_ (Initials)

### **ADMISSION INFORMATION**

PHOTO AND VIDEO RELEASE FORM: LAREDO TEXAS

### SUNSHINE ACADEMY PHOTO RELEASE FORM

STANDARD PHOTO AND VIDEO RELEASE FORM FOR MINOR CHILDREN

I hereby authorize the Sunshine Academy to publish photographs taken of me and/or the undersigned minor children, and our name, for use in Sunshine's Academy printed publications, online (Instagram, Facebook, social media) publications and website.

I release Sunshine Academy from any expectation of confidentiality for undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize Sunshine Academy to use their photographs, videos and names.

I acknowledge that since participation in publications and website produced by Sunshine Academy confer no rights of ownership whatsoever, I release Sunshine Academy, its contractors, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Printed Name of parent or legal guardian:	
Signature:	
Street Address:	
City, State, Zip code:	
Names and age of minor children:	
	Age :
	Age :

If you wish to be tagged on social media, please like, and follow Sunshine on social media and let us know who your child is. Thank you!

## **ADMISSION INFORMATION**

Check list for parents enrolling at Sunshine Academy:

<u>Wha</u>	do I need to do before I take my child to Sunshine?
	Enrollment form and copy of ID (mom, dad or tutor)
	Vaccine copy.
	Submit page 32 from Parent Handbook.
	Submit autopay form: fees (fees are non-refundable).
<u>Wha</u>	do I need?
	Diapers (labeled) you must bring diapers for your child. If you don't bring diapers we will charge \$ 1.50/ for diapers from the center.
	Wipes (labeled) we need 1 package per week specially if your child is not potty train, If your child is already potty train he/she will be using wipes but less. We use wipes for diaper change and cleaning face. We do clean the face in a regular basis. Wipes at the center \$8.00 All the students use wipes (face, hands, potty).
	Cream (labeled).
	Extra change of clothes with the name of your child on it.
	Small blanket (must fit inside a gallon Ziplock). If it doesn't fit inside a Gallon ziplock we wont be able to have it at the center.
	Special notes to my teacher: schedule at home, meal preferences, favorite things.
	If you are not enroll in a meal program you must bring your lunch box everyday before 10:00 a.m.
<u>It is g</u>	ood to:
	Attend to my first orientation meeting and understood all my responsibilities. You must have an orientation meeting in order to enroll, if you can not be present please make sure to watch the video and sign the papers.
	Download ProCare parents' app to get my son / daughter daily sheet.
	Let your child sleep well a night before school.
	Attend our parent-teacher meetings to know more about your child development. December 2024 and May 2025.
	Facebook: www.facebook.com/sunshineacademy1
	Instagram: Sunshine_learningcenter