

# BEEHIVE

CO-OP PRESCHOOL



## Enrollment Packet

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[www.beehivecoop.org](http://www.beehivecoop.org)

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## All about Beehive

Beehive opened in October 1973 as a non-profit, play-based, parent cooperative preschool. At Beehive, we encourage children to become independent thinkers and explore learning experiences based on their interests. We nurture the whole child by supporting academic, social, emotional, and physical growth. The Beehive staff provides play-based learning in large group, small group, and individual settings. A number of educational curriculum programs serve as resources in meeting the children where they are and building on past education and experience. As a co-op, Beehive offers parents the unique opportunity to be actively involved in their child's education and the collective education of our school community.

## Classes

Beehive offers classes for two different age groups. Each class has a dedicated teacher and separate curriculum, but the children have access to the other class offerings, students, and teachers on a daily basis.

- The Preschool class is made up primarily of 3 and 4-year-olds
- The PreK class is made up primarily of 4 and 5-year-olds

## Curriculum Resources

The overriding curriculum of Beehive is play. We incorporate learning into our play at every opportunity. *Get Set for School*, *Learning Without Tears*, and *Blueprint for Early Literacy* are some of the curriculum programs we use to add structured learning to our play.

## Staff

We seek to hire certified, degreed, and experienced early educators who love teaching children. Each class has a dedicated teacher. A director and a teacher assistant are also on staff to help in any way they can to benefit the children and make a positive impact on the children's educational experience.

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## Summer Camp Tuition & Enrollment Information

**Fees are non-refundable once enrollment is confirmed.**

Deposit	\$100
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SESSION 1 – June 3 – June 7	\$300
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SESSION 2 – June 10 – June 14	\$300
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SESSION 3 – June 17 – June 21	\$300
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SESSION 4 – June 24 – June 28	\$300
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### Enrollment submission

- Payment of Deposit\* (non-refundable)
- Completed enrollment packet

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

### Admission Requirements

- Full payment of Summer Camp tuition, and paperwork are required to confirm enrollment
- Students must be toilet trained - no diapers or pull-ups are allowed at Beehive
- Students must reasonably be able to change their own clothes and practice self-care. (i.e. blow their nose, cover their cough)

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## Student Information Form

Student's Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Birthday \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Address City, State Zip

Parent 1 Contact \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent 2 Contact \_\_\_\_\_ 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:

- \_\_\_\_\_ **SESSION 1 – June 3 – June 7**
- \_\_\_\_\_ **SESSION 2 – June 10 – June 14**
- \_\_\_\_\_ **SESSION 3 – June 17 – June 21**
- \_\_\_\_\_ **SESSION 4 – June 24 – June 28**

Check # \_\_\_\_\_

Invoice # \_\_\_\_\_

Date: \_\_\_\_\_

Deposit \_\_\_\_\_

Summer Camp Tuition \_\_\_\_\_

TOTAL \_\_\_\_\_

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## 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. Students will be placed in the appropriate age-related peer group class. Age exceptions may be made on a case-by-case basis by the director.

## Staff Responsibilities

Beehive teachers and director assume responsibility for developing curriculum and organizing the daily schedules. 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 by the director in a timely manner.

**Fees are non-refundable once enrollment is confirmed.**

I have read the above, and understand that Beehive Parent Child Center, Inc. is a non-profit parent cooperative preschool. I must fulfill the requirements stated above in order for my child to be enrolled in this early childhood program. I

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.

\_\_\_\_\_  
Anna Rosenblath, Director

\_\_\_\_\_  
Date

Date of Admission \_\_\_\_\_

Date of Withdrawal \_\_\_\_\_

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## Consent Form

Child's Name: \_\_\_\_\_

Please indicate your preference on the following items.

Yes	No	
		I allow my child to participate in water activities. These may include sprinklers, wading, or splashing while supervised by Beehive staff.
Photographs and videos are taken periodically at school by teachers, parents, or news agencies. Please indicate below how you would like these images to be managed. If your child's picture is used by Beehive, neither the parent nor the child will be compensated for the images.		
		I allow Beehive unrestricted use of my child's picture.
If you answered <b>NO</b> to the above question – please see below for specific allowances.		
		<i>I allow my child's picture to be used for internal posting to be viewed only by the Beehive community. (Only Beehive families will have access)</i>
		<i>I allow my child's picture to be used for social media postings on the Beehive Facebook page.</i>
		<i>I allow my child's picture to be used for social media postings on the Beehive Instagram page.</i>
		<i>I allow my child's picture to be used to promote Beehive on the Beehive website, flyers...</i>

\_\_\_\_\_  
Signature of Parent or Legal Guardian

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## 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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## 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 cannot be reached:

Name #1	
Phone	
Relationship	
Address	
<hr/>	
Name #2	
Phone	
Relationship	
Address	

### 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



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## Medical Statement

Attach up-to-date Vaccination and/or Immunizations to this packet. Complete \_\_\_\_\_

**For 4 year-olds only**

Vision Test	R 20/_____	L 20/_____	_____ Pass	_____ Fail
Hearing Test	1000HZ	2000Hz	4000Hz	
Right	_____	_____	_____	_____ Pass _____ Fail
Left	_____	_____	_____	_____ Pass _____ Fail

Complete all fields (you may fill in NA if it is not applicable)

Known Allergies: \_\_\_\_\_

Existing Illness: \_\_\_\_\_

Previous Injury/Illness/Hospitalization during the past 12 months: \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Must be completed by physician**

*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