

APPLICATION FOR ENROLLMENT- HIVE ACADEMY Preschool & Childcare

DESIRED START DATE: _____

Parent/Guardian Information

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: _____
() _____

Work Address: _____ Work Hours: _____ Cell Phone: _____
() _____
 Custodial Parent (If married, mark both parents)

Email: _____ Driver's License # _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone() _____

Work Address: _____ Work Hours: _____ Cell Phone: _____
() _____
 Custodial Parent (If married, mark both parents)

Email: _____ Driver License# _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child First Name: _____ M.I. _____ Last Name: _____
Name child prefers to be called: _____

Age: _____
Child's Address: _____

Gender: Male Female **Date of Birth:** _____

List any existing medial conditions, medications and/or special attention your child may require?

Allergies: _____

Please check the days that your child will attend: Mon [] Tues [] Wed [] Thu [] Fri []

Is this your child's first preschool/daycare experience? _____ Yes_____No

Name of previous daycare/
school:_____

What did you like or dislike the most about your previous daycare/school?

Is there any other information that would be helpful to our management and teachers?

How did you hear about us?

I have attached my non-refundable deposit of \$75.00. **I understand that a space will not be held until full deposit is received.**

Parent's Signature

Date