

BEEHIVE

CO-OP PRESCHOOL



Enrollment Packet

3407 Bissonnet Street, West University Place, TX 77005

713-660-7642

admin@beehivecoop.org

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.

Parent Involvement

Beehive is a parent cooperative preschool where parents are involved in three specific ways. Parents and students are active participants in our learning environment.

- Workdays - A parent of each child works at Beehive on a regularly scheduled basis, which is determined by their child's enrollment. Working at the school provides access to your child's school day, education, other students and families, and the teachers. Parents provide support to the teachers by supervising and engaging in learning centers and unstructured play, helping with snacks, monitoring bathrooms, and cleaning and resetting the school for the next day. Giving back to your community is important to model for children.
- Workday Coverage – You are able to opt out of one workday a month or up to 50% of your workday involvement of the year by paying for coverage of a \$75 fee per workday. Family members that have been background checked by Beehive prior to workday are able to cover up to 50% of your workday involvement.
- Sign-ups - Parents support their classroom by signing up to help throughout the year. For example, parents may be asked to bring materials for sensory bins or party supplies.
- Parent Education – Beehive parents complete 15 hours of education in child development, parenting, preschool curriculum, or any topic of interest through books/articles, podcasts, meetings/workshops, videos, etc. Hours can be completed by parents at home throughout the school year, and Beehive will also share opportunities for parent learning. This learning helps individual families as well as the Beehive community as a whole.

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Tuition & Enrollment Information

Fees are non-refundable once enrollment is confirmed.

Application fee (non-refundable)	\$100	new student
Registration fee	\$275	new student
	\$175	returning student
Supply fee	\$300	per student
PreK - Last month's tuition – May	\$775	PreK
Preschool - Last month's tuition – May	\$775	Preschool 5 day
	\$565	Preschool 3 day
	\$390	Preschool 2 day
Spanish Play Group	\$65	3 day
	\$100	5 day

Enrollment submission

- Payment of application fee*
- Completed enrollment packet

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

Admission Requirements

- Full payment of fees and 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)

Enrollment Period

- Current students, siblings, and legacy priority enrollment is February 1st – 9th
- New student enrollment begins February 10th

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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:

_____ Preschool, (5 day) Monday-Friday; 9am-2pm

_____ Preschool, (3 day) M,W,F; 9am-2pm

_____ Preschool, (2 day) T,Th; 9am-2pm

_____ PreK, Monday-Friday; 9am-2pm

Check # _____

Invoice # _____

Date: _____

Application fee _____

Registration fee _____

Supply fee _____

Last Month's Tuition _____

(May)

TOTAL _____

Preferred Workday(s) **M** **T** **W** **Th** **F**

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Age Requirements

Beehive serves children who are three years of age by September 1st. Children must be four years of age by September 1st 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.

Parent Involvement Requirements

One parent of each child enrolled at Beehive must fulfill three obligations:

- Work at the school once every two weeks, or on a regularly scheduled basis, based on enrollment
- Support the classroom via sign-ups throughout the year as needed
- Acquire 15 hours of parent education in child development/parenting

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 agree to work at Beehive as scheduled or will make every 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. I will participate in sign-ups to support my child's class. I understand that I must acquire 15 hours of parent education this 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.

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 NO 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.

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

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	
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