

PRE-ENROLLMENT REGISTRATION FORM

Thank you for your interest in our program. Choosing a quality child care program is one of the most important decisions you will make. We take your decision seriously and are committed to living up to the important responsibility of caring for your child.

To register please return this completed form to Honey Bee Child with a registration fee of _____ (siblings _____). The registration fee is non-refundable and is due annually. When your registration form and fee are received, you will be placed on a waiting list. You will be contacted regarding the availability of space and the enrollment process. Prior to enrollment the Center Director will schedule a time for you to meet with your child's primary caregivers to learn more about our program and develop a visitation schedule for you and your child. The Director will review the parent/guardian policies/procedure and enrollment forms at that time.

Child's Name: _____ Date of Birth: ____/____/____

Child's Name: _____ Date of Birth: ____/____/____

Parent/Guardian Information:

Name: _____

Relationship _____

Address: _____

Home Phone: _____

Days and Hours Desired:

MON _____ TUE _____ WED _____ THU _____ FRI _____

What date would you like enrollment to begin? _____

How did you hear about our center? _____

(Parent/Guardian's Signature)

(Date)