

Ms. Bee's Childcare Enrollment Packet

Registration Form

How did you hear about us?	
Preferred Date of Enrollment	

Child's Information

Child's Full name	
Nickname	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	
Child's Legal Guardian	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
Child Lives With	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____

Mother's Information (or Legal Guardian)

Mother's Name	
Home Address	
Mailing Address (if different from Home address)	
Home Phone	
Cellular Phone	
E-mail Address	
Name of Employer	
Occupation	
Business Address	
Work Phone Number	
Driver's license Number	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

Father's Information

Father's Name	
Home Address (<input type="checkbox"/> Check here if same as Mother's address)	
Mailing Address (if different from Home address)	
Home Phone	
Cellular Phone	
E-mail Address	
Name of Employer	
Occupation	
Business Address	
Work Phone Number	
Driver's license Number	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

Parent(s) signature	Date
Parent(s) signature	Date

Ms. Bee's Childcare Enrollment Packet

Emergency Pick-ups Contacts Form	
My child named below may be released to the following authorized persons:	
Child's Full name	
Nickname	
Date of Birth	
Primary Emergency Contact/Pick-up Information (other than parent or guardian)	
Name	
Relationship to Child	
Home phone	
Cellular phone	
Work Phone	
Driver's license number	
Secondary Emergency Contact/Pick-up Information (other than parent or guardian)	
Name	
Relationship to Child	
Home phone	
Cellular phone	
Work Phone	
Driver's license number	

Parent(s) signature	Date
Parent(s) signature	Date

Ms. Bee's Childcare Enrollment Packet

Emergency Release Form	
Consent to Emergency First Aid & Transportation:	
I hereby give permission that my child, _____, may be given emergency treatment by a staff member at Ms. Bee's Childcare. I also give permission for my child to be transported by car, ambulance, or ambulance to an emergency center for treatment, and agree to hold Ms. Bee's Childcare and its employees harmless.	
Consent to Emergency First Aid & Transportation:	
In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician and hold Ms. Bee's Childcare and its employees harmless.	
Emergency Information	
In case of emergency, contact:	
Child's Doctor	
Doctor's Phone	
Doctor's Address	
Preferred Hospital	
Medical Insurance Company	
Name of Medical Insurance Policy Holder	
Medical Insurance Policy Number	
Medical Insurance Group Number	
Blood Type	
Regular Medications	
Medicine(s) allergic	
Food Allergies	
Other Allergies	
Special health conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list:	

Parent(s) signature	Date
Parent(s) signature	Date

Ms. Bee's Childcare Enrollment Packet

Current Tuition & Fees Sheet
Tuition is per week or month per child.
Tuition is due weekly on Monday mornings or the 1st day your child is dropped off at daycare.
If you choose to pay child care monthly, the <u>full</u> monthly tuition is due on the 1st of each month.

Current Tuition Rates	
Ages	Weekly Rates
6 Weeks – 5 Years	\$125.00
After School Care (2:30pm – 6:00pm)	
Full Time Weekly Rate	\$50.00
Part Time Weekly Rate (3 days or less)	\$35.00
Drop-In Care	
Daily Rate	\$45.00

Other Fees	
Registration Fee	Upon enrollment there will be a one-time non-refundable registration fee in the amount of \$50.00 that is payable with the tuition for the 1st week.
Returned Check Fee	If a check is returned I will notify you and will ask for payment in cash plus a returned check fee in the amount of \$35.00. After the first returned check, I will accept <u>only cash</u> .
Late Payment Fee	A late payment fee of \$30.00 will be assessed if tuition is not paid by close of business on the day that tuition is due (i.e. Monday if tuition is paid weekly or 1 st day of month if tuition is paid monthly).
Early Arrival or Later Pickup Charges	Prior arrangements may be made as needed should you require childcare before opening or after closing hours. Rates for before opening and closing hours are at \$10.00 per 30 minutes.
Late Pick Up Charges	After 6:00pm there is a late pick up fee of \$1.00 per minute (our clock).

Parent(s) signature	Date
Parent(s) signature	Date