


# PHYSICAL INFORMATION

Photo of Child



**Browse Files**  
Drag and drop files here

Eye Color

Child Sex

Height & Weight

Weight

Other Notes:

# GENERAL INFORMATION

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Date of Admission

Age Of Admission

Date Of Discharge

Reason For Discharge

Child's Full Name

Date Of Birth

Home Address

Zipcode

Phone #

Nickname

Primary Language of Child

Primary Language of Parents

Allergies/Special Diets

Name of Parents/Guardian

Home Address (if different)

Phone #

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## **PARENTS/GUARDIAN BUSINESS ADDRESS DURING CHILD CARE**

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Parent/Guardian

Location

**Telephone #**

**Cellphone #**

**Instructions**

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## **Emergency Contact Information**

EMERGENCY CONTACT/AUTHORIZED PICK-UP PERSON

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**Full Name**

**Address**

**Telephone #**

**Cellphone #**

**Driver's License #**

**Relationship to Child**

**Full Name**

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**Full Name**

**Address**

**Telephone**

**Cellphone**

**Driver's License**

**Relationship to Child**

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## **Permission**

Transport to Medical Facility and Receive Emergency Medical Treatment

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## **MEDICAL EMERGENCY TREATMENT**


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I, hereby give [ Margorie Matos-Carey] permission to administer basic first aid and/or CPR to my child, \_\_\_\_\_ and/or take my child to a hospital for medical treatment when I cannot be reached when a delay would be dangerous to my child's health.

Parent/Guardian Name Printed

Parent/Guardian Signature

Sign Here 




Clear


## TOPICAL MEDICATION/OINTMENTS

I, hereby give Margorie Matos-Carey permission to apply/administer the below-listed medications/ointments to my child, Type a label Type a label  
Type a label Type a label Type a label

Parent/Guardian Name Printed

Parent/Guardian Signature

Sign Here 



Clear

# Photo Release Form

I blanks parent/guardian of blank , hereby permit for Bee Smart Family Childcare to use photographs or videos of my child for the purposes I have marked as "accepted" below.

I understand that my child's name will not be used in conjunction with any such images or videos without my written consent.

I acknowledge that I must keep this form up to date if I withdraw my authorization for any of the mentioned uses.

I acknowledge that I have read and understand the photo release statement provided by Bee Smart Family Childcare.

I consent to the use of photographs or videos of my child as described in the statement. I understand that I have the right to revoke this consent at any time by notifying Bee Smart Family Childcare in writing.

**Child Name**

**Date of Birth**

Date

**Parent/Guardian Signature**

Sign Here



Clear

Date

MM-DD-YYYY 

Date

## Prescription Medication Permission Form

Child Info

Name

D.O.B

MM-DD-YYYY 

Date

I authorize Margorie Matos-Carey to use the following prescription medication according to the instructions provided on the label on my child, , during their time at your childcare facility. I hereby release the above-stated childcare provider from any liability for injuries or damages that may occur from administering the following medication to my child. \*

Parents must supply the prescription medication which should be in the original container and clearly labeled with the child's name.

## MEDICATION INFO

Medication Name

**Reason for Medication**

**Doseage**

**Time/Frequency**

**Instruction**

**Start Date**

Date

**End Date**

Date


**Possible Side Effects**

**Prescribing Physician**

**Phone**

### Parent's Signature

Sign Here



Clear

### Date

MM-DD-YYYY
📅

Date

## Emergency Card Information

REMINDER: This emergency card information is for the educator's first aid kit. The educator(s) must take first aid materials when leaving the childcare premises.

Child's Name	First Name	Last Name	Date of Birth
Date	Home Address	Street Address	Address Line 2
City	State	Zip	Phone Area Code
Phone Number	Instructions to reach parent or guardian		First Name
Last Name	Phone #	Area Code	Phone Number
Emergency			
Contact Person	First Name	Last Name	phone # Area Code
Phone Number			

## MEDICAL EMERGENCY TREATMENT

I, hereby give Margrie Matos-Carey permission to administer basic first aid and/or CPR to my child \_\_\_\_\_ and/or take the child to a hospital for medical treatment when I cannot be reached or when a delay would be dangerous to my child's health.

Parent/Guardian Name Printed

Parent/Guardian Signature

Sign Here

Clear

### MEDICAL INSURANCE INFORMATION (optional)

Subscriber's Name \_\_\_\_\_ Type of Insurance \_\_\_\_\_ Policy  
 Number Type a label Other pertinent Medical Information Type a label

### Daycare Contract

#### ACKNOWLEDGE OF RECEIPT OF PARENT

#### HANDBOOK AND REGISTRATION PACKAGE

#### WITH FORMS AS WELL AS RULES, TERMS AND PROVISIONS

I/WE hereby acknowledge receipt of the complete registration package, which consists of the following via the website or via copy to Bee Smart Family Childcare LLC

Registration #92-33514285

A copy of the PARENT HANDBOOK

Any changes or updates thereto (if applicable)

Forms be completed by parents/guardians

- Tuition other charges
- Registration & Contact
- Childcare Enrollment Form
- Emergency Card Form
- Photo Release Form

I/We confirm that we have read and understood the terms and provisions and agree to adhere to the terms and rules as outlined in the handbook.

The information regarding my/our child/children supplied by me/us on the forms provided is deemed to be correct and current and we understand that we are under the obligation to update this information when changes occur and to notify Bee Smart Family Childcare of all changes in writing immedialtely.

Read and Agreed:

Print Name of Parent/Guardian \_\_\_\_\_ Signature of  
 Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**TUITION CHARGES & OTHER FEES**

**Childcare fees are based on enrollment (a reserved space), not on attendance. To maintain a reserved space, fees must be paid during the absence of a child due to illness, holidays, payday, vacation, or any other reason.**

**Tuition:** Is due every Friday and payable no later than Sunday. Payments must be given in the form of Cash or Check only. Failure to make payment may result in termination of childcare services.

**Late Fees:** There will be a late fee of \$30.00 late fee applied if payment is made on Monday.

**NSF Fee:** Bee Smart will charge you a \$30.00 fee for the check bounced. Please make sure to sure to make future payments in CASH.

**Late Pick Up Fee:**

Bee Smart closes it's doors at 5:30pm. Please make sure that you pick up your child/children no later than 5:30pm. A \$20.00 fee will be charged

for picked up after 5:30pm after 15 minutes has elapsed and every minute after will be a fee of \$1.00 per minute. Payments will be due immediately no late than the next day.

**\*\*\* ALL FEES ARE NON-REFUNDABLE \*\*\***

By signing below, you agree that you have read & understood the terms and rules issued

by Bee Smart Family Childcare LLC. (BSFC)

Read, understood and agreed: ( Signature or Parents/Guardian) Date

\_\_\_\_\_

Submit