



Illume Kids Academy Parent Agreement & Terms of Service

This agreement is entered into between **Globex Education LLC**, doing business as (DBA) **Illume Kids Academy** ("Daycare"), and the parent(s)/guardian(s) of the enrolled child(ren). By signing this agreement, both parties agree to the terms and conditions outlined below.

General Information

- **Business Name:** Globex Education LLC DBA Illume Kids Academy
 - **License Capacity:** Licensed to care for up to 14 children of various ages
 - **Location:** 400 Greg Thatch Cir, Sacramento, CA 95835
 - **Operating Hours:** 6:00 AM to 6:00 PM (Monday through Friday)
 - **Extended Hours:** 24/7 care available upon request at additional hourly rate (refer to price list)
 - **Pick & Drop:** Optional pick-up and drop-off service available (inquire for details)
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Enrollment & Settle Down Period

- The first seven (7) days of enrollment are considered a settle-down period.
 - This period is charged at the regular weekly tuition rate.
 - The purpose is to assess the child's readiness and adaptability for group care.
 - Illume Kids Academy reserves the right to terminate care during or after the settle-down period if necessary. Any unused prepaid tuition will be refunded on a prorated basis.
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Tuition & Payment Policy

- **Tuition Terms:** Weekly/Monthly
- **Due Date:** Every Monday
- **Late Fee:** \$15 per day
- **Grace Period:** Services may be suspended if payment is not received by Wednesday each week
- **Returned Payment Fee:** \$35 for any bounced checks or failed electronic transactions



- **No Refunds:** No refunds are offered for any rendered services.
 - **Sibling Discount:** 10% off for each additional sibling enrolled full-time (not stackable)
 - **Referral Discount:** \$50 credit toward the following week's tuition for each new full-time enrollment referred by a current parent
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Pick-Up Policy

- Only individuals listed on the child's authorized pick-up list will be allowed to pick up the child
 - A valid government-issued ID is required for pick-up; IDs from private entities are not accepted
 - **Late Pick-Up Fee:** \$1 per minute after 6:15 PM, unless extended care has been pre-approved and paid for
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Meals, Snacks & Allergy Policy

- Nutritious meals and snacks are provided during daycare hours (food planner available separately)
 - Parents may send food from home if preferred
 - **Allergy Policy:** If any enrolled child has a known food allergy (e.g., nuts), all other parents must avoid sending those items in lunches
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Health & Medical Policy

- Sick children must stay home
 - If illness symptoms arise during care, the child must be picked up within 1 hour of notification
 - Immunization records must be submitted at enrollment and updated as required
 - In case of situational medical emergencies, Illume Kids Academy is authorized to seek emergency medical treatment. Parents are responsible for associated costs
 - Minor first aid may be administered as needed (e.g., band-aids, ice packs, cleaning small wounds)
 - Parents must inform the daycare of any recent exposure to contagious illnesses
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Behavior Policy

- A gentle guidance approach is used, no harsh discipline or punishment
 - Parents will be informed in writing of any persistent behavioral concerns
 - A joint behavior plan may be discussed before disenrollment is considered
 - Children exhibiting aggressive or dangerous behavior may be disenrolled for safety
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Transportation Authorization

- The daycare may plan carefully arranged, supervised special trips for the children away from the day care that do not require bus transportation.
- You will be notified in advance of all trips. These include children taking walks and riding in strollers, wagons, etc.
- You give the school permission to take your child on these field trips.
- You also authorize the daycare to evacuate in case of emergency.
- You understand that the evacuation site is posted in the daycare. and listed in the Family Handbook.

Emergency & Liability

- All reasonable precautions are taken to ensure child safety however Illume Kids Academy shall not be held liable for any injury or incident not resulting from gross negligence or intentional misconduct
 - A separate acknowledgment form regarding liability and insurance will be signed during enrollment
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Holiday & Weather Closures

- Illume Kids Academy observes all federal holidays and will be closed on those days
 - If care is requested on a federal holiday, it may be provided (based on availability) at the **standard daily rate in addition to weekly tuition**
 - The daycare may close on short notice due to inclement weather or emergencies
 - Planned closures will be communicated in advance
 - Tuition will not be refunded or prorated for holidays or emergency closures unless closures exceed three (3) consecutive business days
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Communication & Legal Waiver

- Open, respectful communication is encouraged between parents and staff
 - Concerns will be addressed through mutual discussion
 - By enrolling, parents acknowledge the inherent risks of group childcare and agree to hold harmless Globex Education LLC DBA Illume Kids Academy, its staff, and affiliates from any claims, except in cases of gross negligence or intentional harm
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Policy Updates

- A current copy of this agreement is available at www.illumekids.com
- Illume Kids Academy reserves the right to update policies. Parents will be notified of material changes by email or written notice. Continued enrollment implies acceptance of updated terms

Media Consent

Do you grant permission for Illume Kids Academy to use your child's photos/videos on its website, social media, or promotional materials?

Yes No

Acknowledgment:

By signing below, I acknowledge that I have read, understood, and agreed to all terms listed above:

Last Updated: July 4, 2025

Parent/Guardian Signature: _____

Print Name: _____ **Date:** _____

Authorized Representative (Illume Kids Academy): _____

Print Name: _____ **Date:** _____

PARENT NOTIFICATION ADDITIONAL CHILDREN IN CARE

As required by Health and Safety Code Sections 1597.44(c) and 1597.465(c), you are hereby notified that: **(Check one)**

I am licensed as a Small Family Child Care Home and may provide care for more than six and up to eight children when one child is enrolled in and attending kindergarten (including transitional kindergarten) or elementary school, and another child is at least six years old, and no more than two infants are in care.

I am licensed as a Large Family Child Care Home, and with an assistant provider, may provide care for more than 12 and up to 14 children when one child is enrolled in and attending kindergarten (including transitional kindergarten) or elementary school, and another child is at least six years old, and no more than three infants are in care.

400 Greg Thatch Cir, Sacramento 95835

(PRINT FACILITY ADDRESS)

(CUT ALONG DOTTED LINE)

RECEIPT OF PARENT NOTIFICATION (Facility Copy)

Additional Children in Care

I, _____, acknowledge receipt of the notification that this Small Family Child Care Home may be providing care for more than six and up to eight children, or that ~~this Large Family Child Care Home~~ may be providing care for more than 12 and up to 14 children in accordance with Health and Safety Code Sections 1597.44 and 1597.465.

(PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE)

(DATE)

(CHILD'S NAME)

**Maintain the completed and signed bottom half of this form in the child's record
and provide the completed top half of this form to the child's parent or authorized representative.**

AFFIDAVIT REGARDING LIABILITY INSURANCE FOR FAMILY CHILD CARE HOME

SECTION A:

I/We, the parent(s)/guardian(s) of _____, (Child's Name),
 acknowledge that Lakhwinder Kaur & Vinay Bakshi, (Licensee's Name),
 the licensee of Illume Kids Academy (License #343626852), (Name of Family Child Care Home),
 has informed me/us that this facility does not carry liability insurance or a bond in accordance with standards established by Family Child Care statute.

SECTION B: To be completed only if licensee does not own premises or the licensee is a member of a condominium or Homeowner's Association.

I/We, the parent(s)/guardian(s) of _____, (Child's Name),
 acknowledge that Lakhwinder Kaur & Vinay Bakshi, (Licensee's Name),
 the licensee of Illume Kids Academy (License #343626852), (Name of Family Child Care Home),
 has informed me/us that she/he does not own the premises or is a member of a condominium or Homeowner's Association, and the liability insurance, if any, of the owner/Homeowners' Association may not provide coverage for losses arising out of, or in connection with, the operation of the family child care home, except to the extent that the losses are caused by, or result from, an action or omission by the owner/Homeowners' Association, for which the owner/Homeowners' Association would otherwise be liable under the law.

Signature of Parent(s)/Guardian(s)

Date

NOTE: The law requires Family Child Care providers to carry liability insurance or bond in the amount of \$300,000 annually or to maintain this signed statement in the facility file. Lack of a bond or insurance does not effect the right of parents to bring legal action against the facility.

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ Illume Kids Academy _____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH(D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE
()

WORK PHONE
()



California Pre-Kindergarten and School Immunization Record

Staff must record the required vaccine dose information and status of requirements for each pupil. See reverse side for guidance.

Pupil Name (Last, First, Middle):	Statewide Student Identifier (SSID):	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	Race: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
Name of Parent/Guardian (Last, First):	Birthdate (Month/Day/Year):	Gender:	

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 ST	2 ND	3 RD	4 TH	5 TH		
IPV / OPV (Polio)			Age: ____ yrs.			<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥1 dose given at age ≥4 years.
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)			Age: ____ yrs.	Age: ____ yrs.		<input type="checkbox"/>	5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥1 dose given at age ≥4 years; 3 doses, if ≥1 Tdap dose at age ≥7 years; Tdap dose may meet 7 th Grade requirement.
MMR (Measles, Mumps, Rubella)	Age: ____ mo.					<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year.
Hib (<i>Haemophilus influenzae</i> type b)						<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year.
Hep B (Hepatitis B)						<input type="checkbox"/>	3 doses meet TK/K-12 requirement.
VAR / VZV (Varicella/Chickenpox)						<input type="checkbox"/>	2 doses meet TK/K-12 requirement.
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)	Age: ____ yrs.					<input type="checkbox"/>	1 dose given at age ≥7 years meets requirement for 7 th grade advancement and 7 th –12 th grade admission.

Status of Requirements	Staff Initials <i>I reviewed pupil's immunization record</i>	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end)	Other <i>See codes on reverse side</i>	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now			
Pre-Kindergarten (Child Care or Preschool)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP	
TK/K-12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	
7th Grade (Advancement or Admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	

Guidance For Completing Form CDPH 286

Review the pupil's immunization record for admission to:

- Pre-kindergarten (child care or preschool);
- Transitional kindergarten/kindergarten through 12th grade (TK/K-12);
- (Or advancement to) 7th grade.

1. **Complete the pupil's identification section.** The Statewide Student Identifier (SSID) is a 10-digit number assigned to TK/K-12 public school pupils by the California Department of Education.
2. **Complete the vaccine and dose section** using information from the pupil's immunization record provided by a parent or guardian, prior school, or an immunization registry.
 - a. Record the date (month/day/year) of each dose the pupil has received, even if the pupil has an exemption to one or more required vaccines. Any vaccine given four or fewer days prior to the minimum required age is valid.
 - b. Check the Permanent Medical Exemption (PME) box(es) for vaccines that are permanently exempt for medical reasons. If all vaccines are exempted, then fill in the date for "Date Requirements Met" in the appropriate row in the Status of Requirements section. This date is usually the date records are determined to be complete. File the medical exemption form specifying the exempted immunization(s) in the pupil's record.
3. **Complete the appropriate row in the Status of Requirements section.**
 - a. Enter the initials of the staff reviewing the pupil's record.
 - b. If the pupil meets admission requirements, check the designated box and enter the date under "Date Requirements Met." This date is usually the date records are determined to be complete.
 - c. If the pupil does not have all required doses but is not due for any doses at the time of admission, check the "Missing Doses Not Currently Due—Conditional" box and fill in the "Follow-up Date(s)" space. Review records at least every 30 days. Once the pupil meets all admission requirements, fill in the date for "Date Requirements Met."
 - d. If the pupil has a Temporary Medical Exemption, check the designated box and write the expiration date in the "Follow-up Date(s)" space. Once the pupil meets all admission requirements, fill in the date for the "Date Requirements Met."
 - e. If the pupil is due for doses and subject to exclusion, check the "Missing Doses Are Overdue—Needs Doses Now" box and fill in the "Follow-up Date(s)" space.

- f. If the pupil does not have all required immunizations and does not meet criteria for conditional admission (including a temporary medical exemption) and is:

- **IEP:** Accessing special education services required by the pupil's individualized education program, or
- **IND:** Enrolled in an independent study program and does not receive classroom-based instruction, or
- **Home:** Enrolled in a home-based private school

Then, using the codes above, check the appropriate box under "Other" and fill in the date for "Date Requirements Met."

Maintain a roster of all pupils who are unimmunized for immediate identification in case of disease outbreak or exposure in the community.

TRANSFER PUPILS

Transferring from a school in-state or another state: Review the immunization information and supporting documentation for exemptions included in the pupil's record or other immunization record, verifying the pupil has met immunization requirements for the pupil's age/grade. If the pupil has a Permanent Medical Exemption (PME), then add the pupil's name to your facility's roster of unimmunized pupils.

Transferring from your school: Provide this form or an equivalent immunization record as specified in 17 CCR section 6070(b) and any exemption documentation as part of the pupil's record.

If a pupil transfers from one school to another within California, the pupil's record shall be transferred by the former school no later than 10 school days following the date of request from the school where the pupil intends to enroll (California Education Code section 49068).

Foster children: California law requires schools to immediately enroll foster children transferring to their school even if the child is unable to produce immunization records normally required for school entry. Within two business days of the foster child's request for enrollment, the educational liaison for the new school shall contact the school last attended to obtain all records. The educational liaison for the school last attended shall provide all records to the new school within two business days of receiving the request (California Education Code section 48853.5(f)(8)(C)).

The California Department of Public Health places strict controls on the gathering and use of personally identifiable data. Personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()	
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST			BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ()
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST			BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST		HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY
 (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN
 AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY
 CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the family child care home without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the family child care home, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present.

(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).

6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Sacramento Regional Office
 Licensing Office Address: 9835 Goethe Rd Suite 100 Sacramento, CA 95827
 Licensing Office Telephone #: (916) 263-5744

8. Be informed by the licensee, upon request, of the name and type of association to the family child care home for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995A (8/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. _____

Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov