

The Beehive Preschool Enrollment Packet

About Student

Name:

Birthday (MM/DD/YYYY):

Favorite color(s):

Favorite animal(s):

Other favorites:

Food allergies or any other allergies:

Is your child potty trained? Does your child need any assistance when going to the bathroom? If so please explain:

What are some of your child's strengths and weaknesses when it comes to learning:

What are your expectations of preschool for your child:

Please share anything else important to know that would be beneficial in order to help your child have the best experience learning in the classroom:

How did you find or hear about The Beehive Preschool?

Parent/Guardian Information

Parent/Guardian 1

Name: _____

Relationship to child: _____

Phone number: _____

Email: _____

Parent/Guardian 2

Name: _____

Relationship to child: _____

Phone number: _____

Email: _____

Email address(es) to receive email communication from The Beehive Preschool: _____

Email address to receive monthly tuition invoice from The Beehive Preschool: _____

First contact in case of emergency:

Name: _____

Alternative contact in case of emergency other than parent/guardian:

Name: _____

Relationship to child: _____

Phone number: _____

Out-of-state Yes/No: _____

Class Schedule Request

Requested class schedule:

Tuesday/Thursday (3 – 4 years old)

☐ AM 9:30am – 12:00pm

☐ PM 12:30pm – 3:00pm

Monday/Wednesday/Friday (4 – 5 years old)

☐ AM 9:30am – 12:00pm

☐ PM 12:30pm - 3:00pm

Is there any specific reason this schedule is being requested:

_____ (*initial*) I understand that my child may not get into the class schedule I request.

People with Permission to Pick Up My Child from School

Name/Phone Number/Relationship to child:

Name/Phone Number/Relationship to child:

Name/Phone Number/Relationship to child:

Name/Phone Number/Relationship to child:

Name/Phone Number/Relationship to child:

Name/Phone Number/Relationship to child:

_____ (*initial*) I give these individuals permission to pick up my child from school. I understand that if there are any changes that need to be made to my permission to pick up list I must inform The Beehive Preschool as soon as possible because in order to let my child go home with anyone they must first be on the permission to pick up list.

The Beehive Preschool Contract

Registration Fee

_____ (*initial*) I understand that I must pay a \$50.00 non-refundable registration fee that must be received by The Beehive Preschool along with the completed enrollment packet in order to secure a spot in a class for my child.

New Student Enrollment Policy

_____ (*initial*) I understand that if classes are not full students can be enrolled in The Beehive Preschool throughout the school year however, all new student enrollments at The Beehive Preschool will start coming to class on the Monday or Tuesday (depending on class schedule) after the enrollment packet is received by Ella Suprise (The Beehive Preschool Teacher).

Potty Trained Policy

_____ (*initial*) I understand that before the first day of school I must do my best to have my child potty trained, meaning that he/she can use the bathroom independently without any assistance. Each child needs to be able to flush the toilet, pull up their pants, and wash their hands on their own. Please send your child to school with extra clothes to change into in case of an accident. If you would like you can send a set of clothes in a bag with your child's name on it to keep at school to be returned to you whenever you want or at the end of the school year. If a child has an accident and does not have a change of clothes a parent/guardian will be called and asked to bring extra clothes for their child to change into. If a child has an accident the affected areas will be sanitized. If I indicated in the About Student section that my child still needs assistance when using the bathroom I give Ella Suprise (The Beehive Preschool teacher) permission to help my child use the bathroom.

Dropoff/Pickup Street Safety

_____ (*initial*) I understand that when dropping off or picking up my child from The Beehive Preschool I must be respectful of the neighbors and neighborhood where the preschool resides. I understand that I must make sure my vehicle is not an obstruction in the street(s) or to neighbor's driveways. I understand that I need to be alert when operating my vehicle as other children will be getting dropped off and picked up by parents/guardians.

Early Dropoff/Late Pickup

_____ (*initial*) Unless prior approved arrangements have been made with The Beehive Preschool, I agree to not drop off my child to school earlier than 10 minutes before their scheduled start time. I understand that if I drop my child off 10 minutes before their scheduled start time any minutes before 10 minutes I will be charged \$1.00 per minute. I commit to not pick up my child later than 10 minutes after their scheduled end time. I understand that if I pick my child up 10 minutes after their scheduled end time any minutes after 10 minutes I will be charged \$1.00 per minute.

Sign In/Sign Out

_____ (*initial*) I understand that I am required to sign my child into school on the sign in/sign out sheet when I drop him/her off and I am required to sign my child out of school on the sign in/sign out sheet when I pick him/her up. (Sign in/sign out sheet suspended until further notice because of Covid-19)

Tuition Agreement

_____ (*initial*) I agree to pay \$75.00 US a month if my child is in the Tuesday/Thursday class. OR I agree to pay \$115.00 US a month if my child is in the Monday/Wednesday/Friday class. (Approximately \$3.80 an hour) I understand that tuition due dates are the last business day of the prior month to the month of classes. (For example, August's tuition will be due the last business day in July. Ella Surprise (The Beehive Preschool teacher) is willing to work with you so if this payment schedule does not work for you or you would like to pay in separate payments throughout the month please let her know.)

Late Fee Policy

_____ (*initial*) I agree to pay tuition payment amounts in full by the due date on statements received by The Beehive Preschool. I understand that if I am late on a payment I will be charged a late fee of \$10.00 for every day past the due date until the tuition is paid in full. I understand that my child may end up losing their spot in class if this happens more than three times in a school year.

No Refund Policy

_____ (*initial*) I understand that I will not receive any refund of payments for any reason. If my child misses any days of school due to sickness, vacation, weather, or not coming to school for any reason I understand that I will not receive a refund of payment. I understand that I will not receive any refund of payments in case of emergency or illness of Ella Surprise (The Beehive Preschool teacher) and class has to be cancelled. However, if more than 4 consecutive days of scheduled classes per class per school year have to be cancelled due to Ella Surprise's emergency or illness Ella Surprise will obtain a substitute teacher or refund portion of payments.

Emergency Policy

_____ (*initial*) In case of serious emergency or serious illness, I hereby authorize The Beehive Preschool to obtain emergency medical care and/or provide emergency medical transportation for my child. I understand that The Beehive Preschool cannot be held liable in any way for any accident, illness, and/or injury that occur while at school or on school property. Ella Surprise (The Beehive Preschool teacher) is CPR/First Aid certified and will assist the child(ren) to the best of her ability until medical personnel arrive.

Health and Immunization Policy

_____ (*initial*) I understand that if a child shows signs of illness, the child will need to be picked up from school immediately. I agree to pick up my child if requested if he/she is showing symptoms of illness. I agree to keep my child home until well and understand that children must be free of symptoms for 24 hours before returning to school. I understand that all children that

attend The Beehive Preschool must be current on their immunizations. I agree to have my child be current on all their immunizations.

Photo Agreement (optional)

_____ (*initial*) I give permission for my child to be photographed by Ella Suprise (The Beehive Preschool teacher). Photos will be taken for first day of school, picture day, and while my child is playing and doing activities in class. The photos will be used in crafts throughout the school year and in the end of year memory book. Some photos taken will also be used on The Beehive Preschool website and Instagram page, names will never be used, and all parents/guardians will be asked permission and notified before any pictures are used on the website or Instagram.

By initialing and signing this document I indicate that I have read and understand The Beehive Preschool Enrollment Packet and Contract and agree to all the terms set.

Signature

Print name

Date
