

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



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

ADMISSION INFORMATION

Child's Full Name <hr/> <hr/>		Child's Date of Birth mm/dd/yyyy	Center: Plantation San Isidro
If your child has 2 names, you want he/she to learn to write: <hr/> <hr/>		Child lives with: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Both parents <input type="checkbox"/> Guardian	Custody documents on file <input type="checkbox"/> Yes <input type="checkbox"/> n/a
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 below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Tel No.	Cell Phone No
Give the name, address, and phone number of person to call in case of an emergency if parents / guardians cannot be reached: Name: _____ Address: _____ Phone number: _____		Relationship _____	
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent, or a person designated by the parent/guardian after verification of ID.			
FIRST AND LAST NAME _____ _____ _____		ADDRESS _____ _____ _____	RELATIONSHIP _____ _____ _____

You must submit a copy for each person's ID that you authorize to pick up your child

1. <input type="checkbox"/> TRANSPORTATION: _____	We do not offer transportation services.	
2. <input type="checkbox"/> FIELD TRIPS: _____	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	– my consent for my child to participate in Field Trips:

ADMISSION INFORMATION

Parent's Comments: _____

SUNSHINE'S COMMENTS: YOU MUST ACCOMPANY WITH YOUR CHILD

3. RECEIPT OF WRITTEN OPERATIONAL POLICIES: I acknowledge receipt of the facility's operational policies including those for discipline, guidance, all non-refundable fees, and procedures. You can come to a meeting if you have any questions. You must read and sign this in order to enroll the school. You can always access this document online too.

Signature _____

<input type="checkbox"/> Discipline and guidance	<input type="checkbox"/> Suspension and expulsion	<input type="checkbox"/> Emergency plans	<input type="checkbox"/> Safe sleep
<input type="checkbox"/> Illness and exclusion	<input type="checkbox"/> Meal and food service practice	<input type="checkbox"/> Immunization requirements	
<input type="checkbox"/> Procedures for release of children	<input type="checkbox"/> Procedures for dispensing medications		
<input type="checkbox"/> Procedures for supporting inclusive services	<input type="checkbox"/> Procedures for conducting health checks		
<input type="checkbox"/> Procedures to visit the center without securing prior approval	<input type="checkbox"/> Procedures for parents to participate		
<input type="checkbox"/> Procedures for parents to discuss concerns with director			
<input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions			
<input type="checkbox"/> Procedures for parents to contact CCL, DFPS, CCL website, CAH			

4. Water activities: I give consent for my child to participate in the following water activities (Check all that apply).

Water table play Sprinkler play Splashing or wading pools
 Aquatic playgrounds Is your child able to swim without assistance YES NO

If not what type of assistance is needed:

5. Meal Plan:

I understand that I must bring lunch box or add a meal plan to my service _____

I understand I can see the monthly menu online www.sunshine-academy.us/menu _____

I understand Sunshine Academy provides only water to drink to my child _____

Meal plan service: 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 7:30 a.m. – 3:00 p.m.
 Meal plan: 1 Lunch and 2 snacks; Monday – Friday \$110/ Month 7:30 a.m. – 5:30 p.m.

I want to enroll in the selected meal plan, send the invoice

Monthly: Always the same price due with monthly tuition.
 Semester: \$450 due on August 2025.

5.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 thermo container, (I _____) know that is the allowed material for Preschool kids and younger) and I will bring snacks too.

Signature _____

Food Allergies: _____

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



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

ADMISSION INFORMATION

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

5. 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. – 10:00 a.m. pick up 2:30 p.m. – 3:00 p.m. \$550 _____
 Drop off Monday – Friday 7:30 a.m. – 10:00 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. – 10:00 a.m. pick up 2:30 p.m. – 3:00 p.m. \$500 _____
 Drop off Monday – Friday 7:30 a.m. – 10:00 a.m. pick up 2:30 p.m. – 5:30 p.m. \$560 _____

I understand that Sunshine Academy is a preschool for my child, and in order to make the most of the services provided, I need to arrive by 9:00 a.m. _____

I understand that the doors at Sunshine Academy will close by 10:00 a.m., and no students will be allowed entry after this time. _____

Tuition, summer camp, summer supply, semester supply fee and registration fee are non-refundable August 2025 – May 2026 _____

You must enroll (paid the enrollment) in advance in order to secure your spot for the following school year 2026-2027 and for summer camp sessions. Late pick up: 1 – 10 minutes \$10, after 10 minutes they will join our Enrichment Program @ \$35/day. Different Late fees apply 5:30 p.m. Lunch If meal program was not selected \$6/ day. Returned check (autopayment) \$35. Student won't be allowed at the Center if failure to pay. Tuition due 5th month, late payment (5th Month) fee and returned checks \$25. You are responsible to bring diapers however in the case that you don't bring each diaper from the center will be charge \$1.50 each, wipes \$8.00 pack

PARENT SIGNATURE _____

Childs Special Care Needs (Check all that apply)

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



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

ADMISSION INFORMATION

<input type="checkbox"/> Environmental allergies	<input type="checkbox"/> Food intolerances	<input type="checkbox"/> Existing Illness	<input type="checkbox"/> Previous serious Illness
<input type="checkbox"/> Limitations or restrictions on childs activities	<input type="checkbox"/> Reasonable accommodations or modifications		
<input type="checkbox"/> Adaptive equipment (include instructions below)	<input type="checkbox"/> Symptoms or indications of complications		
<input type="checkbox"/> Injuries and hospitalizations (past 12 months)	<input type="checkbox"/> Medications prescribed for continuous long term use		

Explain any needs selected above:

Does your child have diagnosed food allergies? YES NO

Food allergy emergency plan submitted date: _____

Child day care operations are public accommodation under ADA Information line (800) 514-0341 _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to decide for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Ph. #:
Name of Emergency Care Facility:	Address:	Ph. #:

I give consent for the facility to secure all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

List any special medical concerns that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

Requirements for Exclusion from Compliance

I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

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



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

ADMISSION INFORMATION

ADMISSION REQUIREMENT:

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission. (Select only one option.)

1. Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.
2. A signed and dated copy of a health care professional's statement is attached.
3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Signature - Parent or Legal Guardian

Date

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: _____ (initials and signature)

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

- Tour of the facility. Tour date: _____
- Toured all classrooms.
- 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.

I acknowledge that I received a tour and that I was provided the above possibilities and/or information completing enrollment for my child:

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.

Name of my child (s): _____
My phone # _____

Terms of billing:

- Starting on _____ and on the 5th of each month according to the amount per the terms in each invoice.
- \$275 one-time payment for Registration Fees 2025-2026 or _____
- Semester supply fee August 5th, 2025 \$550
- Semester supply fee January 5th, 2026 \$550
- Meal plan \$ 100/ Monthly or \$110/Monthly (please mark)
- Semester Meal plan \$ 450 August – December 2025 and/or January – Ma6 2026
- Summer Camp enrollment June 2026 _____
- Summer Camp enrollment July 2026 _____

I understand there will be a \$35 processing fee when payments are rejected due to any reason from my bank.

Custom bank account information:

Routing number

Account number

Account type: (please circle your account type)

Checking

Savings

Consumer

Business

The payment authorization is to remain in effect until I notify Sunshine Academy of its cancellation by giving written notice (info@sunshine-academy.us) a month in advance of the last day that my child will be attending classes at Sunshine Academy.

Customer signature

Customer printed name

Date

I know that If I don't submit my autopayment and I don't make payments on time I will be charged \$25/ Late Payment Fee and I won't be able to have service after one week without payment. _____ (Initials)

Sunshine Academy Photo Release Form:

Photo & Video Release Form for Minor Children

I _____ the undersigned, hereby grant **Sunshine Academy** permission to use photographs and/or video recordings of me and the minor child(ren) listed below in its promotional materials. These materials may include printed publications, social media platforms (e.g., Instagram, Facebook, TikTok), and the Academy's official website.

I understand and agree to the following:

- 1. Use of Images:** Sunshine Academy may use photographs and/or videos of me and the listed child(ren) for educational, promotional, or marketing purposes.
- 2. Confidentiality:** I waive any expectation of confidentiality for myself and the minor child(ren) named below regarding the use of these materials.
- 3. Authority:** I affirm that I am the parent or legal guardian of the minor child(ren) listed below and have full authority to grant this release.
- 4. No Compensation or Ownership:** I understand that participation in Sunshine Academy's media does not entitle me or the child(ren) to compensation or rights of ownership.
- 5. Release of Liability:** I release Sunshine Academy, its employees, agents, and contractors from any liability for claims related to the use of these images or videos.

Name of Parent/Guardian: _____

Signature: _____

Date: _____

Names of Minor Child(ren) and age:

1. _____
2. _____
3. _____

If you wish to be tagged on social media, please like, and follow us. Thank you!

Check list for parents enrolling at Sunshine Academy:

What 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).

What 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.

It is good 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 2025 and May 2026.
- Facebook: www.facebook.com/sunshineacademy1
- Instagram: Sunshine_learningcenter

Vision Exam Results				
Right Eye 20/	Left Eye 20/	<input type="radio"/> Pass	<input type="radio"/> Fail	
Signature		Date Signed		

Hearing Exam Results				
Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail
Signature		Date Signed		