

BEEHIVE

CO-OP PRESCHOOL



Summer Camp Packet

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Summer Camp Information

Welcome to Camp Beehive! During our summer session we focus on fun and learning and more fun. We play and learn in a whole group setting and get messy along the way. Join us for on week or all of 4 weeks. We are excited to play with purpose!

- Beehive is excited to welcome toilet trained campers ages 3 to 6 to come and experience the fun of a Beehive Summer. Age exceptions will be made on a case-by-case basis.
- Each day campers are expected to bring filled water bottle, snack, lunch, rest mat and change of clothes.
- Student information sheet, consent form and current (within the year) medical statement will be required for admission.
- Camp will be 9:00am – 2:00pm Monday – Thursday and 9:00am – 12:00pm Friday.
- \$300 per week or \$1,000 for all sessions.
- A deposit of \$100 per week of camp will be required with registration. Remaining fees due on or before Monday, May 8.

SESSION 1 – June 5 – June 9

SESSION 2 – June 12 – June 16

SESSION 3 – June 19 – June 24

SESSION 4 – June 26 – June 30

A \$100 deposit per week is required upon registration. Remaining balance will be due Monday, May 8.

-Discount pricing is offered for enrolling in all sessions-

-No refunds available-

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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

My child will attend:

_____ SESSION 1 June 5th to June 9th

_____ SESSION 2 June 12th to June 17th

_____ SESSION 3 June 19th to June 23rd

_____ SESSION 4 June 26th to June 30th

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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 walks away from school to a nearby point of interest or to support a class activity. Parents will be notified in advance of plans to leave campus.
		I allow my child to participate in water activities. These may include sprinklers, wading, or splashing while supervised by Beehive staff.
<p>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.</p>		
		I allow Beehive unrestricted use of my child's picture.
<p>If you answered NO to the above question – please see below for specific allowances.</p>		
		<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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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