

Sunny Days
Enrollment
Packet

Entrance Date: _____ Withdrawal Date: _____

Child's Name: _____ Sex: ___ Age: ___ Birthdate: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Father's Name: _____ Phone Number: _____

Father's Address (if different from above): _____

Father's Place of Employment: _____ Work Phone: _____

Employer's Street Address: _____ City: _____ Zip: _____

Mother's Name: _____ Phone Number: _____

Mother's Address (if different from above): _____

Mother's Place of Employment: _____ Work Phone: _____

Employer's Street Address: _____ City: _____ Zip: _____

Parents/Guardians are (circle what applies) Single Married Divorced Separated Widowed

Persons who are authorized to remove child from the center (beside guardians):

Name: _____ Phone Number: _____

Address: _____

Other Identifying Information (if any): _____

Name: _____ Phone Number: _____

Address: _____

Other Identifying Information (if any): _____

Name: _____ Phone Number: _____

Address: _____

Other Identifying Information (if any): _____

Persons to contact in case of an emergency when parent/guardian cannot be reached:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Child's Physician: _____ Phone Number: _____

Address: _____

Child's Dentist: _____ Phone Number: _____

Address: _____

Any Allergies or Medical Conditions:

Hospital Preference (circle one): Maine Med Mercy

In the event of a medical emergency, we will first call emergency personnel and then parent or guardian will be reached. If the parent/guardian cannot be reached the emergency contacts will be called. All accidents and injuries are recorded on an accident report.

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Birthdate _____ suffer an injury or illness in the care of Sunny Days and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment of services.

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____

EMERGENCY INFORMATION CARD

Parents, please fill in ALL the most recent information for us to keep on file. Thanks!

Child's Full Name: _____ D.O.B. _____

Address: _____

Parent's Information:

Mother: _____ Cell: _____

Workplace: _____ Work #: _____

Father: _____ Cell: _____

Workplace: _____ Work #: _____

Person to contact in case of an emergency, if parents cannot be reached:

_____ relationship to child _____

Phone #: _____ Alternate Phone #: _____

My child has the following:

Allergies: _____

Medications: _____

Medical Conditions: _____

Anything else we need to know? _____

Child's Medical/Dental Information:

Child's Physician: _____ Phone #: _____

Address: _____

Child's Dentist: _____ Phone #: _____

Hospital Preference (circle one):

Maine Med

Mercy

Getting to Know Your Child:

Name: _____ Nickname: _____ Birthday: _____

Does your child have any siblings? If yes, Name _____ Age _____ Pets: _____

What are some activities that your child enjoys? (i.e. art, being active, etc)

Does your child have any fears or anxieties that we should know?

What are some of your children's strengths?

Do you have any concerns about your child developmentally? Is there anything we can assist you with?

What comforts them? Do they need anything special for naptime?

How are your child's eating habits?

What form of discipline do you use at home?

Is there anything else that you would like to share with us, or that you feel is important?

Partnership Agreement

Sunny Days:

In providing care and education for your child, we agree to provide a secure, professional and loving atmosphere where each child feels safe, learns easily and enjoys a values-based environment. Our goal is to make a positive difference in each child's life. We believe in consistent communication, that will remain open to ideas, suggestions and the needs of both the parents and the children. We support the individual families and respect diversity. We agree to work on this partnership for the betterment of the children and their families.

Director's Signature_____

Parents:

I have read and understand the contents of the Parent Handbook and application form. I agree to the requirements of enrollment and attendance. If I do have questions or concerns, I will speak with the teacher or director. As much as I expect consideration and flexibility from the program, I too will be considerate and flexible. I agree to work in this partnership for the betterment of my child and family.

Parent's Signature_____

Child Care Billing Agreement

My child _____ will be enrolled in Sunny Days. I agree to pay the rate of \$_____ per week. There will also be a one time \$100 registration fee due at sign up.

Times needed: _____ Circle Days needed for Care: MON TUES WED THURS FRI

*I understand and agree that tuition is paid based on enrollment and not attendance; therefore, any family vacations, sick days or unforeseen circumstances that your child does not attend, tuition still needs to be paid in full. If for any reason Sunny Days has a closure for any amount of time, tuition fees will need to be paid in full regardless of child's attendance, to ensure your child's contracted space at Sunny Days. If full payment is not made your child's enrollment will be terminated.

*I understand and agree that a non-refundable registration fee and deposit equal to one week of tuition will be paid to hold the enrollment. This deposit will be applied to the first week of tuition.

*I understand and agree to follow all Sunny Days policies and procedures.

_____ (Name of Customer) hereby authorizes Sunny Days Child Care to initiate Electronic Funds Transfers. **This authorization includes single or recurring debits via Brightwheel Billing.** If a debit/credit is returned for non-sufficient funds or charge backs, a \$25 late fee will be applied to your account and due upon receipt.

Payment Mode: Monday-Weekly Friday-Weekly Monday-Bi-Weekly Friday-Bi-Weekly

Amount Authorized: _____

The authority to remain in full force until Sunny Days Child Care has received notification from "Customer" of its termination in such time and in such manner as to afford Sunny Days or Bank a reasonable opportunity to act on it; or until Sunny Days Child Care has sent "Customer" ten (10) days written notice of Sunny Days Child Care or Bank's termination.

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Sunny Days Child Care Parent References

Amy Walker 207.939.8285

Ally Jamieson 207.205.3558

“A picture is worth a thousand words...”

Here at Sunny Days, we love to document your child’s growth and development through photos. This also gives us an opportunity to show you exactly what activities your child participates in through the day. This includes posting to our private Facebook page for family members and staff. We do understand concerns about the internet and privacy. Therefore, we ask that you please complete the form below if you wish to give us permission.

Photography Consent Form

As the parent of a child/children at Sunny Days, I agree to the following: I understand that my child(ren) whose name(s) are listed below may be photographed at Sunny Days during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services (either in print or on the Internet), posted to Facebook, and included in their personal portfolios.

Child’s Name: _____

Child’s Name: _____

Child’s Name: _____

I give permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting our child care services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child’s enrollment.

Parent’s Signature: _____ Date: _____

Add us on Facebook!!! Please search the email address: childcare@sunnydayschildcare.org

This will be an awesome tool for you. We will be able to post pictures, important dates and other key informational pieces.

Thank you for all your support!

Sunny Days Child Care Rates

(as of January 2021)

	<u>Full Time</u>	<u>3 Days</u>	<u>Drop In</u>
Casco Bay:	\$220	N/A	N/A
Rangeley:	\$220	N/A	N/A
Moosehead:	\$220	N/A	N/A
Pine Point:	\$215	N/A	N/A
Peaks Island:	\$210	N/A	N/A
Sebago:	\$205	N/A	N/A
Acadia:	\$205	N/A	N/A
Katahdin (K-3rd grade):	\$150	N/A	N/A
School Vacations	\$170	N/A	N/A
Summer Camp:	\$180	N/A	N/A

Half Days/Snow Days/Teacher In-Service Days: No additional charge

Please Note:

- If you have two or more children enrolled on a **full time basis**, then you will receive a 10% discount off the total cost of your tuition.
- Payments are guaranteed fees contracted for a specific time and space in the center, regardless of your child's attendance. Any family vacations or sick days that your child is not present at daycare, tuition payment will still be processed at the contracted rate.
- All children will advance to the next room according to *age AND developmental ability AND availability*.
- There will be a charge of \$1 per minute per child if you arrive after 5:30pm. After your third late pickup, the fee will increase to \$5 per minute per child. Excessive late pickup may result in dismissal from the center.
- **There will be a \$25 charge applied to ALL late payments. NO exceptions.**

Sunny Days Holiday Closings

2021

Thursday, December 31st-Friday, January 1st, 2021	New Years
Monday, January 18th, 2021	MLK Jr. Day
Monday, February 15th, 2021	President's Day
Monday, April 19th, 2021	Patriots Day
Monday, May 31st, 2021	Memorial Day
Monday, July 5th, 2021	Independence Day
Thursday, August 26th-Friday, August 27th, 2021	Workshop Days**
Monday, September 6th, 2021	Labor Day
Monday, October 11th, 2021	Columbus Day
Thursday, November 11th, 2021	Veteran's Day
Thursday, November 25th- Friday, November 26th, 2021	Thanksgiving Break
Friday, December 24th, 2021	Christmas Break
Friday, December 31st, 2021	Happy New Year