

**BEEHIVE PARENT-CHILD CENTER, INC.
ENROLLMENT INFORMATION
2010-2011**

Student's Full Name _____ (Circle) Boy or Girl

Preferred Name _____ Birthday _____ Phone _____

Home Address _____
Address City, State Zip

Mother's Full Name _____ Occupation _____

Employer _____ Business Phone _____

Cell Phone _____ Email _____

Father's Full Name _____ Occupation _____

Employer _____ Business Phone _____

Cell Phone _____ Email _____

Doctor's Name _____ Phone _____

Doctor's Address _____
Address City, State Zip

My child will attend the:

_____ AM Program (8:30-11:30) on the circled days

Tuesday
 Wednesday
 Thursday
 Friday

_____ PM Program (Monday 10:00-3:00, Tuesday-Thursday 12:00-3:00)

Preferred Work Day	M	T	W	Th	F
Theme Set-up	1. _____				
	2. _____				

Check # _____	Cash _____
Registration fee	\$ _____
One Month's Tuition	_____
TOTAL	\$ _____

Age Requirements

The **AM Class** serves children who are 2 years 8 months old on or before September 1 of the current school year through those who turn 4 during the school year. The **PM Class** is a Pre-Kindergarten program for children who are 4 years old on or before September 1 of the current school year. All children must be toilet trained.

Parent Involvement Requirements

One parent of each child enrolled at Beehive must fulfill three obligations: (1) work at the school once every two weeks on a regularly scheduled basis, (2) acquire 15 hours of parent education as required by the Texas Department of Protective and Regulatory Services minimum standards for the licensing of childcare centers, and (3) plan, set up, and take down an art project, a cooking project, and science/dramatic play props for the previously determined weekly theme two times during the school year.

Staff

Degreed teachers assume responsibility for developing curriculum and organizing the daily schedule. Any specific problems or occurrences affecting your child will be brought to your attention. Parent-teacher conferences will be scheduled once a year, however, parents may request additional conferences at any time. Parents will be informed of any health issues, including exposure to serious communicable diseases that affect the Beehive children.

School Hours

AM Class - 8:30 to 11:30 Tuesday through Friday

PM Class – 10:00-3:00 Monday, 12:00 to 3:00 Tuesday through Thursday

On a parent’s work day, the parent and child arrive 15 minutes early and stay until all clean-up is completed.

The registration fee and one month’s tuition are due at registration. **If written notification of withdrawal is made by July 1, the monthly tuition is refundable. The registration fee is not refundable.**

I have read the above and understand that Beehive Parent Child Center, Inc. is a non-profit parent cooperative preschool and that I must fulfill the requirements stated above in order for my child to be enrolled in the early childhood program. I agree to work at Beehive one day every two weeks. I understand that I may pay another parent to substitute no more than once a month or every other workday. In addition to the work requirement, I understand that I must acquire 15 hours of parent education for the year and be responsible for planning, setting up, and putting away projects and props used for the weekly theme two times during the school year.

I agree to comply with state law requiring all people volunteering regularly with children to obtain a complete background check, including fingerprinting.

Signature

Date

I, the director, have presented the requirements of Beehive Parent Child Center and accept the responsibility for delivery of such.

Peggy Eggleston, Director

Date

Date of Admission _____

Date of Withdrawal _____

Child's Name _____

PERSONAL HISTORY

Names and ages of siblings.

Name	Sex	Age	Current school

Child's previous experience in peer group situations. (Ex. Sunday School, Mother's Day Out, Preschool, Gymboree, etc.)

Name of Group	# Days per week	Dates

Significant events in child's life (premature birth, medical trauma, frightening experience, etc.)

Child's Name _____

CONSENT FORM

Field Trips are a part of our educational program and will be taken periodically to complement our themes. Parents will be given notice before each field trip, and information about the field trip will be posted. You may refuse any individual field trip. Beehive will take all reasonable safety precautions and will provide careful supervision on all our trips by the teachers and working parents.

I _____ give _____ do not give _____ my consent for my child to participate in field trips.

Signature of Parent or Legal Guardian

Nature walks and walks to nearby points of interest enrich the Beehive curriculum. These walks may include trips to West University Elementary School and grounds, the West University Fire Station, and the Edloe Deli.

I _____ give _____ do not give _____ my consent for my child to participate in walks away from school to nearby points of interest.

Signature of Parent or Legal Guardian

On Water Day, the children may play in sprinklers and wading and splashing pools.

I _____ give _____ do not give _____ my consent for my child to participate in water activities.

Signature of Parent or Legal Guardian

Photographs or videos of Beehive children are taken periodically at school by teachers, parents, or news agencies. These images might be placed on the school website or in print to promote Beehive Parent Child Center, Inc. Neither the minor child nor the parents will be compensated for these images.

I _____ release _____ do not release _____ an unrestricted right for Beehive Parent Child Center, Inc. to use photographic images of my child.

Signature of Parent or Legal Guardian

Child's Name _____ Date of Birth _____

MEDICAL STATEMENT

Immunizations	Date/Dose 1	Date/Dose 2	Date/Dose 3	Date/Date 4	Date/Booster
Polio (IPV or OPV)	_____	_____	_____		
DTaP/DT/DTP	_____	_____	_____	_____	
Hib	_____				
Hepatitis B	_____	_____	_____		
MMR	_____				
Varicella	_____		or Chicken Pox case	_____	
Hepatitis A	_____	_____			
Pneumococcal Conjugate Vaccine	_____	_____			
<i>For 4 year-olds only</i>					
Vision Test	R 20/_____	L 20/_____		____ Pass	____ Fail
Hearing Test	1000Hz	2000Hz	4000Hz		
Right	_____	_____	_____	____ Pass	____ Fail
Left	_____	_____	_____		

Known allergies _____

Existing illness _____

Previous injury/serious illness/hospitalization during the past 12 months _____

Special needs _____

I have examined _____ within the last 12 months and have
(Child's name)
determined that he/she is physically able to participate in a preschool program.

Physician's signature _____ Date _____

Physician's name (Please print or type) _____

Address _____ Phone _____