



Describe any special needs or instructions below:

|  |
|--|
|  |
|  |
|  |

Person(s) the child may be released to:

| Name | Relationship to child | Address | Telephone number |
|------|-----------------------|---------|------------------|
|      |                       |         |                  |
|      |                       |         |                  |
|      |                       |         |                  |
|      |                       |         |                  |
|      |                       |         |                  |

***I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.***

\_\_\_\_\_ / \_\_\_\_\_  
*Signature of parent/guardian                      Date*

I give permission for my child to participate in:

(Circle yes or no and sign each line)

| Activities away from the facility:                   | yes | no | Signature of parent/guardian | Date |
|--|-----|----|------------------------------|------|
|  |     |    |                              |      |
| Transportation provided by the facility:             | yes | no | Signature of parent/guardian | Date |
| Swimming/wading activities provided by the facility: | yes | no | Signature of parent/guardian | Date |

**Form not valid without signature of child's parent/guardian in each space indicated above.**

\_\_\_\_\_  
 This section is to be completed by the facility's staff.

Child's first day of attendance: \_\_\_\_\_ Child's withdrawal date: \_\_\_\_\_

This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.

*Additional information may be attached.*



Permission to Photograph

I, \_\_\_\_\_, give permission for  
(Parent or Guardian name)

Busy Bee Academy  
(Child Care Provider)

photograph my child, \_\_\_\_\_, for the following purposes:  
(Child's name)

| Type of Use:  | (Please check one)       |                          |
|---|--------------------------|--------------------------|
|   | Grant Permission         | Decline Permission       |
| <b>Still Photographs:</b>   |                          |                          |
| Display in my personal scrapbook  | <input type="checkbox"/> | <input type="checkbox"/> |
| Give photographs possibly containing your child to current clients              | <input type="checkbox"/> | <input type="checkbox"/> |
| Display in facility's bulletin boards, shown to current and prospective clients | <input type="checkbox"/> | <input type="checkbox"/> |
| Display in facility's bulletin boards, shown to current and prospective clients | <input type="checkbox"/> | <input type="checkbox"/> |
| Post photos in child care yearbook  | <input type="checkbox"/> | <input type="checkbox"/> |
| Other:  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Videos:</b>  |                          |                          |
| Give video to current parents   | <input type="checkbox"/> | <input type="checkbox"/> |
| Events for Childcare  | <input type="checkbox"/> | <input type="checkbox"/> |
| Other:  | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other (please list):</b>   |                          |                          |
| Busy Bee Academy Facebook Acct.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Parents, co-workers & other friendly sharing on Social media                    | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          |                          |
|   |                          |                          |

\* Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## Enrollment Contract

It is our desire to have your child enrolled at Busy Bee Academy. I/We have received a copy of the policies and procedures handbook. I/We have read, understand and agree to abide by the policies contained therein. I/We also understand that my child is being accepted on a two weeks trial basis. During this time, the staff will make observations and evaluations pertaining to the child's ability to adapt to the childcare surroundings. Unless otherwise notified, the child(ren) will be accepted and enrolled permanently. I/We further understand that if the policies outlined in this handbook were adhered to, it would be sufficient cause for the removal of the child(ren) from the childcare center program.

Please initial next to each item. We want to be sure you understand and agree to these policies.

\_\_\_\_\_ I/We understand that a complete and current immunization and medical form must be submitted to the center and ensure that it is updated upon expiration.

\_\_\_\_\_ I /We understand what the center fees are each week.

\_\_\_\_\_ I/We understand payments are due each Monday by 10:00 a.m. or a late fee of \$15.00 each day is charged.

\_\_\_\_\_ I/We have contracted for the hours of 6:30a.m. to 4:30p.m.

\_\_\_\_\_ I/We understand the late pick-up fee applies at 4:35p.m. \$15.00 and \$1.00 for each minute thereafter.

\_\_\_\_\_ I/We understand the pick-up policy for persons other than parents.

\_\_\_\_\_ I/We understand the illness policy.

\_\_\_\_\_ I/We understand the meal policy.

\_\_\_\_\_ I/We are contracting for year-round arrangements.

\_\_\_\_\_ I/We understand the behavior policy and I/We have read and shared the center rules with my/our child(ren).

\_\_\_\_\_ I/We understand that accepted payment methods are cash, money order & credit card only. Also, when paying by credit card a processing fee of \$3.00 is added to the original fee.

\_\_\_\_\_ I/We understand that I/We will make arrangements for childcare during scheduled closing for the center.

\_\_\_\_\_ I/We agree to pay the last two weeks of withdrawal arrangements.

\_\_\_\_\_  
DIRECTOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE



## Covid-19 Liability Waiver

Upon enrolling my child(ren) for the 2022-2023 School Year at Busy Bee Academy, I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Busy Bee Academy Childcare Center has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Busy Bee Academy Childcare Center cannot guarantee that my child(ren) will not become infected with the Coronavirus/Covid-19.

I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, other students and their families.

I voluntarily seek services provided by Busy Bee Academy Childcare Center and acknowledge that I am increasing our risk of exposure to the Coronavirus/COVID-19. I acknowledge that my child(ren) and I must comply with all set procedures to reduce the spread while enrolled at Busy Bee Academy.

I attest that:

- \* My child(ren) and I are not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- \* My child(ren) and I have not traveled internationally within the last 14 days.
- \* My child(ren) and I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- \* My child(ren) and I do not believe that we have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- \* My child(ren) and I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- \* My child(ren) and I are following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.



(Covid-19 Liability Waiver - *Continued*)

I hereby release and agree to by Busy Bee Academy Childcare Center harmless from, and waive on behalf of myself, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of Busy Bee Academy, or that may otherwise arise in any way in connection with any services received from Busy Bee Academy.

I understand that this release discharges Busy Bee Academy from any liability or claim that I, my heirs, or any personal representatives may have against Busy Bee Academy with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from

Busy Bee Academy. This liability waiver and release extends Busy Bee Academy together with all owners, partners, and employees.

|                                      |                                   |
|--------------------------------------|-----------------------------------|
| <b>Student's Name &amp; DOB</b>      |                                   |
| 1.                                   | / /                               |
| <b>Student's Name &amp; DOB</b>      |                                   |
| 2.                                   | / /                               |
| <b>Student's Name &amp; DOB</b>      |                                   |
| 3.                                   | / /                               |
| <b>Student's Name &amp; DOB</b>      |                                   |
| 4.                                   | / /                               |
| <b>Parent's Name</b>                 |                                   |
| <input type="text"/>                 |                                   |
| <b>Parent's Signature</b>            | <b>Date</b>                       |
| <input type="text"/>                 | / /                               |
| <b>OFFICE USE ONLY – Received By</b> | <b>OFFICE USE ONLY – Rec Date</b> |
| <input type="text"/>                 | <input type="text"/>              |