



**CHILD INFORMATION**

Child’s Name 

 Sex Age Date of birth 

Entrance Date Withdrawal Date 

**PARENTS/ GUARDIAN INFORMATION**

Mother’s Name Date of Birth 

Home Address City

State Zip Phone Number 

Place of Employment Work Phone # 

Employer’s Address City State Zip 

Mother Email Address:

Father’s Name Date of Birth 

Home Address City

State Zip Phone Number 

Place of Employment Work Phone # 

Employer’s Address City State Zip 

Father Email Address:

Child’s Living Arrangements: (check one) ( ) Both Parents ( ) Mother ( ) Father ( ) Other

Child’s Legal Guardian(s):

(check one) ( ) Both Parents ( ) Mother ( ) Father ( ) Other

**RELEASE OF THE CHILD/ EMERGENCY CONTACTS**

The child may be released to the person(s) signing this agreement and to the following:

| Name  | Address  | Phone Number | Relationship to Child |
| --- | --- | --- | --- |
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HOW DID YOU HEAR ABOUT US?

(CIRCLE ONE) WEB SEARCH FRIENDS FAMILY OTHER 



**CHILD ABUSE/ NEGLECT**

As a child care provider, Bee Mindful is mandated by state law to report any cases where there is reasonable cause to believe that a child is being or has been neglected, explored, deprived, sexually assaulted, sexually explored, physically injured, medically neglected, or sudden death by other than an accidental means by a parent, guardian, or caretaker, to the proper authorities. Bee Mindful will cooperate fully with the authorities in the investigation of all such cases. To avoid any misunderstanding parents are encouraged to keep the center aware of any unusual bruises, marks or accidents that occur at home.



Signature of Parent/Guardian Date

**PARENTAL AGREEMENTS WITH CHILD CARE FACILITY**

**Bee Mindful Early Learning Academy INC** agrees to provide childcare for

(Name of Child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on

Monday Tuesday Wednesday Thursday Friday

From \_\_\_\_\_\_\_\_\_\_\_\_\_a.m. to \_\_\_\_\_\_\_\_ p.m.

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast

Morning Snack

Lunch

Afternoon Snack

Evening Snack

Dinner

Bedtime Snack

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

I authorize the childcare facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for

**Bee Mindful Early Learning Academy INC**

I understand that the facility will advise me of my child’s progress and issues relating to my child’s care as well as any individual practices concerning my child’s special needs. I also understand that my participation is encouraged in facility activities.

I am responsible for transportation, since Bee Mindful Early Learning Academy doesn't offer any transportation.

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

(Parent/Guardian)

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

(Facility Administrator/Person-In-Charge)

**HEALTH INFORMATION**

Is your child allergic to anything? Yes No If yes, please list below





Does your child have any mental, physical, or development problems/disorders that limit your child from participating in daily centers activities? Yes No If yes, please specify below





Are Any special procedures or accommodations required for caring for your child? Yes No



Physician Name: Phone#



**MEDICAL AUTHORIZATION**

I agree that the staff at Bee Mindful may authorize the physician of their choice to provide emergency treatment in the event I cannot be immediately contacted, as well as the family physician. Bee Mindful agrees to/ and has my consent to provide transportation to an appropriate medical facility in the event of an emergency. In an emergency, a responsible adult will supervise the kids at the center and accommodate my child until parent or emergency contacts arrive. We will not administer any drugs or any medication without specific instructions from the physician or child’s parent or guardian in the case of an emergency.



Signature of Parent/Guardian Date

**POLICY REGARDING VACATION OR SICKNESS/HOLDING FEE**

 IT IS THE POLICY OF **BEE MINDFUL EARLY LEARNING ACADEMY INC** THAT DURING VACATION TIME IF YOUR CHILDREN OR CHILD WILL BE ABSENT FOR LONGER THAN 4 DAYS YOU WILL NOTIFY THE CENTER AND YOUR PAYMENT WILL ONLY BE HALF OF THEIR WEEKLY FEE THIS IS OUR HOLDING FEE TO ENSURE THAT THE SLOT WILL BE HELD FOR THE STUDENT. THIS APPLIES TO SICKNESS ALSO IF YOU DON'T NOTIFY THE CENTER THE CHILD WILL BE ADMINISTRATIVELY DISENROLLED AFTER THE 5TH DAY.



**RETURN CHECK POLICY**

 I UNDERSTAND THAT FOR ANY RETURN CHECKS MY ACCOUNT WILL BE AUTOMATICALLY BILLED A REQUIRED **$35.00** AFTER TWO RETURN CHECKS I WILL BE REQUIRED TO PAY MY FEE AND CASH.

 I HAVE READ THE CONDITIONS OF THIS TUITION AGREEMENT. I UNDERSTAND AND ACCEPT EACH CONDITION AS BEE MINDFUL EARLY LEARNING ACADEMY INC POLICY



Signature of Parent/Guardian SSN# Date

**Bee Mindful Early Learning Academy INC**

 **OBJECTIVES**

1. Provides a quality daycare environment for all children enrolled.
2. Foster the total development of the child by providing an environment consisting of: friendly atmosphere with train childcare providers, a safe and healthy facility, non-roll stereotype setting, a variety of suitable equipment in good repair, a variety of activities that support the physical, social, emotional and intelligent needs of the children.
3. To be an emotional support system for parents and their families when issues may arise with their children.
4. To assist parents in acquiring knowledge of normal child development and other child related information
5. Children will receive safe and consistent care during daycare hours
6. Children develop challenges with receiving referrals to local support services.
7. Parents will have knowledge of their child's development, individual needs and nutritional requirements.
8. Parents will be provided with information for improving parenting skills including options for managing challenging behavior.
9. Parents will have increased knowledge of health and childcare.

10)Parents would have complete access to the daycare facility during hours of operations

**Bee Mindful Early Learning Academy INC**

**DISCIPLINE POLICY**

BEE MINDFUL EARLY LEARNING ACADEMY INC TEACHERS WILL HAVE REALISTIC EXPECTATION FOR A CHILD'S BEHAVIOR ACCORDING TO THEIR AGE AND LEVEL OF DEVELOPMENT. DISCIPLINE WILL BE CONSISTENT, FAIR AND A KIND FIRM VOICE WILL BE USED AT ALL TIMES

DEVELOPMENTALLY APPROACH LIMITS OR THE STAFF AND CHILDREN TO WHOM THEY APPLY SHOULD UNDERSTAND RULES

POSITIVE REINFORCEMENT IS USED DAILY. THE STAFF WILL MAKE AN EFFORT TO GIVE DIRECTIONS AND INSTRUCTIONS IN POSITIVE STATEMENTS AND LIMIT THE USE OF NO DON'T ETC... CHILDREN WILL BE INSTRUCTED ON WHAT TO DO INSTEAD OF ALWAYS WHAT NOT TO DO (FOR EX: “JIMMY, WALK INSIDE, RUN OUTSIDE”- INSTEAD OF “DON’T RUN INSIDE JIMMY”)

DEVELOPMENTAL APPROACH THE REWARD SYSTEM MAY BE USED

SOCIALLY ACCEPTABLE BEHAVIOR SHOULD BE ENCOURAGED AND PRAISE CONSTANTLY DURING ALL ACTIVITIES

EACH CHILD WILL BE TREATED WITH RESPECT. TEACHERS WILL LISTEN WHEN CHILDREN TALK AND RESPOND ATTENTIVELY

CHILDREN WILL BE ALLOWED AND ENCOURAGED TO DO FOR THEM AS MUCH AS THEY ARE ABLE AND SUPPORT AND THEIR EFFORTS. OUR OBJECTIVE IS TO TEACH THE CHILDREN SELF-RELIANCE

DISCIPLINE WILL NOT BE ASSOCIATED WITH FOOD NAP OR BATHROOM PROCEDURES NO CORPORAL / PHYSICAL PUNISHMENT WILL BE USED. DISCIPLINE TECHNIQUES WILL NOT BE SHAMING, HUMILIATING, OR FRIGHTENING TO THE CHILD. NO VERBAL ABUSE OR DEROGATORY REMARKS WILL BE USED. TEACHERS WHOSE CHILDREN ARE STUDENTS WILL BE SUBJECT TO THE SAME STANDARD WHILE ON SCHOOL GROUND

PARENTS WILL BE EDUCATED TO THE FOLLOWING THE SAME STANDARDS WHILE ON SCHOOL GROUNDS IN ORDER TO PROTECT THE SELF-ESTEEM OF ALL STUDENTS

DISCIPLINE WILL BE RELATED TO THE MISBEHAVIOR AND WILL BE ADMINISTERED IMMEDIATELY, USUALLY BY THE TEACHER PRIMARILY RESPOND CIVIL FOR THE CHILD. IF NECESSARY, “TIME OUT” WILL BE ENFORCED AND KEEPING WITH THE CHILD'S AGE AND LEVEL OF DEVELOPMENT ONE MINUTE PER YEAR OF AGE IS THE MAXIMUM DISPLAY AMOUNT FOR A “TIMEOUT”. OCCASIONALLY, CONSULTING WITH THE DIRECTOR MAY BE NECESSARY I READ AND UNDERSTAND BE MINE FOR EARLY LEARNING ACADEMY POLICY ON DISCIPLINE

I READ AND UNDERSTAND BEE MINDFUL EARLY LEARNING ACADEMY INC POLICY ON DISCIPLINE



SIGNATURE OF PARENTS/GUARDIAN DATE

**BEE MINDFUL EARLY LEARNING ACADEMY INC**

**4261 ST. MARY’S RD COLUMBUS GA 31907**

**PH:(706)610-6549/FAX: (706)610-6551**

**STUDENT EMERGENCY MEDICAL INFORMATION**

CHILD NAME DATE OF BIRTH

ADDRESS

FATHER NAME

HOME PHONE WORK PHONE

MOTHER NAME 

HOME PHONE WORK PHONE 

PERSON TO NOTIFY IN AN EMERGENCY AND PARENTS CANNOT BE REACHED:

NAME PHONE

CHILD’S DOCTOR PHONE

MEDICAL FACILITY THE CENTER USES **MIDTOWN MEDICAL CENTER**

ADDRESS **710 CENTER STREET COLUMBUS GEORGIA 31901-706-571-1000**

CHILD ALLERGIES

CURRENT PRESCRIPTION MEDICATION 

CHILD SPECIAL NEED AND CONDITION

IN THE EVENT OF AN EMERGENCY INVOLVING MY CHILD AND IF BE MINDFUL EARLY LEARNING ACADEMY CANNOT GET IN TOUCH WITH ME, I HEREBY AUTHORIZED ANY NEED MEDICAL CARE. I FURTHER AGREE TO BE FULLY RESPONSIBLE FOR ALL MEDICAL EXPENSES OCCURRING DURING THE TREATMENT OF MY CHILD,

CHILD'S NAME 

SIGNATURE/PARENT GUARDIAN 

WITNESS BY DATE

**BEE MINDFUL EARLY LEARNING ACADEMY INC**

**4261 ST. MARY’S RD COLUMBUS GA 31907**

**PH:(706)610-6549/FAX: (706)610-6551**

**EMERGENCY MEDICAL AUTHORIZATION**

**SHOULD , SUFFER AN INJURY OR ILLNESS WHILE IN THE CARE OF BEE MINDFUL EARLY LEARNING ACADEMY INC AND THE CENTER IS UNABLE TO CONTACT IMMEDIATELY, IT SHALL BE AUTHORIZED TO SECURE SUCH MEDICAL ATTENTION AND CARE FOR CHILD AS MAY BE NECESSARY.**

**I(WE) AGREE TO KEEP THE CENTER INFORMED OF ANY CHANGES IN THE TELEPHONE NUMBERS, ETC. WHERE I (WE) CAN REACH.**

**THE CENTER AGREES TO KEEP ME (US) INFORMS OF ANY INCIDENTS REQUIRING PROFESSIONAL MEDICAL ATTENTION INVOLVING CHILD.**

**CHILD(S) PRIMARY SOURCE OF HEALTH CARE IS:**



**PHYSICIAN NAME ADDRESS PHONE#**

**KNOWN MEDICAL CONDITIONS (I.E.DIABETIC, ASTHMATIC, AND DRUG/FOOD ALLERGIES):**





**SIGNATURE OF PARENT/GUARDIAN DATE PHONE**