

Student Application Form

Program (Circle): Infant/Toddler's/Two's /Preschool /Pre-k /School Care Age

Days Attending (Circle): M T W Th F

*Please print all information requested

Desired Enrollment Date____/____/____ Today's Date____/____/____

Child Data Information

Child's Name_____ Nickname_____

Date of Birth____/____/____ Gender _____Age_____

Home Address_____

City, State, Zip_____ Phone #_____

(*Optional) Religion_____ (*Optional) Nationality_____

Sibling_____ Date of Birth ____/____/____

Sibling_____ Date of Birth ____/____/____

Parent/ Guardian Information

Guardian's Name _____ Guardian's Name_____

Address_____ Address_____

City, State, Zip_____ City, State, Zip_____

Home Phone # _____ Home Phone # _____

Work Phone # _____ Work Phone # _____

Cell Phone # _____ Cell Phone # _____

Email _____ Email_____

Employer _____ Employer_____

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Emergency Contact Information-List of 2 people to contact in an emergency if parent cannot be reached

Name _____	Name _____
Phone # _____	Phone # _____
Relation _____	Relation _____
Address _____	Address _____
Hospital Preference _____	
Allergies _____	

Physician Information

Physician's Name _____ Phone # _____

Release Authorizations- The following person(s) have my permission to pick up my child/children in the event I am unable to do so.

Name _____	Name _____
Phone # _____	Phone # _____
Relation _____	Relation _____

Special Pickup Instructions

The following person(s) are restricted by court from picking up your child unless specific written authorization has been granted. Please attach legal document.

Name _____	Relation _____
Name _____	Relation _____

Insurance Information

Insurance Company _____ ID # _____
Policy Holder _____ Group# _____

List any special needs that your child may have, such as allergies, existing illness (asthma, diabetes), previous series illness, impairments and or injuries during the past twelve months, any medications prescribed for long term continuous use, and any other information which staff should be aware of:

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Photo Release - Busy Bee Academy MAY or MAY NOT (circle one) photograph my child during class for display in their classroom or school photo's. _____ please initial

Social Media Photo Release - Busy Bee Academy MAY or MAY NOT (circle one) be granted permission to use your child's photograph and likeness in all forms and media for advertising, demo, editorial, trade, altering without restrictions and all other lawful purposes. I understand and agree that neither I nor my child(ren) will be entitled to any compensation. I release Busy Bee Academy from all forms of claims and liability related to my child(ren)'s photo usage. _____ please initial

Additional Parent Comments and Information-Is there any other information that would be helpful to our management and teaching staff?

A registration fee of \$100(non-refundable) per child must be submitted to the Busy Bee Academy office before enrollment can occur. This registration fee will also hold an enrollment spot in the event there is a wait list in your desired program. Cash and checks to BUSY BEE ACADEMY are accepted. All major credit cards are accepted (transaction fee may apply).

Parent/ Guardian Signature _____ Date ____/____/____

Parent/ Guardian Signature _____ Date ____/____/____