

Contract

I	have reviewed this application/handbook prior to starting	
care. The Director/assistant of	director has provided me with a hand	lbook. I understand each of the
policies and will review them	periodically to ensure that I am wit	hin the guidelines of the school
policies. I have also received	the health records form, emergency	medical care form and discussed the
discipline policy. I understan	d all forms are to be completed prio	r to starting care.
La amaa ta ammall	: C	shina Daysana II Chasinnina
The shares for a	, in Sunshine Daycare, LLC beginning, per week. I understand that all payments	
are handled via Cursoubby (a	utomatic withdrawal) Paymant wil	l be processed on Wednesday prior to
		when I am going on vacation or the
	day prior. I understand that vacation	
· · · · · · · · · · · · · · · · · · ·	d that closure dates for the school and	*
	. If service is terminated by me, I un	
	•	ose weeks of service and all deposits
_	pre-registering my space is being he	<u> </u>
	ninate prior to starting care, I unders	_
nonrefundable. My payment arrangement begins the week prior to my start date. Any adjustments to		
my start date will not change	payment schedules. Further, I under	erstand that the childcare rate is
subject to change under this a	greement.	
My scheduled payment arrange	gement is: Weekly	One time
	<u> </u>	
Payment method: Curacubb	y	
Parent Signature:	Date:	Relationshin:
Turont Signature.	Butc	
Parent Signature:	Date:	Relationship:
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· · · · · · · · · · · · · · · · · · ·	ons responsible for paying this acc	count other than person signing this fill below
Name:	address:	phone:
Signature:	Relationship:	