

ENROLLMENT FORM



CHILD'S INFORMATION

Full Name: _____

Date of Birth: _____

Gender: _____

INTERNAL USE

Enrollment Date: _____

Classroom Assn.: _____

Days Per Week: _____

Director approval: _____ date: _____

Teacher initials: _____ date: _____

Registration fee check: _____ date: _____

First Week Tuition paid: _____ date: _____

KNOWN ALLERGIES *(please list)*

MEDICATIONS

OTHER RELEVANT INFORMATION

Page: 1

Date: _____

ADMISSION FORM



CHILD'S INFORMATION

Full Name: _____ Gender: _____ Age: _____

Phone: _____ Date of Birth: _____

Home Address: _____

Child's Primary Language at Home: _____

Days Desired:	Full Day	M T W Th F
	Half Day	M T W Th F
	Preschool	M T W Th F
	Before/After School	M T W Th F

Once enrolled, should you wish to make any changes to the schedule, you must complete a schedule change request form at least 2 weeks in advance of the change and have received approval from the director or assistant director. Space is limited in some classrooms so schedule changes require senior management approval and may not be granted. If not approved management will let you know when we can accommodate your request.

I will bring my child to school by: _____ AM and pick-up by: _____ PM

Our regular tuition rate is for 9 hours per day. If you require more than 9 hours of care each day, tuition rate will increase 5% for each additional half an hour of attendance until whole-day tuitions apply.

All children must be at the center by 9:00 AM unless otherwise scheduled. If you do not call by 9:00 AM and let us know your child will not be present for the day, we may release employees based on state staffing requirements, and your child may not be accepted for the day.

Parent's name (*print*): _____

Signature: _____

Page: 2

Date: _____

EMERGENCY CONTACTS



CHILD'S INFORMATION

Full Name: _____

Nickname: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____

PARENT/GUARDIAN CONTACT INFORMATION

Full name and relationship: _____

Work Address: _____

Cell #: _____ Cellphone Carrier _____

Work: _____ Email: _____

Primary Language at Home: _____ Need Translation: Yes/No

Full name and relationship: _____

Work Address: _____

Cell #: _____ Cellphone Carrier _____

Work: _____ Email: _____

Primary Language at Home: _____ Need Translation: Yes/No

MEDICAL CONTACT INFORMATION

Doctor: _____

Phone: _____

Address: _____

Dentist: _____

Phone: _____

Address: _____

Preferred Hospital: _____

Phone: _____

Address: _____

EMERGENCY CONTACTS

ADDITIONAL CONTACT INFORMATION

Full name and relationship: _____

Pickup Authorization: Yes___ No___

Emergency Contact: Yes___ No___

Work Address: _____

Cell #:_____ Cellphone Carrier_____

Work:_____ Email: _____

Full name and relationship: _____

Pickup Authorization: Yes___ No___

Emergency Contact: Yes___ No___

Work Address: _____

Cell #:_____ Cellphone Carrier_____

Work:_____ Email: _____

Full name and relationship: _____

Pickup Authorization: Yes___ No___

Emergency Contact: Yes___ No___

Work Address: _____

Cell #:_____ Cellphone Carrier_____

Work:_____ Email: _____

Full name and relationship: _____

Pickup Authorization: Yes___ No___

Emergency Contact: Yes___ No___

Work Address: _____

Cell #:_____ Cellphone Carrier_____

Work:_____ Email: _____

FAMILY BACKGROUND & HISTORY



Names and Marital Status of Parents: _____

Custody/Visiting Arrangements: _____

Siblings of child:

Name: _____ Date of birth: _____ Gender: _____

Name: _____ Date of birth: _____ Gender: _____

Name: _____ Date of birth: _____ Gender: _____

Has the child had a group play experience? _____

Eating problems: _____

Dietary restrictions: _____

Sleeping patterns: _____

What are the child's favorite indoor play activities?

What are the child's favorite outdoor play activities?

Does your child have any fears that you are aware of? If so, what are they?

Does your child have any problems of any kind that we should be aware of?

How would you describe your child's personality?

Are there any interests, priorities, home routines, culture and social practices, and goals of your child that you want us to be aware of so we can interact with your child better?

Page: 5

Date: _____



I hereby authorize the child-care center to take appropriate action in case of an emergency.

I agree to allow my child, _____, by consent of the center, to undergo any X-ray, examination, anesthesia, medical and/or surgical diagnosis or treatment as advised by a licensed physician under the provisions of the Medical Practice Act.

I further authorize the hospital or emergency care facility to release my child to the school representative, should care no longer be required.

This form is to be used only in an extreme emergency or in lesser emergencies when care is required and parents cannot be reached.

Signature of Parent or legal guardian

Date

HEALTH HISTORY



Does your child have health insurance Yes__ No__

Has your child had any of the following illnesses? If so, at what age?

Chicken Pox _____ Measles _____ Mumps _____
Diabetes _____ Scarlet Fever _____ Hepatitis _____

Other: _____

Please list any allergies your child might have and to what degree of severity.

Has your child ever been to the dentist? _____

Has your child ever had a vision test? _____

Has your child ever had a hearing test? _____

Doctor: _____ Phone: _____

Address: _____

Please release any physical and/or immunization records to Sunset Academy for _____.

I hereby authorize Sunset Academy to request any physical and/or immunization records from the physician listed above.

Parent Signature _____

Authorization and Waiver to Transport Child



Child's First Name: _____ Child's Last Name: _____
Date of Birth: _____

*Authorization is valid as long as the child is enrolled at Sunset Academy,
711 S. Sunset Street, Longmont, CO.*

For the safety of the child, each child will be provided a seat belt or safety seat within the guidelines of Colorado state law. If the center is under an emergency evacuation response, your child may be transported in our vans or in private vehicles to the pre-designated sites. Age appropriate child safety seats may not be available for all children during evacuation, but they will be secured with seat belts while being transported to safety.

I authorize Little Stream, LLC, doing business at Sunset Academy, to transport my minor child in a company van or private vehicle, driven by an individual authorized by Sunset Academy. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the direction of the driver and/or staff or volunteer.

I have read and understood the following and have discussed it with my child:

1. My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel.
2. My child is expected to listen to the supervising staff/driver and respect the staff, other passengers, as well as the vehicle itself.
3. Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions, or acts by riders, other drivers or objects
4. My child is to remain in their seat and not be disruptive to the driver of the vehicle

Initial each statement:

____ I recognize with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity. I assume any expenses incurred in the event of an accident, illness, or other incapacity regardless of whether I have authorized such expenses.

____ As a condition for the transportation received, I for myself, my child, my executors and assigns, further agree to release and forever discharge Little Stream, LLC doing business at Sunset Academy and their agents, officers, employees, and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever including those based on negligence in any manner arising out of this transportation.

____ I have read this entire authorization and waiver form, I fully understand its terms and conditions and I agree to be legally bound by its terms

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Parent Notification in the Event of an Evacuation



Name of Facility: Sunset Academy License #: 1698354
Address: 711 Sunset Street, Longmont, Colorado 80501
Major Intersection: South Sunset Street and Ken Pratt Boulevard
Phone number of Facility: (303) 651-6600

Director contact: Samantha Emmer (970) 403-7360
Email: director@sunsetacademy.com

Owner contact: Eric Kuang (303)434-2322
Email: eric@sunsetacademy.com

In the event of an on site evacuation, the staff and children will be relocated to:

Sunset Middle School
1300 South Sunset Street
Longmont, CO 80501
Phone: 303-776-3963

In the event that Sunset Academy must be evacuated due to an emergency in the immediate area, the staff and children will be transported to:

Longmont Recreation Center
310 Quail Road
Longmont CO 80501
(303) 774-4800

In the event the staff and children are evacuated to a shelter due to a pre-evacuation or mandatory evacuation location, every attempt will be made to inform parents of the evacuation location as soon as staff and children have been safely evacuated.

Parent/guardian name (print) _____

Parent/guardian signature _____

Child Immunization Waiver



I/We hereby request exemption for our/my child _____ from the Immunization requirements for child care/school, based on medical reasons.

If the request for the waiver is due to medical reasons, I/We Understand that I/we are to provide the center/school with a note from the child's physician prior to the date of enrollment.

I/We understand that in the event of any outbreak of a vaccine preventable disease, the child may be temporarily excluded from attending the center/school for his/her protection.

Name of parent A _____ Date _____
Signature _____

Name of parent B _____ Date _____
Signature _____

Both parents/guardians who have custodial rights over the child are required to sign the waiver above.

Name of Physician _____ Date _____
Signature _____

Agreements



Parent Handbook Agreement

I hereby agree to comply with all the terms and conditions of the *Parent Handbook* issued by the center and updated online. I have received a copy of the *Parent Handbook* and have read its contents.

Signature of Parent or Legal Guardian

Date

Disenrollment Agreement

I hereby agree and understand that I will give the center a four-week written notice of disenrollment in advance of withdrawal. If I fail to give notice, I understand my tuition account will be charged for four-weeks of my tuition, and I agree to pay in full.

Signature of Parent or Legal Guardian

Date

Permission to Participate

I hereby grant permission for my child, ____, to use all of the play equipment and participate in all of the activities at the center.

I hereby grant permission for my child to leave the center premises under the supervision of a staff member for neighborhood walks and field trips in an authorized vehicle.

Signature of Parent or Legal Guardian

Date

Cot/Mat Consent

The Colorado Department of Human services mandates that all children under the age of 2 years have written authorization to sleep on a cot/mat. I, _____, give permission for my child, _____, to sleep on a cot/mat while napping at the center.

Signature of Parent or Legal Guardian

Date

Sunscreen/Lip Balm/Diaper Cream/Lotion Release

Please apply sunscreen, lip balm, diaper cream/lotion to _____ as needed. I will provide sunscreen/lip balm/diaper cream/lotion marked with my child's name for use.

Signature of Parent or Legal Guardian

Date

Child Protection

I understand that the director of the center is required by law (26-6-102, CRS 1973), to report any evidence or knowledge of suspected child abuse or neglect to the Colorado Department of Human Services.

Signature of Parent or Legal Guardian

Date

Sunset Academy CCAP Parent Contract



Sunset Academy is pleased that you have chosen us for your childcare needs. We partner with the CCAP division in your county to offer child care, and accept state subsidy funding as payment for those services. As part of your enrollment with Sunset Academy, the below contract and agreement must be initiated and signed by the parent or guardian who is responsible for the CCAP swiping of the student(s) enrolled in our program(s). Please read this contract carefully, initial each section and sign the acknowledgement at the bottom:

Terms	Initial
1. I have read and signed the CCAP parent hand book, agreeing to check in EVERYDAY, on the day that my student attends the school.	
2. Student(s) are expected to be checked in and out EVERYDAY on the day they attend. If the CCAP parent/guardian is not the principal drop-off or pick-up person, they will be responsible for ensuring that the person responsible for pick-up/drop-off are given the codes to check in and out the student(s). Per CCAP rules and regulations, Sunset Academy staff member are not permitted to touch your CCAP codes and will not be permitted to use your code on your behalf. While CCAP has a 9 (nine) day back check-in/out allowance, Sunset Academy will not tolerate non-check-in/out beyond the following day. Excuses for non-check-in/out beyond the following day will also not be considered.	
3. If a Parent/Guardian misses any check-in/out in a month long period of time, they will be responsible for full payment of the day(s) and/or session(s) they missed. No discounts will be given on the missed day/session rate. The Parent/Guardian have more than 3 (three) missed check-in/out's at any point during the school year, they may be suspended and/or expelled immediately, without notice upon the 3 rd miss, and their student(s) CCAP spot will be given to another family who has been on the waiting list.	
4. CCAP parent fees are expected to be paid by the 1 st of each month. Sunset Academy allows for a 10 day grace period. If you parent fee is not paid in full by the 10 th business day of each month, CCAP will be notified and you CCAP case and care may be closed or discontinued until those fees are paid in full. You student(s) will not allowed to attend Sunset Academy until your balance, including all applicable late fees. Parents/Guardians will also be sent to the collections agency that Sunset Academy has retained.	
5. CCAP families are expected to adhere to their contract attendance schedule. We plan our staffing based on scheduled attendance and our reimbursement from CCAP is based on student(s) attendance in our program. CCAP only covers no days of absences per month. Sunset Academy will charge you out of pocket for any absences and you agree to pay for them out of your own pocket.	

I have read, initialed, agreed and acknowledged that above statements and will abide by this contract. By signing below, I am stating that I am fully aware that my CCAP enrollment with Sunset Academy is contingent upon my diligence to the above statements, and that Sunset Academy may choose, at their discretion, at any time to suspend and/or expel my student(s) for non-compliance of this contract.

Parent/Guardian Signature

Date

Student Name

Student Name

Student Name

Page: 13

Date: _____

Wait List Registration



Use this short form to reserve space(s) for your child(ren) if there is no immediate availability or no immediate need for care within the next 30 days. Otherwise, use the complete enrollment package.

Parent name: _____

Address: _____

Phone Number:

Home _____

Cell: _____

Name of child: _____ Birth Date: _____

Classroom: _____ Start Date: _____

Days Requested (Circle all that apply): Mon Tue Wed Thu Fri

Name of child: _____ Birth Date: _____

Classroom: _____ Start Date: _____

Days Requested (Circle all that apply): Mon Tue Wed Thu Fri

Name of child: _____ Birth Date: _____

Classroom: _____ Start Date: _____

Days Requested (Circle all that apply): Mon Tue Wed Thu Fri

Registration Fee: _____ Date Paid: _____

First Week Tuition: _____ Date Paid: _____

To reserve a spot for your child, a nonrefundable registration fee and first-week tuition fee is due at the time of reservation.

Availability varies based on transitions according to age. Please call Sunset Academy two weeks in advance to confirm an actual start date. If we are unable to honor your start date as stated above, and you elect to find care elsewhere, all fees and tuitions will be refunded.

Parent/Guardian Signature and Date

Director Approval and Date

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR ~~BANK ACCOUNT AND CREDIT CARD~~

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

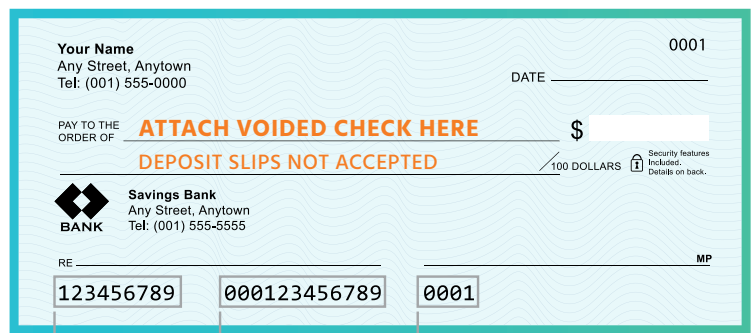
COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



FOR OFFICIAL USE ONLY

Date Received

Employee Signature



2024-2025 Income Eligibility Form (IEF) for Child Care

STEP 1: List ALL children in day care

Children in Foster care or Head Start and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Review the Dear Parent Letter for more details. If there are more than three children, please complete an additional form.

Child's First and Last Name	Age	Circle Normal Days/ Print Normal Hours of Care	Circle Meals and Snacks Normally Received	Check all that apply				
				Foster Child	Migrant	Runaway	Homeless	Head Start
		Sun Mon Tu Wed Th Fri Sat Normal Hours ___ to ___	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack					
		Sun Mon Tu Wed Th Fri Sat Normal Hours ___ to ___	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack					
		Sun Mon Tu Wed Th Fri Sat Normal Hours ___ to ___	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack					

STEP 2: Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF YES → Write the case number here & proceed to STEP 4 (Do not complete STEP 3) **CASE NUMBER:** _____ (Write only one case number in this space.)

IF NO → Go to STEP 3

STEP 3: Report Income for ALL Household Members (Skip this step if you answered Yes to Step 2)

Flip the page for information on sources of income for child income and Household Members.

A. Child Income

Sometimes children in the household earn or receive income.

Please include the TOTAL income received by any children listed in STEP 1.

B. All other Household Members (including yourself)

List other household members not listed in STEP 1 (include yourself) even if they do not receive income. For each household member listed, if they do not receive income, report total gross income (before taxes) for each source in whole dollars (no cents). **If they do not receive income from any source, write '0'. If you enter '0', you are certifying that there is no income to report.**

Child Income:		Circle one:
		Yearly Monthly Bi-weekly Weekly

Name of other Household Members (First and Last Names)	Earnings from Work	How Often?	Welfare/ Child Support/ Alimony	How Often?	Pensions/ Retirement/ Social Security/SSI/VA Benefits	How Often?
		Yearly (Y) Monthly (M) Bi-Weekly (B) Weekly (W)		Yearly (Y) Monthly (M) Bi-Weekly (B) Weekly (W)		Yearly (Y) Monthly (M) Bi-Weekly (B) Weekly (W)
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
Total household Members (Children and Adults)		Last Four Digits of Social Security Number (SSN) of primary wage earner or other adult household member.			XXX-XX-	Check if no SSN

STEP 4: Contact Information and Adult Signature

"I certify that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that CACFP officials may verify that information. I am aware that if I purposely give false information, the participant/center may lose meal benefits and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form Signature of Adult Today's Date

Address City, State, Zip Phone/Email



2024-2025 Income Eligibility Form (IEF) for Child Care

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages.
Social Security <ul style="list-style-type: none"> Disability Payments Survivors Benefits 	A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired or deceased, and their child receives Social Security benefits.
Income from person outside of household	A friend or extended family member regularly gives a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity or trust.

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
Salary, wages or cash bonuses Net income from self-employment (farm or business) If you are in the U.S. Military Basic pay and cash bonuses (DO NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing	Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits	Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

STEP 5: Children’s Ethnic and Racial Identities

We are required to ask for information about your children’s race and ethnicity.

Responding does not affect your children’s eligibility for receiving meals during care. Check all boxes that apply to the child(ren) in care.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: White (Includes Hispanic and Latino) Black or African American Asian Native Hawaiian or Other Pacific Islander American Indian or Alaskan Native

Nondiscrimination Statement Revised May 2022

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at 202-720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at 800-877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, [USDA Program Discrimination Complaint Form](#) which can be obtained online, from any USDA office, by calling 866-632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: Mail: US Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider.

For center staff use only

Household Last Name:	
----------------------	--

Annual Income Conversion: Weekly x 52, Biweekly x 26, Monthly x 12

Total Income	\$	How Often? (Circle One)	Yearly Bi-Weekly	Monthly Weekly	Household size:		Eligibility	Free	Reduced	Paid

Determining Official’s Signature

Month/Year

Expiration Date* (Month/Year)

Today’s Date

*This form expires 12 months after the month in which the institution makes the determination.

Example: If the determination is July 2023, the form is valid from July 1, 2023 through July 31, 2024. The institution may use the date the participant/guardian signs the Income Eligibility Form OR the date the institution’s official make the determination and signs the Income Eligibility Form. The same approval method selected must be used for all forms approved by the institution.