

**BEEHIVE PARENT-CHILD CENTER, INC.
ENROLLMENT INFORMATION
2008-2009**

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	\$ _____

Attendance 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.

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.

Parent Involvement

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 week’s 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.

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.

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

Name of Group	# Days per week	Dates
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Significant events in child's life (premature birth, medical trauma, frightening experience, etc.)

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 JMH.

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

In conjunction with Water Week, Beehive has a Water Day each year in which 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

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)	_____	_____	_____	_____	
DPT/DTaP/DT/Td	_____	_____	_____	_____	_____
Hib	_____	_____	_____	_____	
Hepatitis B	_____	_____	_____		
MMR	_____	_____			
Varicella	_____	or Chicken Pox case		_____	
Hepatitis A	_____	_____			
Pneumococcal Conjugate Vaccine	_____	_____	_____	_____	
Tuberculin Skin Test or X-Ray		Date _____	Results _____		
<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 _____