



Dear Sol Shine Families,

Please complete the following forms and submit directly to Sol Shine Nature Preschool. Add your initials next to each item to indicate that you have completed it:

- _____ Enrollment Agreement
- _____ Auto Pay Form
- _____ Sol Shine Liability & Media Release Form
- _____ Yakima Area Arboretum Liability & Media Release Form
- _____ \$50 Non-refundable check made out to Sol Shine Nature Preschool toward September tuition

Additional forms may be required if your child has allergies or needs to have medication administered while at preschool. The “Emergency Plan for Allergic Reactions” and the “Medication Authorization” are available on our website under the “Parent Resources” tab.

Thank you in advance for taking the time to fill these out. You may drop off completed forms to a teacher before or after school.

We will email you upon receiving the forms to confirm your child’s enrollment is complete.

Thank you,

Colleen Smith
Director
Sol Shine Nature Preschool

ENROLLMENT AGREEMENT
Sol Shine Nature Preschool

Please review the following information carefully.

1. I certify that I have read and understood Sol Shine Nature Preschool's Parent Handbook.
2. I agree to all of Sol Shine Nature Preschool's operating policies and procedures as described in the Parent Handbook which includes our Behavior Management Policy. I agree to comply with all rules and regulations concerning enrollment, attendance, health guidelines, sick child and emergency policies, arrivals and departures, drop-off and pick-up times, late pick-up policies, absences, finances, behavior management, and all other items specified.
3. I agree to inform Sol Shine Nature Preschool if for any reason my child will not be attending on a regularly scheduled day.
4. I am aware of the hours of operation and agree to pick up my child promptly. I understand that due to staff scheduling requirements, a late pick-up fee of \$5.00 will be incurred for every 10 minutes that a child is picked up past program closing time.
5. I understand that it is my responsibility to notify preschool staff of any family/medical information pertinent to my child's health, safety, and well-being.
6. I agree to keep all family and emergency contact phone numbers up to date.
7. If there are any custody issues, I will provide a court order indicating who is the custodial parent/guardian, and the names of persons to whom preschool staff may not release my child. I understand that Sol Shine Nature Preschool must follow legal guidelines in custody issues.
8. I give my child permission to participate fully in this program.

Child's Name (please print):

Name of Parent/Guardian (please print):

Signature of Parent/Guardian:

_____ Date: _____

AUTO PAY

Sol Shine Nature Preschool utilizes auto-payment from a checking or savings account to accept monthly tuition. Payments are debited from accounts the first day of the month for 10 months during the school year (September through June). With the exception of September (\$50 less with paid deposit), each month is \$299 regardless of the number of school days any given month.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name Sol Shine Nature Preschool Company ID Number 832729255

Same account as last year

I (we) hereby authorize Sol Shine Nature Preschool to debit entries to my (our) ☐ Checking Account / ☐ Savings Account (select one). This is the same account used during the 2020-2021 school year. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Dollar Amount \$ 299 Starting Transaction Date 09/01/2021

This authorization is to remain in full force and effect until Sol Shine Nature Preschool has received written notification from me of its termination in such time and in such manner as to afford Sol Shine Nature Preschool and our financial institution a reasonable opportunity to act on it.

Name _____

Date _____ Signature _____

NOTE: SIGNATURE MUST BE AN AUTHORIZED SIGNER ON THE ACCOUNT.

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

OR

New Account

I (we) hereby authorize Sol Shine Nature Preschool to initiate debit entries to my (our) ☐ Checking Account / ☐ Savings Account (select one) indicated below at the depository financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____

Dollar Amount \$ 299 Starting Transaction Date 09/01/2021

This authorization is to remain in full force and effect until Sol Shine Nature Preschool has received written notification from me of its termination in such time and in such manner as to afford Sol Shine Nature Preschool and our financial institution a reasonable opportunity to act on it.

Name _____

Date _____ Signature _____

NOTE: SIGNATURE MUST BE AN AUTHORIZED SIGNER ON THE ABOVE ACCOUNT.

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.



SOL SHINE NATURE PRESCHOOL, LLC
LIABILITY AND MEDIA RELEASE

Today's Date: _____

Child's Name: _____

Child's Date of Birth: _____ Age: _____ Gender (circle): Male Female

1. LIABILITY RELEASE. In consideration of the above-named child ("My Child") being permitted to participate in preschool education and other related childcare activities instructed or otherwise coordinated by Sol Shine Nature Preschool, LLC ("Sol Shine"), and/or its agents, assigns, associates, or designees (the "Subject Activities"), I, for My Child and for My Child's heirs, representatives, and assigns, hereby:

A. Acknowledge that I am aware that natural or manmade hazards may be present in the indoor and outdoor classroom environment and that My Child will be exploring the Yakima Area Arboretum grounds and that My Child may be handling materials and equipment commonly found in gardens and unmanaged landscapes, including without limitation soil, sand, water, insects, plant materials, and rocks;

B. Acknowledge and recognize that the Subject Activities involve inherent risks and hazards, including, but not limited to, physical injuries My Child may suffer while participating in the Subject Activities, and I personally **ASSUME ALL RISKS**, whether foreseen or unforeseen, associated with My Child's participation in the Subject Activities; and

C. Forever (i) **RELEASE** Sol Shine and its agents, assigns, associates, or designees (the "Released Parties") from any liability, claim, injury, loss, damage, expense, demand, or cause of action, of whatsoever kind or nature, resulting from or otherwise associated with, in whole or in part, My Child's participation in the Subject Activities and (ii) agree to **INDEMNIFY, DEFEND, AND HOLD HARMLESS** the Released Parties from and against all liability, claim, injury, loss, damage, expense, demand, and causes of action, of whatsoever kind or nature, resulting from or otherwise associated with, in whole or in part, My Child's participation in the Subject Activities.

2. MEDIA RELEASE. On behalf of myself and My Child, I (*choose one*)

☐ **DO** or ☐ **DO NOT**

consent to the use of my and My Child's name, likeness, photograph or image (collectively, "Likeness"), including, without limitation, a recording or parts thereof, whether in writing, audio, and/or video (the "Work"), of and in connection with the Subject Activities by Sol Shine or any of its subsidiaries, affiliates, agents or advertising/promotion agencies for any promotional purpose, in any media now known or developed in the future, worldwide. I understand that the Work may be used and published in any manner Sol Shine deems advisable, and may be edited by Sol Shine. I also understand that Sol Shine may use the Work or parts of it, or my Likeness or My Child's Likeness, with or without identifying my name or My Child's name. I agree that Sol Shine may make and use any Likeness described herein without compensation or additional consideration to me or My Child.

If, by selecting above that I "Do" consent to the use of My Child's Likeness by Sol Shine, I, on behalf of myself and My Child, hereby (i) waive any right to publicity in the Work, in any media, or in photographs or recordings taken by Sol Shine in connection with the Work; and (ii) expressly release Sol Shine, its agents, employees, licensees and assigns from all claims which I or My Child have or may have for invasion of privacy, defamation or any other cause of action arising out of production, duplication, broadcast, or exhibition of my or My Child's performance or Likeness

3. AUTHORITY. I represent and agree that (i) I am over the age of eighteen (18) and legally competent to sign this Sol Shine Liability and Media Release ("Release"); (ii) I understand the terms of this Release are contractual and binding in nature; (iii) this Release, with the exception of my payment of any necessary participation fees and requirement to follow any participation rules and policies, contains the entire agreement between myself and Released Parties with regard to the subject matter of this Release; and (iv) I am the legal guardian of My Child and authorized to execute this Release in such capacity.

IN SIGNING THIS RELEASE, I HEREBY ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THIS RELEASE, UNDERSTAND AND ACCEPT THIS RELEASE TERMS, AND AM VOLUNTARILY ENTERING INTO THIS RELEASE.

Name of Parent/Guardian (please print):

Signature of Parent/Guardian

Date

Yakima Area Arboretum
Liability and Media Release



Today's Date: _____

School Year: _____

Child's Name: _____

Child's Date of Birth*: _____ Age: _____ Gender: __Male __Female

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Mobile: _____

Email: _____@_____

I, the undersigned, agree to hold harmless the Yakima Area Arboretum and its staff and volunteers of all liabilities known or unknown that may occur during the course of the scheduled Sol Shine Nature Preschool program. I am aware that natural or manmade hazards may be present in the indoor and outdoor classroom environment and that my preschooler will be spending the day exploring the Arboretum grounds. I am aware that participants will be handling materials and equipment commonly found in gardens and unmanaged landscapes, such as soil, sand, water, insects, plant materials, and rocks, but not limited to these materials only. I accept all responsibility for the activities performed during the program. Photographs will be taken at the Yakima Area Arboretum showing preschoolers, volunteers, and staff involved in preschool activities. These may be used by the Arboretum and/or Sol Shine Nature Preschool for promotional, informational and educational purposes.

___ Photographs may include my youngster.

___ Please do NOT include my youngster in photographs.

Signature of Parent/Guardian _____

Date _____