

Little Sonshine School, Inc.
16970 DeWitt Avenue
Morgan Hill, CA 95037
Phone (408) 779-6788 Fax (408) 778-6789

FAMILY INFORMATION AND FINANCIAL CONTRACT (Page 1 of 2)

| | NAME | DATE OF BIRTH | AGE |
|-----------------------|-------|---------------|-------|
| 1 st CHILD | _____ | _____ | _____ |
| 2 nd CHILD | _____ | _____ | _____ |

Please complete the following information for each Parent or Guardian

| | Father/Legal Guardian | Mother/Legal Guardian |
|------------------|-----------------------|-----------------------|
| Name: | _____ | _____ |
| Home Address: | _____ | _____ |
| City: | _____ | _____ |
| State & Zip: | _____ | _____ |
| Home #: | _____ | _____ |
| SSN#: | _____ | _____ |
| Occupation: | _____ | _____ |
| Work #: | _____ | _____ |
| Cell#: | _____ | _____ |
| E-mail: | _____ | _____ |
| Stepparent Name: | _____ | _____ |

If parents are divorced or separated, child(ren) live with: _____

Billing address if different than home address: _____

Daycare children remember: Our center closes at 6:00 pm.

FAMILY INFORMATION AND FINANCIAL CONTRACT (Page 2 of 2)

Center is open 7:00 am to 6:00 pm. Full time is 5 hours or more.
Morning Classes: Preschool, 8:15 am – 11:30 am. Kindergarten, 8:00 am – 2:00 pm.
Afternoon Class: Preschool, 12:00 pm – 3:25 pm.

Program Desired:

AM _____ M/W/F _____ T/TH _____ 5 Days All Day _____ #Days _____
PM _____ M/W/F _____ T/TH _____ 5 Days 12-6 pm _____ #Days _____

School Only _____ School with Daycare _____
AM Kindergarten _____ Kindergarten with Daycare _____

Alternate Program:

AM _____ M/W/F _____ T/TH _____ 5 Days _____ All Day _____ #Days _____
PM _____ M/W/F _____ T/TH _____ 5 Days 12-6 pm _____ #Days _____
School only _____ School with Daycare _____

Registration Fee is not refundable.

Registration Fee Paid? No _____ Yes _____ \$ _____ CK# _____
Tuition for year _____ \$ _____ Weekly _____ Monthly _____

Please check one: Tuition plans **may be changed only once** during the school year.

- We select 10 month payment plan starting August 1st and continuing through May 1st.
- We select 10 month payment plan starting September 1st and continuing through June 1st.
- We select payment in full to be received the 1st day of school or account will default to the 10 month payment plan starting September 1st.

1. I have read and understood the entire financial information sheet and agree to be personally responsible for all financial expenses incurred by Little Sonshine School on behalf of my child(ren).
2. I agree to cooperate with all Little Sonshine School policies.
3. I recognize that Little Sonshine School provides an educational service for my child, which necessitates the payment of tuition and fees. I understand that failure to pay tuition and fees when due, will result in my child being removed from school until my financial obligations to the school are fulfilled.
4. I have read and accepted the above statements and will abide by the rules, regulations, and all decisions set forth by Little Sonshine School.

Signature of Mother or Legal Guardian responsible for the bill

Date

Signature of Mother or Legal Guardian responsible for the bill

Date