

Pre-School and Kindergarten Application Form

I prefer the Whole Day Schedule__ Regular Schedule__ Beginning Day(MM) __/(DD) __/(YY) __
Number of days will attend 3days__ 4days__ 5days__ Days attending M__ T__ W__ T__ F__

Child's Name _____ Known As _____

Male__ Female__ Nationality _____

DOB (MM) __/(DD) __/(YY) _____

What Language(s) can your child speak and understand _____

What Language is spoken at home? _____

Home Address _____

Zip Code ____ - ____ Home Phone (____) _____

Mother's Name _____ Office Hours ____:____ am - ____:____ pm

Business
Employer _____ Address _____

Position _____ Personal
Cell Phone (____) Direct Line-Business
P h o n e (____) _____

Father's Name _____ Office Hours ____:____ am - ____:____ pm

Business
Employer _____ Address _____

Position _____ Personal
Cell Phone (____) Direct Line-Business
P h o n e (____) _____

Contact If Parents Can Not Be Reached _____

Relationship _____ Home Phone (____) Personal
Cell Phone (____) _____

I agree to allow my email address to be added to the school class email directory.

Email Address: _____

How your child had any experiences in other child care centers or pre-school?

Until what age do you plan to have your child to attend Busy Bees International School?

Which school would you like your child to attend after graduating from Busy Bees?

Please list the names and birthdays of other children in your family.

Please comment on your child's play and interests.

Does your child have opportunities to play with other children his/her own age?

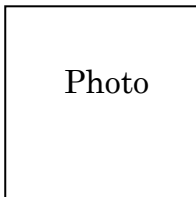
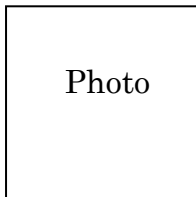
How do you feel your child will react to attend school and be separated from the primary caregiver?

How do you feel your child will benefit from attending Busy Bees?

Where did you hear about Busy Bees?

Who will be bringing your child(ren) to / from school?

Name _____ Relationship _____ Phone (____) _____
_____ (____) _____



Please note: Photos are required of any non parent / guardian who picks up a child(ren)!

Tuition Payment Method: (Please check one)

- Monthly Payment to be paid to the determined account by the end of the previous month.
- Termly This payment is due and payable on or before the first day of any given term during the school year.
- Yearly This payment is due and payable in full on or before the first scheduled school days of any give school year.

All tuition payments and fees are non-refundable.

Busy Bees reserves the right to deny or terminate enrollment when parents do not comply with Busy Bees 'Regulations and School Policies'.

I state that we (the guardians / parents) clearly understand, agree and will comply with Busy Bees 'Regulations and School Policies'.

Signed _____ Relationship _____ Date:(MM) ___/(DD) ___/(YY) _____

Busy Bees International Pre-School and Kindergarten

MEDICAL FORM

This medical form is to be completed and returned to school with the application form.

Child's Name _____ Birth Date (MM)____(DD)____(YY)_____

Nationality _____ Child's Passport Number _____

Insurance Company _____ Policy No. _____

Note: Please attached insurance copy

Name of family doctor _____ Phone (____) _____

Address _____

Any serious illnesses/accidents since birth?

Allergies(to plants, foods, medications, etc.) ? Please specify

Under any medical treatment of therapy at present or past?

(Other health problem?) Please specify

Recent Immunizations/shots: Please (X) all shots that your child has received.

Diphtheria, Tetanus, Toxoid and Pertussis(DTP,DTaP,Td)____, Polio(IPV)____,

Measles,Mumps,Rubella(MMR)____, Pneumoccal Conjugate(PCV7)____,

Tuberculosis(TB)____, Other: _____

Additional information that may help us care for your child?

Comments on speech, hearing and sight.

Is your child toilet trained?

Can your child eat by him/her self?

Does your child nap? Yes____ No____ For how long?

Busy Bees International Pre-School and Kindergarten

FIRST AID, FIELD TRIP PERMISSION

Medical Authorization form for (Child's Name) _____

I give Busy Bees International Pre-School and Kindergarten the right to administer first aid to my child. In case of emergency, I understand that the school staff will promptly contact the parents. If neither parent nor the emergency phone numbers can be reached and in case of surgical emergency, I give permission to the physician selected by us and/or the director of Busy Bees International Pre-School and Kindergarten to hospitalize and secure proper treatment for my child as named above.

Physician's Name _____	Phone () _____
Emergency Contact _____	Phone () _____
Emergency Contact _____	Phone () _____
Mother's Name _____	Phone () _____
Father's Name _____	Phone () _____
Preferred Hospital _____	Phone () _____

Insurance Type and Number _____

Signed _____ Date (MM)____(DD)____(YY)_____

Field Trip Permission form for (Child's name) _____

I give permission for my child to attend any field trip throughout the school year under supervision of the Busy Bees International School Staff. This includes special events, daily walks to neighborhood parks, and short walks around the neighborhood.

Signed _____ Date (MM)____(DD)____(YY)_____