



ADMISSION INFORMATION

Operation Name BEE Sports Study Hall Program		Director's Name Fred Pirotna	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal	EMAIL:	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:	I hereby	give	do not give	– consent for my child to be transported and supervised by the operation's employees:			
1. TRANSPORTATION:							
	Walk home	for emergency care	on field trips	to and from home to and from school			
2. FIELD TRIPS:	I hereby	give	do not give	– my consent for my child to participate in Field Trips:			
Parent's Comments:							
3. WATER ACTIVITIES:	I hereby	give	do not give	– my consent for my child to participate in Water Activities:			
		sprinkler play	splashing/wading pools	swimming pools water table play			
4. RECEIPT OF WRITTEN OPERATIONAL POLICIES:							
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.							
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:							
	None	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:							
Mondays	from:		to:				
Tuesdays	from:		to:				
Wednesdays	from:		to:				
Thursdays	from:		to:				
Fridays	from:		to:				
Saturdays	from:		to:				
Sundays	from:		to:				

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:



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Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date



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BEE Sports Study Hall Program TUITION CONTRACT & POLICY STATEMENT

REGISTRATION

A non-refundable registration fee of \$25 is required yearly at time of registration.

TUITION

Tuition for the 2021–2022 school year is \$20 per day. **Tuition is to be paid on the 1st practice day of the month.** Any payment made after the 10th of the month will be charged a 25.00 late fee payable immediately. There is a \$ 25.00 NSF fee. **If enrollment is terminated, a withdrawal form is required 30 days prior and final months tuition is due.**

WITHDRAWALS AND REFUNDS

One month notice from the first of the month is required to discontinue any enrollment.

Withdrawal must be done in writing and will not be accepted over the phone. Withdrawal must be received by the Director. **Withdrawal must occur within the first 7 days of the month.** To withdraw from classes a parent must:

1. Inform the Director in person.
2. Complete and sign a withdrawal from provided in the office.
3. Pay the final months fees.

Blessed Educational Environments LLC reserves the right to withdraw any student without notice. In such a case a pro-rated refund for classes will be given within 30 days of the withdrawal.

I understand and accept these policies and procedures for payment to Blessed Educational Environments LLC.

(Signature of Responsible Party)

(Date)

Office Use:

Reg fee paid _____ CK# _____ Received by _____ Paid online _____ Date _____

Tuition monthly _____



BEE Sports Study Hall Program Discipline and Guidance Policy

- ◆ Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.
- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior.
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements.
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment.
 - (2) Punishment associated with food, naps, or toilet training.
 - (3) Pinching, shaking, or biting a child.
 - (4) Hitting a child with a hand or instrument.
 - (5) Putting anything in or on a child's mouth.
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child.
 - (7) Subjecting a child to harsh, abusive, or profane language.
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed.
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature _____

Date _____

Check one please:

☐ Parent ☐ Employee/Caregiver ☐ Household member of child-care home