



Enrollment Packet 2021-2022 Program

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BEEHIVE PARENT CHILD CENTER, INC.

Mission and Program Details

Beehive opened in 1973 and is a non-profit organization that operates as a parent cooperative preschool. The mission of the school defined in its original proposal is as follows: To strengthen family and community life through a program involving both parent and child in learning experiences that provide parent opportunities to develop child-rearing skills and a sense of camaraderie with other parents of young children. This dual mission continues to provide a strong foundation today, as Beehive encourages children to become independent thinkers and explore learning through their interest. Our schools' goal is to nurture the whole child by supporting academic, social, emotional and physical growth; create school readiness; and foster parent involvement in their child's education. Beehive teachers facilitate play-based learning in combination with established educational curricula, while parents have the unique opportunity to be actively involved in their child's educational community.

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 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 a pre-school classroom for our three year old program; and a pre-kindergarten classroom for our four year old program. Our school is an open, play-based school where students can interact with all classmates and teachers throughout the school.

Curriculum

Beehive incorporates two research-backed curricula into its play-based learning environment: Get Set for School from Learning Without Tears and Blueprint for Early Literacy pre-kindergarten curriculum supplement from Children's Literacy Initiative.

Staff

The Beehive staff hold a Bachelor's degree or higher and/or have a teaching certificate and early childhood education experience and credentials.

Parent Involvement

Beehive is a parent cooperative preschool where parents are involved in three specific ways. A parent of each child volunteers at Beehive approximately one day every two weeks on a regularly scheduled basis. The primary goal of parent "workdays" is to provide parents direct access to their child's school day, education, other students and families, and the teachers. Secondly, during their workday parents provide support to the teachers by supervising one of the learning centers and helping prepare snacks, monitoring bathrooms, supervising unstructured play, etc. Parents are also asked to support their classroom through various 'sign-ups' throughout the year; for example, parents may be asked to bring in materials for sensory bins or paper plates for parties. Teachers coach parents through all signups, and the goal is to allow parents and students an opportunity to support their classroom. Lastly, parents are required to complete 15 hours of parent education in child development, parenting or preschool curriculum during the school year by reading books/articles, attending meetings/workshops, watching videos, etc. Hours can be completed by parents individually at home throughout the school year, and Beehive will also provide opportunities to complete training hours.

BEEHIVE PARENT CHILD CENTER, INC.

Tuition & Enrollment Information

Application, registration, supply and tuition fees are non-refundable once enrollment is confirmed. Supply and tuition fees are refundable if we are unable to place a child off of our waitlist.

Application Fee	\$100
Registration Fee	\$275/new student \$175/returning student
Supply Fee	\$300/student
Last Month's Tuition (May 2022)	\$725/Pre-Kindergarten \$725/Pre-School M-F Program (5 day) \$525/Pre-School MWF Program (3 day) \$365/Pre-School TTh Program (2 day)

To submit enrollment paperwork, complete the following 2 steps:

1. Payment of Application Fee.
2. Completed enrollment packet, including:
 - a. Student Information Form – 2 pages
 - b. Consent Form
 - c. Personal History Form
 - d. Emergency Contacts Form
 - e. Medial Statement Form
 - f. Background Check Form

Enrollment confirmations begin February 15th at 9:30 am. Upon confirmation, the remainder of fees are due within 48 hours to confirm spot (registration, supply and last month's tuition).

Admission Requirements

1. Full payment of fees and tuition, and paperwork are required to confirm enrollment.
2. Children must be three years of age by September 1st of the current school year, exceptions may be made on a case-by-case basis for students younger than 3. Students will be placed in the appropriate age-related peer group class.
3. Pre-school offers a 5 day (M-F); 3 day (MWF); or 2 day (TTh) program, hours are 9am – 2pm.
4. Pre-Kindergarten offers a 5 day (M-F) program from 9am – 2pm. Exceptions may be made if it best serves the child, family, and the Beehive community.
5. Students must be toilet trained.
6. Students must be able to change their own clothes.

Enrollment Period

1. Current students, siblings, and legacy priority enrollment is February 8th – 13th, 2021.
2. New student enrollment begins February 15th, 2021 @ 9:30am.

BEEHIVE PARENT CHILD CENTER, INC.

Student Information Form

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 _____

How did you hear about Beehive? _____

My child will attend:

_____ Pre-school 3's, M-F (5 day), 9am-2pm

_____ Pre-school 3's, MWF (3 day), 9am-2pm

_____ Pre-school 3's, TTH (2 day), 9am-2pm

_____ Pre-K, M-F (5 day), 9am-2pm

Preferred Work Day(s) **M** **T** **W** **Th** **F**

Check NO _____ Cash _____

Date: _____

Application fee _____

Registration fee _____

Supply fee _____

Last Month's Tuition _____

(May 2022)

Age Requirements

Beehive serves children who are three years of age by September 1st. Age exceptions may be made on a case-by-case basis for students under 3. Children must be 4 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) volunteer at the school approximately once every two weeks on a regularly scheduled basis, (2) acquire 15 hours of parent education in child development/parenting (Beehive will assist), and (3) and support the classroom via “signups” throughout the year as needed.

Staff

Degreed and/or certified teachers and director assume responsibility for developing and implementing 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 promptly informed of any health issues, including exposure to serious communicable diseases, as they happen.

Checks/cash for the application, registration, supply and last month’s tuition (May 2022) are required to confirm enrollment. **Application, registration, supply and tuition fees are non-refundable once enrollment is confirmed. Supply and tuition fees are refundable if we are unable to place a child off our waitlist.**

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 approximately 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.

I agree to comply with state law requiring all people volunteering regularly with children to obtain a complete background check (Beehive will process the appropriate paperwork on your behalf once you complete it).

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.

Jennifer Jacobs, Director

Date

Date of Admission _____

Date of Withdrawal _____

BEEHIVE PARENT CHILD CENTER, INC.
Consent Form

Child's Name: _____

Nature walks and walks to nearby points of interest enrich the Beehive Curriculum.

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

Signature of Parent or Legal Guardian

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

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

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, on social media (no names in social media posts) or in print to promote Beehive Parent Child Center, Inc. Neither the parent nor the child 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

BEEHIVE PARENT CHILD CENTER, INC.
Personal History Form

Child's Name: _____

Name and Ages of Siblings

Name	Age	Current School

Child's previous experience in peer group situations. Examples include music classes, Mother's Day Out programs, Preschool, Gymboree, etc.

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

Anything else you would like us to know about your child.

BEEHIVE PARENT CHILD CENTER, INC.
Emergency Contact Form

Child's Name: _____

Children will be released only to parents or to the person/s designated by the child's parents. The designated person is required to show photo identification.

Individuals authorized to pick up your child:

Name	Phone Number	Relationship

Individuals to call in an emergency if parents can not be reached:

Name	Phone Number	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 and/or call an ambulance as appropriate:

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.

Parent or Legal Guardian Signature

BEEHIVE PARENT CHILD CENTER, INC.

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/Illness/Hospitalization during the past 12 months: _____

Special Needs: _____

I have examined _____ **within the last 12 months and determined that he/she is physically**
(Child's Name)
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, Inc.

Parent's Signature: _____

Date: _____