

# HONEY BEE CHILD CARE CENTER

11 Mill Street Wappinger Falls N.Y. 12509  
Phone (845) 298-8727 fax (845) 297-7740  
www.honeybeechildcarecenter.com

## REGISTRATION

Child's Name : \_\_\_\_\_ M F Date of Birth : \_\_\_\_\_

Home Phone : \_\_\_\_\_ Date of Enrollment : \_\_\_\_\_

Physical Address : \_\_\_\_\_

Mailing Address (if different from above) : \_\_\_\_\_

Email address for Communication : \_\_\_\_\_

### Medical Information

Child's Physician : \_\_\_\_\_ Phone Number : \_\_\_\_\_

Child's Dentist : \_\_\_\_\_ Phone Number : \_\_\_\_\_

Name of Hospital : \_\_\_\_\_ Phone Number : \_\_\_\_\_

Medical Conditions : \_\_\_\_\_ Surgeries : \_\_\_\_\_

Primary Insurance Company : \_\_\_\_\_ Phone Number : \_\_\_\_\_

Subscriber's Name : \_\_\_\_\_ Group Number : \_\_\_\_\_

Parent/Guardian : \_\_\_\_\_ Parent/Guardian : \_\_\_\_\_

Place of Employment : \_\_\_\_\_ Place of Employment : \_\_\_\_\_

Work Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_

Cell Phone : \_\_\_\_\_ Cell Phone : \_\_\_\_\_

### To be completed by office :

Start Date : _____	_____ Private Pay
Registration Fee : _____	_____ DSS Case Worker : _____
Security Fee : _____	_____ Door Code : _____
Enrichment Fee : _____	_____ File Complete

_____ Daily Health Check	_____ Curriculum Assessment
_____ Portfolio	_____ Cubby & Mailbox
_____ Tree	_____ DOB added
_____ Copy (2) Blue, ointment, (2) p. 2 & p. 3, feeding	_____ Email/Facebook added

PERMISSION SIGNED \_\_\_\_\_

**Child's Name :** \_\_\_\_\_ **Date of Birth :** \_\_\_\_\_

Child's Nickname : \_\_\_\_\_ School District : \_\_\_\_\_

ALLERGIES AND/OR MEDICAL CONCERNS : \_\_\_\_\_

Please circle : Infants      Toddlers      Preschool      Pre K  
Monday      Tuesday      Wednesday      Thursday      Friday

Drop off time : \_\_\_\_\_ Pick up time : \_\_\_\_\_

**Emergency Contact/Pick Up information**

In the event that parents/guardians cannot be reached, please list emergency contacts. All individuals listed below are also authorized to pick up your child at any time. Please be sure that anyone picking up (including parents) has identification handy for verification purposes. Please list contacts in the order they should be reached. We always attempt to reach the parent/guardian first.

Name & Relationship : \_\_\_\_\_ Phone Number : \_\_\_\_\_

Name & Relationship : \_\_\_\_\_ Phone Number : \_\_\_\_\_

Name & Relationship : \_\_\_\_\_ Phone Number : \_\_\_\_\_

Name & Relationship : \_\_\_\_\_ Phone Number : \_\_\_\_\_

**Developmental Goals & Concerns**

I believe my child has the following strengths : \_\_\_\_\_

A few things I hope my child will do this year are : \_\_\_\_\_

Does s/he receive Early Intervention/Preschool Support Services : Yes \_\_\_\_\_ No \_\_\_\_\_ Previously \_\_\_\_\_

Please explain : \_\_\_\_\_

Are there any concerns you have? : \_\_\_\_\_

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

**Date of Birth :** \_\_\_\_\_

**Family History**

Your child's general personality : \_\_\_\_\_

Who lives in your home : \_\_\_\_\_

Are there special circumstances we should know about (i.e. divorce, separation, order of protection, custody documents, etc.)? \_\_\_\_\_

Language Spoken in the home : \_\_\_\_\_ Is your child potty trained? \_\_\_\_\_

Any fears? : \_\_\_\_\_

Activities s/he enjoys : \_\_\_\_\_

How do you discipline your child? : \_\_\_\_\_

When upset how might he/she react? \_\_\_\_\_

What works to comfort your child: \_\_\_\_\_

Prior child care experience : \_\_\_\_\_

Why did you terminate enrollment? \_\_\_\_\_

When my child is sick, s/he often has these symptoms : \_\_\_\_\_

Does your child nap? \_\_\_\_\_ If so, when and how long? \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_ When? \_\_\_\_\_

What steps do you take to get your child to sleep? (comfort item, rocking, white noise, etc.) \_\_\_\_\_

\_\_\_\_\_

What time does your child awaken in the morning? \_\_\_\_\_

Is there anything else you wish to share about your child? : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Date of Birth :** \_\_\_\_\_

I have received and read the Honey Bee Handbook and I am in complete agreement with said terms. I will keep a copy of these policies, as I am aware that they will be strictly enforced.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

I have received information on lead screening and, if tested, agree to provide documentation regarding results to the Honey Bee.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

I understand that the tuition is due regardless of attendance, holidays and Honey Bee closings. I understand the late fees will be assessed in accordance with the terms indicated. I understand that my current weekly rate will change based on increased or decreased days and/or room assignment changes.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

I give permission to Honey Bee Child Care to seek any and all emergency medical treatment for my child in the event that I cannot be contacted immediately. Honey Bee Child Care has permission to facilitate appropriate medical treatment for my child until EMS arrives on the scene.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

I give permission for Honey Bee Child Care to photograph my child and to use those photographs in the classroom. I further understand that if my child participates in field trips, special events, sing along, etc., s/he might be photographed and/or videotaped by other parents as they capture their own child during the event.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

I give permission for my child's photo to be on the Honey Bee private Facebook page with no identifying information.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

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

**Date of Birth :** \_\_\_\_\_

I accept full responsibility for my child's transportation to and from Honey Bee. I clearly understand the fees that will be applied should my child not be picked up by 6:00 pm.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

My child has permission to participate in walks or stroller rides around the Honey Bee campus. Walks for children 2 years 9 months and older might include the Boardman Road Branch Library and/or The Landing. First Aid bags, emergency information and cell phones will accompany classes on walks.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

My child has permission to participate in sprinkler play during the summer months. I will provide a towel, bathing suit, and water shoes (labeled with first and last names). I further understand that my child must have sunscreen during the summer months in order to go outside. If my child does not use sunscreen, I will fill out the individual health care plan to indicate this.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

My child has permission to participate in outdoor snow play during the winter months. I will provide a snowsuit, gloves, hat, and boots (labeled with first and last names). I further understand that my child must have appropriate outdoor clothing during the winter months in order to go outside.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

I understand that Honey Bee staff will utilize the following assessment options at their discretion : Ages & Stages Questionnaire; Creative Curriculum ongoing assessment; Astor Developmental Services personnel as observers and/or assessors.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

I am aware that Honey Bee is a nut free environment. I will be sure to check labels carefully.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

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

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

Should my child receive and early intervention or preschool services, I give the Honey Bee staff permission to share assessment results, observations, strategies and other pertinent information with any professional involved in the evaluation process and/or providing of services.

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Parent/Guardian Signature

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Date

My child has permission to eat any extra food items offered through the Honey Bee (i.e. parties, cooking activities, special treats) and/or from parents of children in the program.

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Parent/Guardian Signature

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Date

I have read and fully understand the health exclusion criteria as it pertains to illness. I agree to keep my child home when s/he is feeling ill. Additionally, I am aware that if my child's medical immunizations become past due, s/he may be excluded from the program until current paperwork is submitted.

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Parent/Guardian Signature

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Date

I understand that if anything changes while my child is in the program, it is my responsibility to contact administration and update this registration information immediately.

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Parent/Guardian Signature

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Date

I hereby indemnify and hold harmless Honey Bee Child Care Center and its owners, agents and employees against any and all liability for any and all injuries to my child arising from or related to the items on this form for which I have provided my authorization.

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Parent/Guardian Signature

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Date