

HONEY BEE CHILD CARE CENTER

2 Faith Circle/143 Boardman Road
Poughkeepsie NY 12603
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honeybee_faith@yahoo.com
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 : _____

To be completed by office :

Start Date : _____	_____	Private Pay
Registration Fee : _____	_____	DSS Case Worker : _____
Security Fee : _____	_____	Blue Card
Enrichment Fee : _____	_____	Ointment Form
Door Code : _____	_____	Medical
Contract : _____	_____	File Complete

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

PERMISSION SIGNED _____

Child's Name : _____ **Date of Birth :** _____

Child's Nickname : _____ School District : _____

ALLERGIES AND/OR MEDICAL CONCERNS : _____

Please circle : Monday Tuesday Wednesday Thursday Friday

Drop off time : _____ Pick up time : _____

Parent/Guardian : _____ Parent/Guardian : _____

Place of Employment : _____ Place of Employment : _____

Work Phone : _____ Work Phone : _____

Cell Phone : _____ Cell Phone : _____

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 : _____

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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 s/he 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.

Parent/Guardian Signature

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.

Parent/Guardian Signature

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.

Parent/Guardian Signature

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.

Parent/Guardian Signature

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.

Parent/Guardian Signature

Date