



# Enrollment Packet 2022-23 Program

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# **BEEHIVE PARENT CHILD CENTER, INC.**

## **Mission and Program Details**

Beehive opened in October 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 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 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 day.

### **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 have a teaching certificate and/or 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 one day every two weeks; or approximately once a month (2&3 day program only) on a regularly scheduled basis. The primary goal of parent 'workdays' is to provide parents 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 in various ways, such as by supervising learning centers, helping prepare snacks, monitoring bathrooms, supervising unstructured play, etc. Parents are also asked to support their classroom through various 'sign-ups' a few times throughout the year, for example, parents may be asked to bring materials for sensory bins or paper plates for parties. Teachers assist with signups, and the goal is to allow parents and students the opportunity to support their learning environment. Lastly, parents are required to complete 15 hours of parent education in child development, parenting, preschool curriculum, or any child-rearing topic of interest 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 naturally.

## 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 our waitlist.\*\*\***

Application Fee	\$100/new student
Registration Fee	\$275/new student \$175/returning student
Supply Fee	\$300/student
Last Month's Tuition (May 2023)	\$725/Pre-Kindergarten \$725/Pre-School 5 day (Monday – Friday) \$525/Pre-School 3 day (Mon, Wed, Fri) \$365/Pre-School 2 day (Tue, Thur)

#### 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 Contact Form
  - e. Medial Statement Form
  - f. Background Check Form

**\*\* Upon confirmation of enrollment, the remainder of fees are due within 48 hours to confirm spot.\*\***

#### 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 1<sup>st</sup> of the current school year. Students will be placed in the appropriate age-related peer group class.
3. Pre-school offers 3 options: 5 day (M-F); 3 day (M,W,F); or 2 day (T,Th) program. All hours are as follows: 9:00 am – 2:00 pm Monday through Friday.
4. Pre-kindergarten only offers a 5 day program; 9:00 am – 2:00 pm Monday through Friday.
5. Students must be toilet trained, no diapers or pull-ups are allowed at Beehive
6. Students must reasonably be able to change their own clothes and practice body 'self-care' (i.e. – blow their nose, cover their cough).

#### Enrollment Period

1. Current students, siblings, and legacy priority enrollment is February 7<sup>th</sup> - 11<sup>th</sup>, 2022.
2. New student enrollment begins February 14<sup>th</sup>, 2022 @ 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, (5 day) Monday-Friday; 9am-2pm

\_\_\_\_\_ Pre-school 3's, (3 day) M, W, F; 9am-2pm

\_\_\_\_\_ Pre-school 3's, (2 day) T,Th; 9am-2pm

\_\_\_\_\_ Pre-K, Monday-Friday, 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 2023)	
TOTAL	_____

**Age Requirements**

Beehive serves children who are three years of age by September 1<sup>st</sup>. Children must be four years of age by September 1<sup>st</sup> 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, or approximately once a month (based on enrollment selection) on a regularly scheduled basis, (2) acquire 15 hours of parent education in child development/parenting, and (3) support the classroom via 'sign-ups' throughout the year as needed.

**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 per semester, 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, registration, supply and last month's tuition are required with the application to confirm enrollment. The \$100 application fee is waived for current families. **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 as scheduled or will make every reasonable effort to cover my shift as supported. 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.

\_\_\_\_\_  
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. These walks may include trips to local parks or business. Parents will be notified of field trips in advance.

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 (Beehive's Facebook or Instagram pages) or in print to promote Beehive Parent Child Center, Inc (Website). 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.

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

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

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**BEEHIVE PARENT CHILD CENTER, INC.**

**Medical Statement**

<b>Immunizations</b>	<b>Date/Dose 1</b>	<b>Date/Dose 2</b>	<b>Date/Dose 3</b>	<b>Date/Dose 4</b>
Polio (IPV or OPV)	_____	_____	_____	
DTaP/DT/DTP	_____	_____	_____	_____
Hib	_____	_____	_____	
Hepatitis B	_____	_____	_____	
MMR	_____			
Varicella	_____	OR Chicken Pox Case	_____	
Hepatitis A	_____	_____		
Pneumococcal Conjugate Vaccine	_____	_____	_____	_____

*For 4 year-olds only*

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