



455 48th St W.
Bradenton, FL 34209
M: 941.900.2035 C: 941.932.5586
License # C12MA0374
Enrollment Packet
2025-2026 School Year

Child's Name _____

Sex: M F Date of Birth _____ Start Date: _____

Home Address _____

Mailing Address (if different) _____

Home Telephone Number _____

Email: _____

Father's/Guardian's Name: _____ **SS#** _____

Occupation _____ Company _____

Work Address _____

Work Phone Number _____ Cell/Pager _____

Mother's/Guardian's Name: _____ **SS#** _____

Occupation _____ Company _____

Work Address _____

Work Phone Number _____ Cell/Pager _____

Email: _____

Emergency Information Card

(to be laminated and kept in child's classroom and transported with the child for medical emergencies)

Child's Name _____

Address _____

Mother/Guardian

Father/Guardian

Name _____ Name _____

Home # _____ Home # _____

Work # _____ Work # _____

Cell/Pager # _____ Cell/Pager # _____

List Any **Health Problems:** The Child May Have (diabetes, asthma, seizures, heart condition)

List Any **Allergies** _____

Does your child require any medication to be given at the Center? YES NO

If yes, fill out a medication authorization form.

List any on-going medications _____

EMERGENCY INFORMATION (Responsibility for payment for emergency room treatment will be assumed by the parent)

Name and number of preferred physician(s) _____

Preferred Hospital _____

Persons to call in emergency if parent/guardians cannot be reached (mandatory)

Name _____ Name _____ Name _____

Relationship _____ Relationship _____ Relationship _____

Phone(s) _____ Phone(s) _____ Phone _____

Busy Bee Child Development and Learning Center

EMERGENCY CARE TRANSPORTATION

In case of sickness or injury, I hereby give permission to Busy Bee Child Development and Learning Center to transport my child for emergency care to a clinic, hospital, or private doctor.

This permission does not extend to treatment. This form is valid for the duration of enrollment. If information changes, please notify the School.

Parent/Guardian Signature

Name and telephone number of preferred physician (s):

Health Insurance Coverage

Name of Plan _____

ID Number _____

Name of Insured _____

Three Alternate emergency contacts; to be called in case of emergency if parent cannot be reached.

Name _____ Name _____

Relationship _____ Relationship _____

Phone(s) _____ Phone(s) _____

Name _____ Name _____

Relationship _____ Relationship _____

Phone(s) _____ Phone(s) _____

PICK UP AUTHORIZATION

List at least two people who are authorized to pick up your child from the School other than the parent/guardian. If anyone else will be picking up the child, it is imperative that you fill out a "special pick up authorization" before the pick-up is to occur. Telephone calls and verbal messages will not be accepted as pick up authorization. The School will not release a child to anyone who is not authorized in writing. It is the parent/guardian's responsibility to keep this information current.

Name _____

Name _____

Relationship _____

Relationship _____

Phone(s) _____

Phone(s) _____

Name _____

Name _____

Relationship _____

Relationship _____

Phone(s) _____

Phone(s) _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone(s): _____

Phone(s) _____

Authorized to pick up **Mother** YES NO **Father** YES NO

Neither parent can be denied access to a child unless a copy of legal restraining orders are on file at the School.

AUTHORIZATIONS

This form is valid for the entire time a child is enrolled at Busy Bee Child Development and Learning Center. If any information changes, please notify the School.

Child's Name _____

Participation - I give permission for my child to participate in all Busy Bee Child Development and Learning Center scheduled activities, including birthday and holiday activities.

Parent/Guardian Signature

Emergency Transportation - In case of sickness or injury, I hereby authorize Busy Bee Child Development and Learning Center to transport my child for emergency care to a clinic, hospital, or private doctor.

Parent/Guardian Signature

Emergency Treatment - In case of sickness or injury, I hereby authorize Emergency Medical Care for my child.

Parent/Guardian Signature

Medical Records Release - I authorize the release of all medical records of my child to Busy Bee Child Development and Learning Center.

Parent/Guardian Signature

Photo/Video Release - I authorize the use of photos and videotape made of my child by Busy Bee Child Development and Learning Center and those acting with its permission, for the purpose of illustration, publication, or broadcast in connection with the work of Busy Bee Child Development and Learning Center.

Parent/Guardian Signature

Assessment - I give permission for educational and/or therapeutic evaluations to be administered to my child throughout his/her enrollment.

Parent/Guardian Signature

Busy Bee Child Development and Learning Center

DISCIPLINE POLICY

We understand discipline to mean teaching the children acceptable behavior without making them feel they are “bad”. Our goal is to teach children to be responsible for their own actions and to learn self-control. Until a child learns self-control, our staff must set limits for the health and safety of each child and the entire group of children. Such rules may include taking turns, using words to express needs and wants, walking in the classroom and using materials safely and respecting the space and property of others. The goal of discipline is to have the children begin to take responsibility for their own behavior. At no time is physical punishment or punishment related to food, naps, or use of bathrooms allowed.

At Busy Bee Child Development and Learning Center discipline consists of:

1. Positive reinforcement
2. Redirection
3. Relax time - time to get themselves under control
4. Lap time - when it appears attention is the goal
5. Removal to another classroom or the Center office - when control will be best regained away from the classroom.

As your partner in caring for your child, it is important for good communication to exist between the family and staff. If your child is experiencing a change in the home environment that may result in behavioral differences, it is important for you to notify your Director or Teacher.

In an effort to ensure the safety and well-being of all School children and staff, the following policy has been developed to address unacceptable and sometimes aggressive behavior. The policy is geared to involve parents throughout the process and to encourage a genuine collaborative effort to helping the child learn more appropriate and safer means of expressing him/herself.

1. The School will notify a parent after one week of persistent inappropriate behavior.
2. Continuance of inappropriate behaviors over a two week period will result in a mandatory parent meeting with staff.
3. A plan of action including a timeline for additional steps that may become necessary will be developed.
4. If the inappropriate behavior continues following two consecutive months of attempted intervention by School staff and parents, parents will be

asked to consult mental health professionals regarding the child's behavior. A mental health evaluation or psychological evaluation will be required at this time and the mental health professional must supply a behavioral plan to the parents and to the School. This plan will be implemented for one month in an effort to alter the inappropriate behavior.

5. Children who enter the School with a diagnosed condition that may affect their ability to control their behavior must provide a written explanation of the child's diagnosis, and a behavioral plan signed by the child's mental health provider. Parents must meet the teaching staff and director prior to the child's attending in order to review such a plan.

6. Non compliance with the above procedure will result in dismissal from the School.

NOTE: While the program strives to serve all children, the School is also responsible for the safety of all students and staff. The School reserves the right to alter this policy in the event that a child's behavior results in the need for medical attention/consultation for the victim of the inappropriate act.

Section 65C-22: All child care personnel must comply with the facility's written disciplinary policy. Such policies shall include standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited for all child care personnel.

Section 10-M-12.013 requires that parents are notified in writing of the disciplinary practices used at Busy Bee Child Development and Learning Center. The parent's or legal guardians signature below verifies that you have been notified in writing of the disciplinary practices used at Busy Bee Child Development and Learning Center. Please complete the following:

_____, have received in writing the
(print name of parent/guardian) disciplinary practices used by Busy Bee Child
Development and Learning Center.

Signature of Parent or Legal Guardian

Date

Payment Agreement

Please Read Carefully and Initial the Following:

_____ I, the undersigned agree to pay said weekly tuition fee on or before FRIDAY of each week for the upcoming week.

_____ I, in the event that tuition balance reached two weeks past due, I understand and agree to pay a \$10.00 per day late tuition balance fee until balance is paid in full.

_____ I, in the event a check is returned to Busy Bee Child Development and Learning Center for any reason, agree to pay a \$25.00 return check fee.

_____ I, understand that all weekly tuition fees are due in full each Friday. There are no credits, prorating or monetary reimbursements of any kind.

_____ I, understand that if weekly tuition fees are not paid in full services will be terminated until payment is received.

_____ I, understand that Busy Bee Child Development and Learning Center, will file civil suit and/or report any overdue balances to a legal collection reporting agency. If Busy Bee Child Development and Learning Center is forced to go to an outside collection agency, attorney, or civil trial, to collect a debt you will incur all out of pocket expenses that Busy Bee Child Development and Learning Center will incur regarding any collections.

_____ I, understand that if my account is goes into collection it will be reported to the three major credit reporting agencies.

_____ I, understand I will incur an additional 1.5% per month fee (late charge) for each month that the bill is outstanding.

Liability Agreement

Please Read Carefully and Initial the Following:

____ I, understand that Busy Bee Child Development and Learning Center shall not be held liable for any wrong doing in which a child has created a problem with another child in any capacity or by any means.

____ I, understand that the Busy Bee Child Development and Learning Center will be held harmless, from and against any and all claims, demands, damages, accidents, injuries, deaths, actions and causes of actions, costs and expenses, losses and liabilities of whatever nature, and all other consequences of any sort, without limit, that may be asserted or brought against the Busy Bee Child Development and Learning Center its employees, its board of directors, and any parties associated. This includes any and all school related activities on and off campus.

Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at

<https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], or

- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or

- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Parent Signature

Date