

# 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:

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Allergies:

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Days Attending:  Mon  Tues  Wed  Thu  Fri

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

Previous daycare/school name (if applicable): \_\_\_\_\_

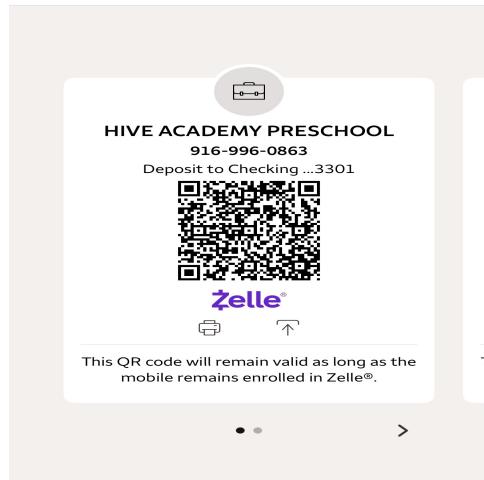
How did you hear about HIVE Academy?

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## 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: \_\_\_\_\_