



The best start in life

## ENROLLMENT APPLICATION

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Your Child's History

What was your child's birth weight? \_\_\_\_\_ lbs. \_\_\_\_\_ oz.

My child was:

- ☐ Full-term  
☐ Premature

My child was/is fed:

- ☐ Formula  
☐ Breast Milk  
☐ Both

Apgar Score at birth: \_\_\_\_\_

Gestational Age at birth: \_\_\_\_\_ weeks

My child:

- ☐ Uses/used a pacifier  
☐ Sucks/sucked his/her thumb  
☐ Neither

What did/does your infant do to self-soothe?

Who is your child's physician? \_\_\_\_\_

☐ Pediatrician ☐ Family Doctor

At what age did your child:

Smile \_\_\_\_\_

Feed himself/herself \_\_\_\_\_

Roll over from front to back \_\_\_\_\_

Say his first word \_\_\_\_\_ which was \_\_\_\_\_

Roll over from back to front \_\_\_\_\_

Build a tower of four blocks \_\_\_\_\_

Crawl \_\_\_\_\_

Say a sentence of two to four words \_\_\_\_\_

Stand while holding on \_\_\_\_\_

Ride a tricycle \_\_\_\_\_

Walk \_\_\_\_\_

Complete a four-piece puzzle \_\_\_\_\_

### Your Child

Please describe your child in five words.

Are there any personality or behavioral traits that it would be helpful for us to know?

Is there anything that frightens your child? How does s/he react to being frightened? How do you respond?

## Your Child (continued)

What comforts your child?

What angers or frustrates your child?

How do you respond to your child's negative behavior?

Does your child have any comfort items to help him/her sleep?

On a typical day, what is your child's mood upon waking?

What time does your child go to bed? \_\_\_\_\_ What time does your child wake up? \_\_\_\_\_

What is your child's nap schedule? (if any)

Does your child typically have trouble sleeping (night terrors, trouble getting to sleep)?

Is your child toilet-trained? If not, what method will you be using for toilet training?

Does your child need any assistance when using the toilet? What type of help does s/he need?

How does your child let you know when s/he needs to use the restroom?

## Your Child's Home and Family

**Who is in your child's family? Please list the name of each person in the family and his/her age. For the adults in the family, please include the highest level of education achieved and current occupation. (This information is for demographic purposes only.)**

**Who lives in the family home?**

**What is the primary language spoken in the family home? Please share a list of familiar words and phrases with your child's teacher.**

**Does your family have any cultural or religious practices that we should be aware of, such as dietary restrictions? Does your family cultural beliefs incorporate any special celebrations?**

**Would you be willing to come in to your child's classroom and teach the children about your family's celebrations? Do you have any suggestions as to the best way for BrightPath to incorporate your family's culture into our classrooms?**

**Are there any special custody arrangements and/or shared parenting arrangements for this child? If yes, please share these arrangements with us.**

**Is your child currently going through any major transitions, such as divorce, death in the family, new sibling, moving from crib to bed, or a new home?**

**Do you have any pets at home? If yes, what types of pets and what are their names?**

**What have your childcare arrangements been thus far?**

## Food and Fun

How often does your child drink milk, juice or water during the day at home?

Does your child have any favorite foods? What are they?

Does your child have any foods s/he doesn't care for? What are they?

Are there any foods your child should not eat? (Please see your Center Director for a "Child Care Plan for Health Conditions" form if your child has any food allergies or dietary restrictions.)

Where does your child sit at the table (high chair, booster seat, dining chair)?

## Expectations

What are your goals for your child this year?

What are you and your child most excited about as you begin our program?

Are you or your child anxious about any part of our program?

Is there any other information about your child that would be helpful for us to know?

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BusyBees admits children of any race, religion, color, ethnic origin, sex or disability (ADA, 1990) and differing abilities to all the rights, privileges, programs, and activities. In addition, we will not discriminate on the basis of race, color, or ethnic origin in administration of our educational policies, scholarships, loans, fee waivers, educational programs, and extracurricular activities. In addition, the school is not intended to be an alternative to court-ordered, administrative-ordered, or public school district initiated, desegregation.



## Cot Waiver

It is time for your child to transition from a crib to a cot.

My Child \_\_\_\_\_ has permission to sleep on a cot during nap time.

Date of Birth \_\_\_\_\_

\_\_\_\_\_

Parent Signature



## Connect (Parent Engagement Program)

I, \_\_\_\_\_ (Parent/Guardian Name) am the parent or guardian of \_\_\_\_\_ (Child's Name) (the “**child**”) and have voluntarily chosen to participate in Busy Bee’s **Connect** (the “**Engagement Program**”).

### Participation Agreement

In consideration for Busy Bees, its subsidiaries and affiliates providing Connect (Engagement Program), accepting my application to participate in Connect (Engagement Program), and providing me access to Connect (Engagement Program), I hereby understand, acknowledge, and agree that:

- A) Our participation in Connect (Engagement Program) is entirely voluntary and undertaken at my own and my child’s risk.
- B) I have read the Connect Parent Engagement Information Letter attached hereto and I have had all my questions in relation to the Connect Engagement Program answered to my satisfaction prior to deciding to sign this Participation Agreement.
- C) I understand that I am prohibited from sharing photos and/or video of any children (other than my child), including any group photos/video, that I may have access to through my participation in the Connect Engagement Program. Should any photos and/or videos of children other than my child be distributed in violation of this covenant, I agree to indemnify and hold harmless Busy Bees and its agents, employees, affiliates, and/or assigns for all claims, liabilities, damages, losses, and expenses (including legal fees on a solicitor and own client full indemnity basis) arising by reason of my unauthorized distribution in breach of this covenant.
- D) I understand and acknowledge that the Connect Engagement Program relies on the use of a third-party provider (the “**Developer**”) that utilizes the internet and cloud computing technology. Accordingly, I acknowledge that the Developer will have access to information, photos, and videos of and about my child and may create and hold electronic copies of this information for the purposes of back-up. The Developer may also monitor, for its internal use only, my access and use of the Connect Engagement Program. I understand and acknowledge that there are inherent privacy and confidentiality risks when using an internet-based service and cloud computing technology upon which the Connect Engagement Program relies. I understand and accept that BrightPath will have no liability in the event of any breach of confidentiality of any information collected and copied from the Connect Engagement Program, whether or not such breach resulted from

the actions of the Developer of Busy Bees, its agents, employees, or assigns, or of any other parents who also participate in the Engagement Program. My participation in and use of the Connect Engagement Program is an acceptance of this limitation of liability.

E) For greater certainty, I hereby release and forever discharge and agree not to make any claim against BrightPath, its board of directors, officers, agents, employees, affiliates and/or or assigns, for any and all claims, resulting from my participation and my child's participation in the Connect Engagement Program; and

F) I understand and acknowledge that the terms of this waiver shall apply equally to me, and to my child.

## Approval for Photos/Videos

I hereby grant permission to Busy Bees and its representatives to photograph and video my child, and otherwise capture my child's image and to make recordings of my child's voice for the purposes of sharing information about my child with me under the Connect Parent Engagement Program.

I further grant permission to BrightPath and its representatives to reproduce, use, exhibit, display, post or distribute any images and recordings of my child when such images or recordings are taken in a group, or in a multiple child setting, to other parents who are also participating in the Connect Parent Engagement Program.

I hereby confirm and covenant that I will not share photos of any child (including group photos), other than my own, that I receive through the Connect Parent Engagement Program with anyone other than BrightPath and its employees.

I hereby release, defend, indemnify and hold harmless Busy Bees, its board of directors, officers, employees or agents from and against any claims, damages or liability arising from or related to the use of images, recording or materials of my child, whether individually or in a group setting.

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(Name of Child)

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(Parent/Guardian Approval\*)

\*By entering your name into the field above, you agree to the terms of the waiver.

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(Date)

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(Witness)

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(Date)

Primary email: \_\_\_\_\_



### BBNA Parent Handbook Signature Page

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, acknowledge that I have been given the opportunity to read, understand, and ask questions regarding the policies contained in the BBNA Parent handbook. Furthermore, I agree to abide by the policies set forth.

I understand that the policies described in the Parent Handbook are not conditions of enrollment, and the language does not create a contract between Busy Bees and our family. Busy Bees reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_





CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	Updated:
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

If Medical care is necessary, call:

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
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Custody papers have been provided and are on file at the facility.    ☐ yes    ☐ no

Telephone Authorization Code (optional): \_\_\_\_\_

## **Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

## **Medical Information**

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional comments:	
Other special instructions:	

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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## Statement of Services Agreement

*The following are selected policies from the school handbook. Please refer to the handbook for a complete review of the school's policies and procedures:*

### **Annual Materials/Registration Fee**

An annual non-refundable registration fee of \$100.00 per child billed out every January. This is just a registration fee it ensures a spot in our enrollment. This is not payment towards tuition registration fee just holds spot for enrollment. This is non-refundable

### **Hours of Operation**

The school will be open Monday through Friday throughout the year from 6:00 a.m. to 6:00 p.m. We are closed on 6 holidays each year. We have an open-door policy, and parents are allowed to visit at any time.

### **Tuition**

Tuition is due and payable in advance for services every Friday prior to the upcoming week and is non-refundable. A late fee of \$30.00 will be charged for payment made after 6 am Tuesday. There are no credits for absences. A Current Credit Card needs to be on all children's account. If a payment is not made by 12:00 (noon) on Friday's we will automatically run the tuition. We do not accept cash payments. Checks, credit cards, or money orders are the only form of payment acceptable. Please note we are unable to accept cash payments — this is for your security! Your child shall be eligible for re-enrollment if space is still available.

### **Medication**

We will not administer medication unless required by a doctor for failure to do so may cause a life-threatening condition (e.g. Asthma, Diabetes). Please ask your doctor for a time-released medication/antibiotic which can be administered twice daily (before and after you leave your child at school). For medication to be administered, you must fill out a medication authorization form. All medication must be in the original container showing a label with child's name, name of medication, expiration date, dosage, route, frequency of administration per day, and special instructions for monitoring. Administration instructions must be explicit, and medication cannot be administered on an "as needed" basis. All medications brought into the school must be checked in with the Director. The director will place the medication in a locked medication storage box either in the refrigerator or cabinet. If the medication is expired, we will not accept it and we will return it you immediately. Please be aware that only designated employees trained in administration of medication will be giving your child their life- threatening medications. The school is not licensed, and our employees are not trained to provide medical care. Our employees do not provide invasive medical treatments, nor do they determine the dosage of medication. For example, our employees do not give insulin injections. As a general policy our staff will not administer injections. The only exception is the EpiPen in the case of extreme allergic reactions. Please do not give any medications to your child's teachers.

**Pesticide Application Notification Procedures:**

Parents shall be notified of pesticide application 48 hours in advance by posting a notice on the Licensing Board in the facility lobby. This notice will include the brand, concentration, rate of application, and any use restrictions required by the label of the herbicide or specific pesticide. It will also include the date and time of the application, the MSDS, and the name and phone number of the pesticide business licensee and licensed applicator. We use pest prevention practices like eliminating food and water sources and blocking off pest entryways. We wash all produce under running water and purchase labeled USDA organic, whenever possible.

**Child Drop Off and Pick Up**

To minimize the disturbance to classroom instruction and/or napping children, children may not be dropped off after 9:00 a.m. A late child drop-off fee of \$5.00 per minute per child will be charged to your account if your child is dropped off after 9:00 a.m. If your schedule dictates a drop off after 9:00 a.m. (e.g. a doctor appointment) you must notify and plan with the Director in advance, unless your program has pick-up or drop off times during those hours.

Our staff will only release children to parents, or those individuals specifically authorized for pick up on the medical emergency form and who are at least 18 years of age or older. Other individuals seeking to pick up a child must be previously authorized in writing by the parent or guardian. Telephonic authorizations will not be accepted. Faxed authorizations will only be permitted in emergency situations and must be independently verified by center management. Authorized individuals will be asked for photo identification upon arrival. Please inform any person picking up your child of our policy. A notarized court order outlining the custody arrangement is required if a parent or guardian is to be denied pick-up. This order must be on file in our office and will be held confidential.

**Late (After Hours) Child Pick Up**

Our center closes promptly at 6:00pm. Children need to be picked up and off the premises at 6:00pm. A late charge of \$40.00 (Per Child) for the first fifteen minutes or fraction thereof that a child remains in the building after 6:00, and a \$20.00 charge per 15 minutes thereafter, will be charged.

**Program Changes/Withdrawals/Disenrollment**

We require a minimum of two-weeks' written notice before you elect to change your child's program or to disenroll your child from a program or the school. If you disenroll your child without providing the two-week written notice, you will remain responsible for your child's tuition for two-weeks following your child's departure from the school. The director will run the credit card on file for the full two-week amount owed. If you intend to disenroll, please complete a Disenrollment Form available at the front desk. We want to make sure that all families are happy and feel safe and secure at our preschool, but we do understand that at times we are not always that right fit for some families. With that being said we want to do everything possible when helping to find the right place for your child (ren) and we will even offer to help get the enrollment process started by helping with registration costs. Verbal disenrollment's will not be honored, and you will be required to pre-pay for two weeks of tuition from the date of written notice.

Please be aware that should one of the following situations arise, we may ask you to disenroll your child (with or without advance notice to you):

- Failure to pay your child's tuition in full and on time.
- Verbal or physical abuse by your child to other children or to staff (examples of unacceptable behavior include: language or behavior that is hurtful or humiliating to other children or staff, using sexual language or profanity, humiliating other children, throwing items, kicking, hitting, undiminished or aggressive biting, failure to abide by or show improvement following implementation of a positive behavior plan). In some instances, a child's behavior may be so severe as to warrant immediate disenrollment.
- Non-compliance with immunization requirements or exclusion due to contagious illness.
- Failure to abide by policies and procedures set forth in this Parent Handbook.

- The center's inability to meet the child's needs. Disruptive or dangerous behavior
- Continued violation of our policies by student or parents

Please note that, although our goal is to treat each child and parent with love, understanding and respect, we also strive to provide a learning environment where behavioral disturbances are minimized, and the learning atmosphere is optimized. In keeping with this goal, the school reserves the right to refuse the enrollment of any child, or to ask parents to make alternative arrangements for the care of a child enrolled in our school.

### **Holidays & School Closures**

Due to Fixed costs averaged out over the calendar year, there will be no reduction in tuition rates for these holidays. We may be closed other days due to circumstances beyond our control. If this should arise no tuition credit will be given. Please note that we may close early at 3pm the day before Independence Day, The day before Thanksgiving, Christmas Eve, and New Years Eve

We will also be closed **two days** throughout the year for teacher planning/training days. These days are necessary in order to enable us to provide our staff with essential, State-mandated training, as well as to permit staff appropriate time to prepare for parent-teacher conferences, new school years, and student assessment. Although we also conduct monthly training sessions during off-duty hours for our staff (evenings and weekends), these **two** additional days, spread throughout the year (and are usually scheduled during days of our lowest enrollment due to adjacent holidays), are critical in order for us to provide you with the highest quality staff and most effective early learning program. A schedule of our holidays and teacher planning/training days is posted on our Parent Information Board as well as on our calendar on our website. Full weekly tuition is due for the weeks that include holidays and/or training days. Holidays and teacher planning/training days are still full tuition days.

Please note if you have any concerns you can reach out to us at [infoaz@busybeesusa.com](mailto:infoaz@busybeesusa.com).

*I acknowledge that I have read and understand the rate schedule and policies as outlined in the Parent Handbook.*

Child's Name: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_