



Wonder-Bee's Early Learning Center Enrollment Application

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

Home Address: _____

Primary Guardian Name: _____

Phone Number: _____ Work Number: _____

Email: _____

Secondary Guardian Name: _____

Phone Number: _____ Work Number: _____

Email: _____

Type of Enrollment Requested:

Check all that apply

_____ 5 days (Full-Time)

_____ School Closings

_____ Before School Only

_____ After School Only

_____ Before/After School

_____ Summer Program

I understand a non-refundable registration fee of \$75 must accompany this application to ensure my child's enrollment

Requested Start Date: _____

How did you hear about us? _____

_____ Received a handbook



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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. | |

Name of Child: _____ DOB: _____
 Name of Parent (s)/Guardian: _____
 Address: _____
 Mother's Employment: _____
 Address: _____
 Phone: _____
 Father's Employment: _____
 Address: _____
 Phone: _____
 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