



General Information

- Camper must be between 3 - 6 years old and toilet-trained. Age-related exception may be made on a case-by-case basis.
- Camper brings a water bottle, lunch, change of clothes and snack each day.
- A completed personal information form, a signed Consent Form and a current Medical Statement signed by a physician is required for admission.
- Camp Schedule:
 - Hours weekly: 9:00 am-2:00 pm, Monday -Thursday & 9:00 am-12:00pm Friday
 - Tuition: \$300/weekly session, \$1,100/*all sessions

SESSION I	May 30th – June 3rd
SESSION II	June 6th – 10th
SESSION III	June 13th – 17th
SESSION IV	June 20th – 24th

\$100 deposit per session, due upon registration. Balance for all sessions is due by Monday, May 2nd, 2022.

**Discount pricing is offered for enrolling in all four sessions. **

There will be no refunds.

**CAMP BEEHIVE
Summer 2022**

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

Please check the session(s) your child will be attending:

SESSION I: May 30th – June 3rd Attending: _____

SESSION II: June 6th – 10th Attending: _____

SESSION III: June 13th – 17th Attending: _____

SESSION IV: June 20th – 24th Attending: _____

BEEHIVE PARENT CHILD CENTER, INC.

Consent Form

Child's Name: _____

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 Department, Southside Community Garden, and the West University Library.

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 Days, 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/faces in social media) 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

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.