



ADMISSION INFORMATION

Operation Name BEE Kids Day Out		Director's Name Fred Pirotna	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal	EMAIL:	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No.
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:			
1. <input type="checkbox"/> TRANSPORTATION:			
Walk home	<input type="checkbox"/> for emergency care	<input type="checkbox"/> on field trips	<input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
2. <input type="checkbox"/> FIELD TRIPS: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:			
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:			
<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:			
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		



ADMISSION INFORMATION

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date



ADMISSION INFORMATION

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to: walk to or from school or home, ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission. Please check only one option:

1. **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
DATE _____			

Signature – Parent or Legal Guardian Date



ADMISSION INFORMATION

HEALTH REQUIREMENTS											
Name of Child:								Date of Birth:			
Age ▶ Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											
TB TEST (if required)	<input type="checkbox"/> Positive			<input type="checkbox"/> Negative			Date:				
Signature or stamp of a physician or public health personnel verifying immunization information above. _____											
						Signature			Date		
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.											
						Parent's signature			Date		
<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.											
For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm											

Signature – Parent or Legal Guardian

Date



ADMISSION INFORMATION

Physician's Health Statement

Child's Name _____ Date of Birth _____

This child has been examined by me within the past 12 months and is found to be in good health and able to attend child care. This child is physically able to participate in all aspects of the child care program.

Physician's Signature _____

Date _____



ADMISSION INFORMATION

TUITION CONTRACT & POLICY STATEMENT

REGISTRATION

A non-refundable registration fee is required yearly at time of registration.

TUITION

Tuition is based on 33 weeks during the school year divided equally into 9 monthly payments and ***remains the same regardless of absence or holidays*** (school closures have already been deducted from total number of weeks in the session.)

Tuition is to be paid on the 1st class day of the month. Any payment made after the 10th of the month will be charged a 25.00 late fee payable immediately. There is a \$ 25.00 NSF fee. **If enrollment is terminated, a withdrawal form is required 30 days prior and a final month tuition is due.** Failure to give notice will result in forfeit of final month's tuition.

WITHDRAWALS AND REFUNDS

There is a ***two-month minimum*** for all classes. One-month notice from the first of the month is required to discontinue any enrollment. Withdrawal must be done in writing and will not be accepted over the phone. Withdrawal must be received by the Director. **Withdrawal must occur within the first 7 days of the month of the month prior to withdrawal. No withdrawals will be accepted after March 30th.**

To withdraw from classes a parent must:

1. Inform the Director in person.
2. Complete and sign a withdrawal form provided in the office.
3. Emailing the director will also be permitted.

All pre-paid classes are not eligible for a refund.

Blessed Educational Environments LLC reserves the right to withdraw any student without notice. In such a case a pro-rated refund for classes will be given within 30 days of the withdrawal.

I understand and accept these policies and procedures for payment to Blessed Educational Environments LLC.

Signature of Responsible Party

Date

Office Use:

Reg fee paid _____ ck# _____ received by _____ paid online _____ date _____

Tuition monthly _____ School and class location _____



ADMISSION INFORMATION

Blessed Educational Environments, LLC.

BEE Kid's Day Out

512-921-0644 or 512-921-3643

Policies and Procedures Handbook Acknowledgment Form

I have received a copy of BEE KDO Parent Handbook. I understand that I will be held responsible for reading and understanding the information provided and will adhere to the rules and regulations set forth.

Signature Date

Photograph/Video/Film/Website/Internet Release Form

I, _____ hereby authorize _____
Name of Parent or Guardian Name of Student

to participate in the making of a project consisting of photographs and/or video/film production and /or internet website titled www.blessededucation.com. I specifically understand that BEE KDO shall hereby retain any and all rights of the photograph(s) and /or video/film production and/or internet/website, including but not limited to, the right to reproduce, copy, edit, exhibit, publish, or distribute such photograph(s) and/or video/film and/or internet including our Facebook pages.

Signature Date

Contact Information and Email Directory

Family e-mail address: _____

Home or other contact phone number: _____

Our email and phone number info MAY or MAY NOT (circle one) be given out to other BEE KDO families.



ADMISSION INFORMATION

Discipline and Guidance Policy for BEE KDO

- ◆ Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

Parent Employee/Caregiver Household member of child-care home



ADMISSION INFORMATION

Handbook and Operational Policies Acknowledgment

Child's Name _____

I have received a copy of BEE KDO Preschool Parent Handbook and Operational Policies. I understand and agree to the following terms and conditions. Please initial each item:

_____ I understand I will pay a nonrefundable registration fee once per year due at registration to secure my child's admission in a class. If you withdraw from the program and then wish to return later in the year an additional registration fee will be due.

_____ I understand that I will pay a registration and supply fee once a year due at the time my child's enrollment is confirmed and submitted.

_____ I understand that a nonrefundable tuition installment payment is due at the time my child's enrollment is confirmed. The remaining tuition installment payments are due on the first of every month from September through April.

_____ I understand that tuition is calculated on a yearly basis and is not flexible with long or short months. Refunds are not available for the time a child is absent or if the school is closed due to holidays, inclement weather, or emergency situations.

_____ I understand that withdrawal from the program requires a 30 day written notice and a final months tuition will be due. A withdrawal form can be obtained from the Director via email or on our school website.

_____ I understand that if the installment payment is not received by the 10th of each month, a late fee of \$25.00 will be charged. If the 10th falls on a weekend or extended holiday tuition is due the last school day of the week prior to the 10th.

_____ I understand that a \$25.00 fee will be assessed if a check is returned by the bank due to insufficient funds.

_____ I understand that a fee of \$1.00 for each minute or any part thereof will be charged if my child is picked up after 1:30.

_____ I understand that BEE, LLC. is not responsible for the nutritional value of lunches brought from home or for meeting the child's daily food needs.

_____ I understand the policy regarding sick children and will adhere to the guidelines to protect the health of my child and the children at school.

_____ I have read and understand the discipline and guidance policy that is included in the handbook.

Signature _____ Date _____