

BEEHIVE PARENT CHILD CENTER, INC.
3756 University Blvd.
(713)660-7642

The Beehive Parent Child Center, Inc. is a parent cooperative preschool that opened at its present location in October, 1973. It is a non-profit organization that is housed on the campus of West University Elementary School through a special agreement with the Houston Independent School District and the City of West University Place. The mission of the school defined in the original proposal is as follows: To strengthen family and community life through a program involving both parent and child in learning experiences that provide parents opportunities to develop child-rearing skills and develop a sense of camaraderie with other parents of young children. This dual mission continues to be Beehive's guiding philosophy.

The Beehive program capitalizes on preschoolers' natural enthusiasm and curiosity and extends their opportunities to discover and learn. Children move freely among the numerous learning centers within the two indoor classrooms and outdoor learning environment. Games and activities are open-ended and process-oriented to promote investigation and experimentation. The important and active role parents play at Beehive contributes to the nurturing community we all enjoy.

Classes

Beehive has two classes that share our school environment, primarily arranged by age groupings. Children attend different "group meetings" (aka. classes) depending upon their age and developmental level.

Curriculum

The curriculum is built around general themes which change regularly. Learning activities, pretend play, science materials, literature, songs, movement activities, etc. are chosen to develop the current theme so that the children learn about the topic(s) in a variety of ways.

Enrichment Programming

Beehive intends to support children in "school readiness" by offering extended and additional day programs geared towards whole-brain development. These programs include music and movement, storytelling, visual arts, science and nature, yoga and mindfulness practices, rhythmic movement training (RMT), social-emotional intelligence and self-awareness.

Staff

The Beehive staff hold a Bachelor's degree or higher and have a teaching certificate and/or early childhood education experience and credentials. Enrichment teachers hold specialization certificates and/or degrees in their given areas of teaching content.

Parent Involvement

Beehive is a parent cooperative preschool. Parents are involved in three specific ways. A parent of each child works at Beehive one day every two weeks on a regularly scheduled basis. The parents provide support for the teachers by supervising one of the learning centers and helping prepare snacks, etc. Parents are responsible for planning and setting up a cooking project, an art project and the pretend play for one of the theme units scheduled for the year. In addition to these responsibilities, parents are required to acquire fifteen parent education hours in child development, parenting, or preschool curriculum during the school year by reading books/journal articles, attending meetings/workshops, watching videos, etc. It is our intention to provide inspiring opportunities for you to receive these training hours.

**BEEHIVE PARENT-CHILD CENTER, INC.
ENROLLMENT INFORMATION
2018-2019**

Student's Full Name _____

Preferred Name _____ Birthday _____ Phone _____

Home Address _____
Address City, State Zip

Mother's Full Name _____ Occupation _____

Employer _____ Business Phone _____

Cell Phone _____ Email _____

Father's Full Name _____ Occupation _____

Employer _____ Business Phone _____

Cell Phone _____ Email _____

Doctor's Name _____ Phone _____

Doctor's Address _____
Address City, State Zip

My child will attend:

_____ Preschool 3's, Monday-Thursday, 9am-12pm

_____ Pre-K, Monday-Thursday, 9am-2pm

_____ Friday Enrichment, 9am-12pm

Preferred Work Day(s)	M	T	W	Th
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Check _____	Cash _____
(1) Application fee	_____
Registration fee	_____
Supply fee	_____
One Month's Tuition	_____
(2) TOTAL	_____
(3) Friday Enrichment	_____

Age Requirements

Beehive serves children who are three years of age by September 1st. Children must be four years of age by September 1st to be eligible for the PreK program. All children must be toilet trained.

Parent Involvement Requirements

One parent of each child enrolled at Beehive must fulfill three obligations: (1) work at the school once every two weeks on a regularly scheduled basis, (2) acquire 15 hours of parent education in child development/parenting, and (3) serve on a curriculum committee, welcome committee, or the Beehive Board.

Staff

Degreed and/or certified teachers and director assume responsibility for developing curriculum and organizing the daily schedule. Any specific problems or occurrences affecting your child will be brought to your attention. Parent-teacher conferences will be scheduled once a year, however, parents and/or teachers may request additional conferences at any time. Parents will be informed of any health issues, including exposure to serious communicable diseases that affect the Beehive children.

Checks/cash for the application fee of \$75 will be due upon application (This fee is waived for current families). A separate check for registration, supplies and one month's tuition are included with the application and processed only upon admission. Please write a third, separate check if choosing the Friday enrichment program (also processed only upon admission). **If written notification of withdrawal is made by July 1, the monthly tuition, supply fee and enrichment tuition are refundable. The registration and application fees are not refundable.**

I have read the above and understand that Beehive Parent Child Center, Inc. is a non-profit parent cooperative preschool and that I must fulfill the requirements stated above in order for my child to be enrolled in the early childhood program. I agree to work at Beehive one day every two weeks. I understand that I may pay another parent to substitute no more than once a month or every other workday. In addition to the work requirement, I understand that I must acquire 15 hours of parent education for the year and will be responsible for planning, setting up, and putting away projects and props used for a learning theme during the school year.

I agree to comply with state law requiring all people volunteering regularly with children to obtain a complete background check.

Signature of Parent or Legal Guardian

Date

I, the director, have presented the requirements of Beehive Parent Child Center and accept the responsibility for delivery of such.

Lisa Gale, Director

Date

Date of Admission _____

Date of Withdrawal _____

Child's Name _____

EMERGENCY INFORMATION

CHILDREN WILL BE RELEASED ONLY TO PARENTS OR TO A PERSON DESIGNATED BY THE CHILD'S PARENTS. (THE DESIGNATED PERSON IS REQUIRED TO SHOW PHOTO IDENTIFICATION.)

Individuals authorized to pick up your child:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Individuals to call in an emergency situation if parents cannot be reached:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Beehive Director or person in charge to take my child to:

Name of Physician	Address	Phone
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Name of Emergency Medical Care Facility	Address	Phone
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Name of insurance company (If required for non-emergency treatment)	Group #	Phone
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I give consent for the facility to secure any and all necessary emergency medical care for my child.

Child's Name _____

CONSENT FORM

Nature walks and walks to nearby points of interest enrich the Beehive curriculum. These walks may include trips to West University Elementary School and grounds, West University Fire Station, and the Southside Community Garden.

I _____ give _____ do not give my consent for my child to participate in walks away from school to nearby points of interest.

Signature of Parent or Legal Guardian

On Water Day, sprinklers and wading and splashing pools are set up for children to play in the water.

I _____ give _____ do not give my consent for my child to participate in water activities.

Signature of Parent or Legal Guardian

Photographs or videos of Beehive children are taken periodically at school by teachers, parents, or news agencies. These images might be placed on the school website, in a private social media group or in print to promote Beehive Parent Child Center, Inc. Neither the minor child nor the parents will be compensated for these images.

I _____ release _____ do not release an unrestricted right for Beehive Parent Child Center, Inc. to use photographic images of my child.

Signature of Parent or Legal Guardian

Child's Name _____

PERSONAL HISTORY

Names and ages of siblings.

Name	Age	Current school
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's previous experience in peer group situations. (Ex. Music Class, Sunday School, Mother's Day Out, Preschool, Gymboree, etc.)

Name of Group	# Days per week	Dates
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Significant events in child's life (premature birth, medical trauma, frightening experience, etc.)

Child's Name _____ Date of Birth _____

MEDICAL STATEMENT

Immunizations	Date/Dose 1	Date/Dose 2	Date/Dose 3	Date/Dose 4
Polio (IPV or OPV)	_____	_____	_____	
DTaP/DT/DTP	_____	_____	_____	_____
Hib	_____	_____	_____	
Hepatitis B	_____	_____	_____	
MMR	_____			
Varicella	_____	or Chicken Pox case	_____	
Hepatitis A	_____	_____		
Pneumococcal Conjugate Vaccine	_____	_____	_____	_____
<i>For 4 year-olds only</i>				
Vision Test	R 20/ _____	L 20/ _____	_____ Pass	_____ Fail
Hearing Test	1000Hz	2000Hz	4000Hz	
Right	_____	_____	_____	_____ Pass _____ Fail
Left	_____	_____	_____	

Known allergies _____

Existing illness _____

Previous injury/serious illness/hospitalization during the past 12 months _____

Special needs _____

I have examined _____ within the last 12 months and have determined that
(Child's name)
he/she is physically able to participate in a preschool program.

Physician's signature _____ Date _____

Physician's name (Please print or type) _____

Address _____ Phone _____

I authorize the health provider named above to share this information with Beehive Parent Child Center, Inc.

Parent's signature _____

CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

Operation Name Beehive Parent Child Center, Inc.		Operation Number 62448	Telephone No. (A/C) 713-660-7642
Operation Address (Street, City, ZIP) 3756 University Blvd., Houston, TX 77005		Operation Mailing Address (City & Zip) 3756 University Blvd., Houston, TX 77005	County Harris

Complete the following information for each person required to have a background check. All names used currently or in the past must be provided. If you do not provide every name that each person has used, you may receive inaccurate results. Additional forms may be obtained from the Licensing office.

I verified (by reviewing the person's social security card and/or driver license) that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that the Department may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration or listing.

Printed Name of Director, Owner, or Operator _____ Signature of Director, Owner, or Operator _____ Date _____

<input type="checkbox"/> Initial		<input type="checkbox"/> 24 Month Check		<input type="checkbox"/> Fingerprint Check Required		<input type="checkbox"/> FBI Results in DPS Clearinghouse	
Social Security Number				ID Type - Drivers License or ID Number -State			
First Name		Middle Name		Last Name			
Street Address		City		State		Zip	
County		Telephone No. (A/C)		Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
You must list any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years:							
Relationship of person to requestor <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Other Staff <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:							
For Foster/Adoptive Homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s) <input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Unrelated							
Date Hired /Used by the Operation/Agency		Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/ Pacific Islander			
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name			

DFPS Use Only	Worker Name--Last, first	Mail Code
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