

APPLICATION FOR ENROLLMENT

HIVE Academy Preschool & Childcare

Desired Start Date: _____

Parent / Guardian Information

Mother / Guardian

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

Occupation: _____

Employed By: _____

Home Phone: _____ Office Phone: _____

Cell Phone: _____ Work Hours: _____

Email: _____

Driver's License #: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____

☐ Custodial Parent (If married, mark both parents)

Father / Guardian

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

Occupation: _____

Employed By: _____

Home Phone: _____ Office Phone: _____

Cell Phone: _____ Work Hours: _____

Email: _____

Driver's License #: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____

☐ Custodial Parent (If married, mark both parents)

Child Information

Child's First Name: _____ M.I.: _____ Last Name: _____

Name child prefers to be called: _____

Date of Birth: _____ Age: _____

Gender: ☐ Male ☐ Female

Child's Address (if different): _____

Medical Conditions, Medications, or Special Needs:

Allergies:

Days Attending: ☐ Mon ☐ Tues ☐ Wed ☐ Thu ☐ Fri

Is this your child's first preschool/daycare experience? ☐ Yes ☐ No

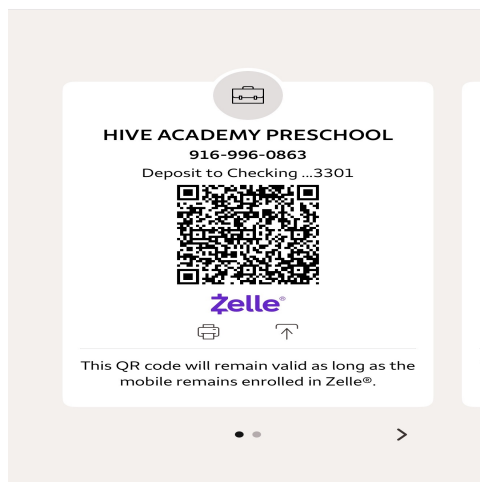
Previous daycare/school name (if applicable): _____

How did you hear about HIVE Academy?

Application Fee

A **\$150 non-refundable application fee** is required at the time of application. A space will not be held until the application fee has been received.

Scan to submit application fee via Zelle:



Parent / Guardian Signature: _____ Date: _____