



Wonder-Bee's Early Learning Center Enrollment Application

Child's Information

Child's Name: _____ DOB: _____ Sex: _____

Home Address: _____

Allergies/Medications: _____

Parent's Information

Primary Parent's Name: _____

Phone Number: _____ Work Number: _____

Email: _____

Secondary Parent's Name: _____

Phone Number: _____ Work Number: _____

Email: _____

Enrollment Requested:

Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> 5 days (Full-Time) | <input type="checkbox"/> 3 days (Part-Time) |
| <input type="checkbox"/> School Closings | <input type="checkbox"/> Summer Program |
| <input type="checkbox"/> Before School Only | <input type="checkbox"/> Before/After School |
| <input type="checkbox"/> After School Only | |

Getting to know your child:

Does your child have favorite colors, animals, or foods? _____

What helps comfort your child when upset? _____

Are there any special routines your child is used to? _____

Are there any learning goals you would like us to support? _____

Is there anything else you would like us to know about your child? _____



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Enrollment Fee & Tuition Acknowledgment

I understand that a non-refundable registration fee of \$75.00 and the first week's tuition payment are required to complete my child's enrollment at Wonder-Bee's Early Learning Center.

I also understand that if I wish to reserve a space for a future enrollment date, a non-refundable deposit of \$150.00 is required to hold my child's spot. This deposit will hold the space for up to 30 calendar days from the date payment is received. If my child does not begin attendance within the 30-day holding period, the reserved space may be forfeited and the deposit will not be refunded.

By signing below, I acknowledge that I have read, understand, and agree to these enrollment and payment requirements.

Parent/Guardian Signature: _____

Date: _____

Child's Name: _____



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Enrollment & Required Documentation

Parents/guardians are responsible for providing complete, accurate, and current information regarding their child's health, development, behavior, educational needs, and any circumstances that may affect the child's care while enrolled at Wonder-Bee's Early Learning Center.

- Contact Information (address, phone number, email address)
- Medical conditions, diagnoses, medications, or allergies
- Developmental concerns, evaluations, therapies, or support services
- Behavioral support needs or educational plans
- Custody arrangements or court orders
- Emergency contacts or authorized pick-up persons
- Any information that may affect the child's health, safety, supervision, or participation in the program

Families may be asked to provide supporting documentation from qualified professionals when necessary to ensure appropriate care, accommodations, or services can be considered and implemented.

Wonder-Bee's Early Learning Center relies on the information provided by parents/guardians to make informed decisions regarding a child's care and supervision. Failure to provide accurate, complete, or updated information may affect the center's ability to meet a child's individual needs.

Parent/Guardian's signature

Date



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Communicable Illness Agreement

Parents/Guardians understand that childcare settings are group environments where illnesses can spread easily. Our Center follows health guidelines recommended by state licensing, the CDC, and the local health department. Children who show signs of illness may be excluded from care until they are well enough to participate in daily activities.

Children Must Be Excluded From Care If They Have:

- Fever of 100.4F or higher
- Vomiting or diarrhea within the past 24 hours
- Severe cough, wheezing, or difficulty breathing
- Unexplained rash or rash with fever
- Eye drainage or redness (pink eye symptoms)
- Head Lice, scabies, or ringworm (until treated)
- Symptoms of contagious illness including but not limited to:
 - COVID-19
 - Influenza (Flu)
 - RSV
 - Strep Throat
 - Hand, Foot, and Mouth Disease
 - Chickenpox

In the event that my child becomes ill, I agree to arrange to pick him/her up within an hour.

I acknowledge that I have read and understand the Communicable Illness Policy. I agree to follow these guidelines to help maintain a safe and healthy environment for all children and staff.

Parent/Guardian's Signature

Date



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Wonder-Bee's Early Learning Center Handbook Policy Notice

I _____, certify that I am legally responsible for (name of child) _____ . My signature below represents that I have read and fully understand the policies outlined in the Wonder-Bee's Family Handbook. I agree to provide all necessary information to the employees to assist them in the proper care of my child.

Payment Notice

I am aware and understand that payments are due on Fridays for the upcoming week. If payment is not received on Friday, a late fee of \$10 will be charged to my account. Failure to keep my account current may result in Wonder-Bee's taking legal action to enforce collection of all unpaid balances. I understand Wonder-Bee's can terminate care for my child if balances are not paid.

I understand that to terminate services at Wonder-Bee's, I must give a written two-week notice to the Director or Owner. Failure to do so will result in additional billing for the remaining time of expected care.

Parent/Guardian's Signature

Date



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Discipline Policy Statement

This Discipline Policy is designed to promote a safe, positive, and respectful learning environment while supporting each child's social and emotional development.

Our childcare uses **positive guidance and age-appropriate discipline techniques** to help children learn self-control, problem-solving skills, and appropriate behavior. Discipline is never used as punishment, but as a **teaching opportunity**.

Appropriate Discipline Practices Include:

- Positive reinforcement and encouragement
- Redirection to appropriate activities
- Clear and consistent expectations
- Calm discussion of feelings and choices
- Time to regain control (time-away appropriate to age)

Prohibited Discipline Practices Include:

- Corporal punishment or physical discipline
- Shouting, yelling, or harsh language
- Withholding food, rest, or bathroom access
- Physical restraint

Behavior Concerns & Parent Communication

If ongoing behavior concerns arise:

- Parents/Guardians will be notified and involved
- Behavior support strategies may be developed

I acknowledge that I have read and understand the Discipline Policy. I agree to support and follow this policy as a condition of my child's enrollment.

Parent/Guardian's Signature

Date



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Photo Release Form

This form grants permission for the early learning center to photograph or record my child for educational and promotional purposes.

Use of Photos & Media

I understand that photographs, videos, or other media of my child may be used for:

- Classroom activities and learning documentation
- Bulletin boards, displays, or portfolios Center newsletters, flyers, or brochures
- Center website and social media pages

Photos and media will be used respectfully and will not include a child's full name or personal identifying information.

Permission Selection

Please check **one**:

- I GIVE permission** for my child to be photographed and/or recorded as described above.
- I DO NOT GIVE permission** for my child to be photographed and/or recorded for purposes beyond internal classroom use.

I have read and understand the Photo & Media Release Policy and have indicated my permission choice above.

Parent/Guardian's Signature

Date



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Child Medical Authorization Form

Child's Medical Number	
Other Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Company
Insurance Number	
The Parent/Guardian authorizes immediate medical and consents to the hospitalization of and/or the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately.	
Signature of Parent/Guardian	Date
NOTE: THIS FORM IS TO BE KEPT BY THE PROVIDER AND IS TO BE TAKEN TO THE DOCTOR OR TREATMENT FACILITY IN CASE OF EMERGENCY.	

Child's Physician or Clinic: _____

Address: _____

Phone: _____



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Additional Items Needed upon Enrollment

*All items for your child **MUST** be labeled with their **FIRST AND LAST NAME** including jackets, hats, mats, blankets, comfort items, clothes, etc.*

- A Rest Mat - must be at least 1" thick and have a plastic covering so that it can be wiped and sanitized easily.
- Mat Cover - this can be homemade or store bought (usually body pillowcase cover)
- Blanket - 1 blanket per child
- Full change of clothes - change of clothes should be weather appropriate for the season and should include shirt, pants/shorts, underwear, and socks.

- Diapers/Pull-ups and Wipes
- Box of tissues or disinfectant wipes (optional)
- Lunch box and cup - to be packed for lunch and snack everyday (meals to be heated are allowed)
- Infants - Bottles with tops labeled with contents and child's initials
- Copy of birth certificate, social security card & physical and immunization records