

Enrollment Packet

Preschool



9918 12th Street | Kenosha, 53144 | 262-859-2283

*All forms must be signed/dated & returned to the office with our director
prior to your student's first date of attendance*



BUSY BEE'S CHILD CARE CENTER, LLC

REGISTRATION FORM

CHILDS NAME: _____ TODAYS DATE: _____
HOME ADDRESS: _____ PHONE #: _____
CITY: _____ STATE _____ ZIP: _____ EMAIL: _____
PARENT/GUARDIAN NAME(S): _____

First date of attendance: _____

Please check the program your child is enrolling for:

_____ infant/toddler care (18 months -24 months)min 2 full days
_____ Pre-School Child Care (Year-Round, 2 yrs. to entering K) min 2 half days or 2 full days
_____ Pre-School Child Care: Summer Care Only min 2 half days or 2 full days
_____ Before/After School Program (School Year, 5 to 12 yrs.)min 2 sessions per week
_____ School-Age Program Summer (June – August)min 2 half days

PLEASE WRITE IN THE TIME YOUR CHILD WILL BE ATTENDING BUSY BEE'S:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ARRIVAL:					
DEPARTURE:					

Please hand carry this form to Busy Bee's Child Care Center along with the appropriate registration fee(s). Registration fee(s) must be submitted with this application for enrollment. Cash or check accepted. Please make checks payable to Busy Bee's Child Care Center. **Registration fee is non-refundable.**

FAMILY & SOCIAL HISTORY

Childs Nickname (if any)

Childs Birth Date

Mother/Guardian Name

Father/Guardian Name

Married how long: _____ Living together how long: _____

Separated how long: _____ Divorced how long: _____

Step Parent in Family: Yes / No

Stepfather Name: _____ how long: _____

Stepmother Name: _____ how long: _____

Custody/visitation Agreement: (submit copies of appropriate documents for file)

Siblings of Child:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Other members of the household (include relationship & pets):

DEVELOPMENTENTAL HISTORY

Has the child had other play group experiences Y or N, Location: _____

What are the child's favorite indoor/outdoor activities:

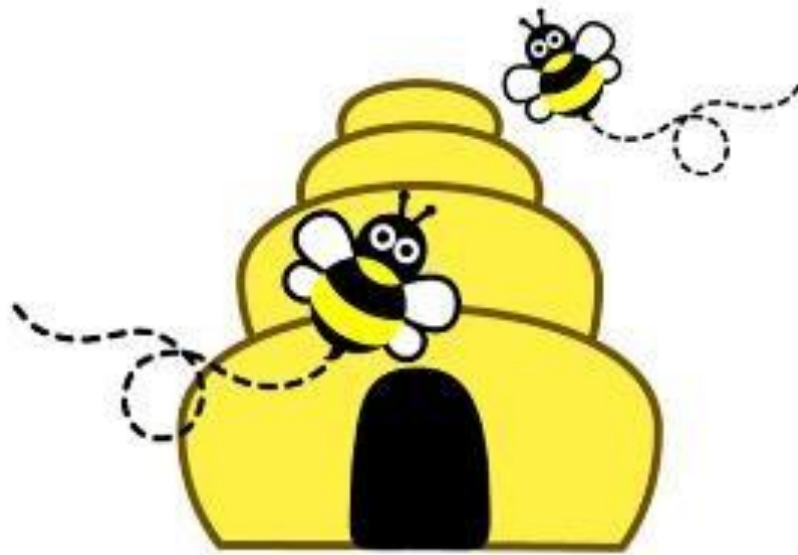
Does the child have any special fears, Y or N, please specify:

Does the child have any issues our staff should be aware? Please Specify:

How can we best communicate with you?

Phone # _____ Email: _____ Text Message _____

BUSY BEE'S CHILD CARE CENTER ENROLLMENT CONTRACT



Busy Bee's Child Care Center

9918 12TH ST

Kenosha, WI, 53144

Open Year Round

6:00am- 5:30pm

Ages: 6 weeks through 13 years old

State Licensed and Certified

Revision Date: September 18, 2024

BUSY BEE'S CHILD CARE CENTER FEE PAYMENT POLICY

9918 12th street Kenosha, Wi 53144

TUITION RATES (**Effective 06/01/2024**)

Infant/Toddler Care: Ages 6 weeks to 24 months

Full Time (5 Full days)	\$265
Full day (over 4 hours)	\$67
Half day: (4 Hours or less)	\$52

Tweener Care: Ages 2 to 3 years

Full Time (5 full days)	\$250
Full day (over 4 hours)	\$67
Half day (4 Hours or less)	\$49

Preschool: Ages 4 to 5 years

Full time (5 full days)	\$230
Full day (over 4 hours)	\$54
Half day (4 Hours or less)	\$42

Before & After School-age Care Rates

When school is in session \$8.00/hr

A minimum of \$8/hr is charged per scheduled before/after school session

School-Age Care Rate Ages: 6 years to 13 Years (when school is not in session)

Full time (4 full days)	\$205
Full day (over 4 hours)	\$52
Half day (4 hours or less)	\$36

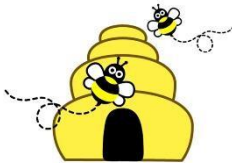
A minimum of \$36.00 is charged per scheduled attendee.

Other Fees:

Annual Registration Fee	\$35.00 per child (Billed at enrollment or in September if a continuing student)
Late Pick-up Fee	\$10 per child for every 5 minutes left after closing time
Field Trip Fee	Varies from \$0 and up depending on trip
Transportation Fee	<u>\$5 per way/per day</u>
Late Payment Fee	<u>\$25</u> (per child) for all payments not made by Monday each week.

- Registration Fee is non-refundable.
- Tuition for the preschool/infant/toddler & summer programs is due weekly on Mondays. Payments not on time will incur a late fee.
- Tuition payments for the school year Before/After school program are due the Monday following the week of care.
- W2/EBT (Wisconsin Shares) is due on the 1st of each month.
- No credits are given for missed days or center closures.
- Schedules cannot be switched due to center closers or illness.

Fee payment schedule is discussed with parents upon enrollment. Tuition & Fees can change at centers discretion without notice.



Wisconsin Shares (Child Care Subsidy Payments)

If you are on the Wisconsin Shares Child Care Subsidy Program, the payment policy is as follows:

- **All** Child/ren must be authorized and an Enrollment Contract **must** be signed prior to your child's first day of attendance.
- **All** subsidy payments must be made on the **FIRST OF EVERY MONTH** for the entire month of care **in ADVANCE or on the agreed upon date.**
- **If a Co-Pay is applied**, Co-Pays must also be paid by the 5th of every month or agreed upon date along with your monthly subsidy deposit above.
- **Parents of School-Age children** must keep track of school closings and breaks, extra hours will be needed for care and must be requested 2 weeks in advance if the **Wisconsin Shares Program** is expected to pay.
- **Families** using the state subsidy program (Wisconsin Shares Program) are responsible for paying **ANY AND ALL** amounts not covered by the state.
- Parents with **W-2** authorizations ending must have child **REAUTHORIZED** before their ending date. **If a new Authorization is NOT issued child will NOT be able to attend daycare.** Please be advised that after 2 weeks of no attendance/authorization your child will be dropped from the program.

Overtime rates are as follows:

For the purpose of this contract, overtime rates are considered any amount of time that care occurs **prior to the scheduled drop off time or after the scheduled pick-up time.**

With advance notice by the parent and approval by the provider, the provider agrees to provide overtime care at a rate of **\$10.00** per hour.

Without advance notice by the parent and approval by the provider, the overtime rate will be **\$10.00** per hour.

HOLIDAYS:

The following holidays are recognized by the center & Busy Bee's is closed:

- Labor Day
- Thanksgiving Day
- The day after Thanksgiving
- Christmas -New Years (dates rotate annually)
- Martin Luther King Jr. Day
- Good Friday
- Memorial Day
- Juneteenth Day
- 4th of July

Provider may add holiday observance days to center calendar as needed during any given calendar year

Sick Days

When a child is ill, the parents are expected to make every effort to give Busy Bee's Child Care Center as much notice as possible. Parents **ARE** expected to pay on child sick days. There will be no reduction in fees for a child's absence. Children may not attend an extra day or switch days to replace a sick day.

No fee will be charged for a prolonged illness consisting of **a minimum of (5) five consecutive school days**, provided that written notification from the physician excusing your child has been received by the Director at the child's return to Busy Bees Child Care Center. If no written notification from the physician is received, payment will be required. *COVID 19, and/or COVID19 type variants are excluded from this no fee policy.*

Additional charges:

The provider will charge additional fees as follows:

- Transportation
- Fieldtrips
- Damaged Property
- And any other extracurricular activity

HOURS

Busy Bee's Child Care Center is open from 6:00 a.m. to 5:30p.m. Monday through Friday. The day care is CLOSED at 5:30 p.m. After 5:30p.m. late charges will be added at the rate of \$10.00 for every five minutes, added at the BEGINNING of each 5 min hour. At 5:31 p.m. you are late! All times in and out are taken from the clock at the day care.

Please call and let us know by 9:00 a.m. if your child will be late or absent for the day. This helps us know how many students to plan for at lunch, activities etc.

Discharge Policy:

Termination by Parent: A two-week written notice is required prior to withdrawing your child(ren) from the center. Two weeks' tuition will be payable if no notice is given in writing. Any credit balance will be refunded.

Mutual decision: If the center staff and the parents concur that the placement is inappropriate for the child, the two-week notice may be waived. Any credit balance will be refunded to the parent.

Termination by Center: Our policy is to provide the best childcare possible to the children enrolled. To do this, however, it may become necessary for the center to discharge a child for one of the following reasons:

1. The center cannot serve the child's individual needs
2. Parents are uncooperative such as but not limited to:
 - a. Failure to pay fees.
 - b. Failure to submit required child health forms.

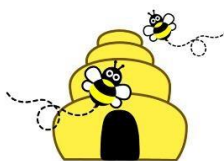
- c. Failure to observe the center's rules relating to the child's arrival and departure.
3. The child's behavior is deemed detrimental to the other children in the center.

The provider may immediately terminate this contract without any notice at their discretion.

Other:

- *If the provider chooses not to enforce any portion of the contract, it does not give up the provider's right to enforce any other portion of the contract.*
- *The contract can be revised at any time by the provider if necessary.*
- *If the time of care will be changing PARENT must renew enrollment contract One week in advance prior to schedule change.*
- *If a child does not arrive for the day parents are still expected to pay*
- *Discounts or scholarships are currently not available to parents/children*
- *Discounts or scholarships parents/child(ren) receive is \$0 and not currently available*

This box intentionally left blank



Busy Bee's Child Care Center's Enrollment Contract
(FINANCIAL TERMS AND CONDITIONS)

This contract is made between the parent(s)/guardians:

name of parent(s): _____

address of parents(s): _____

and **Busy Bee's Child Care Center** for the care of the following children:

child's name and date of birth _____

child's name and date of birth _____

child's name and date of birth _____

child's name and date of birth _____ **The**

payment for care shall be \$_____per weekly/daily and reflects a schedule as follows:

Arrival Time:_____a.m. & **Pick Up Time:**_____p.m. on the following days: ___Monday

___Tuesday ___Wednesday ___Thursday ___Friday

Late Fee

If parent is going to be late picking up the child, every effort must be made to contact Busy Bee's Child Care Center. A late pick up fee of **\$10.00** will be charged for every **5 minutes** a parent is late.

Fee Schedule

Payment is due to the provider in advance of care and paid on the following day of the week:_____ **MONDAY** Accepted methods of payment include cash, personal check, money order, or online payment. If a personal check is returned due to a lack of funds, the parent/guardian must pay a **\$ 35.00 returned check fee**. If a check is returned more than one time, only cash or money orders will be accepted as payment.

If a payment is not made on time, the following fee will apply: **\$25.00 per week/per child enrolled**

Signatures:

The signatures below indicate agreement with this contract and with the written policies of **Busy Bee's Child Care Center** (contained in a separate document). The provider may change policies as needed with advance written notice. I certify that I have received, read and understand the information contained in the Parent Handbook & in this Enrollment Contract. I agree to the terms and conditions set forth therein, including the Financial Terms and Conditions and Fee Schedule set forth above.

Parent's name

Parent's signature/date

Parent's name

Parent's signature/date

Director

Director's signature/date

If the parent or legal guardian is under the age of 18, a cosigner must sign this agreement and act as guarantor to the contract and agree to be bound by all financial terms.

CHILD CARE ENROLLMENT

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance
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PARENT OR GUARDIAN – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
-----------------------------------	-----------------------	--

Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
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b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
-----------------------------------	-----------------------	--

Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
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AUTHORIZED PERSONS – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached.

☐ Yes ☐ No This person is authorized to pick up the child.

Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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PHYSICIAN OR MEDICAL FACILITY

Name	Address (Street, City, State, Zip Code)	Telephone Number
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AUTHORIZATIONS

- ☐ Yes ☐ No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- ☐ Yes ☐ No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
- ☐ Yes ☐ No I give permission for my child to participate in ☐ Transported ☐ Walking field trips and other activities during operating hours.
- ☐ Yes ☐ No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

SIGNATURE – Parent or Guardian	Date Signed
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Health History and Emergency Care Plan

Use of form: This form is voluntary and meets the requirements in DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian may complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance (mm/dd/yyyy)
Home Address (Street, City, State, Zip Code)		

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number

PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name	Medical Facility Address	Telephone Number
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SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.
 - ☐ No specific medical condition
 - ☐ Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism
 - ☐ Asthma
 - ☐ Cerebral palsy / motor disorder
 - ☐ Diabetes
 - ☐ Epilepsy / seizure disorder
 - ☐ Gastrointestinal or feeding concerns, including special diet and supplements

☐ Other condition(s) requiring special care – Specify.

☐ Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

☐ Food allergies – Specify food(s).

☐ Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication – Child Care Centers* should be attached to this form. Note: Group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

a. _____

b. _____

c. _____

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates: _____

Child Health Report – Child Care Centers

Use of form: Use of this form is required unless the health examination report is on an electronic printout from a licensed physician, physician assistant, or other EPSDT provider. Completion of this form meets the requirements of DCF 202.08 (4), DCF 250.04 (6) (a) 4. and DCF 251.04 (6) (a) 8. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Each child 2 years of age but who is not 5 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant, or other EPSDT provider to be completed, signed, and dated. The licensee / operator shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian includes a copy of the child's immunization record when submitting this form to the child care center.

PARENT OR GUARDIAN – This section should be completed by the parent or guardian

Child's Name (Last, First, MI)

Child's Birthdate (mm/dd/yyyy)

Child's Address (Street, City, State, Zip Code)

Parent or Guardian Name (Last, First, MI)

Parent or Guardian Address (Street, City, State, Zip Code)

HEALTH PROFESSIONAL – This section should be completed by the health professional

Instructions for feeding and care of child with special health concerns – Specify: (attach information as necessary).

☐ Yes ☐ No Does the child have a milk allergy? If "Yes," identify the recommended milk substitute.

☐ Yes ☐ No Does this child have any food or non-food allergies? If "Yes," specify and include the treatment plan to be implemented in the event of an allergic reaction.

Date of child's most recent blood lead test: _____ (mm/dd/yyyy).

Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA, or other EPSDT Provider (type or print)

Address (Street, City, State, Zip Code)

SIGNATURE – MD, PA, or other EPSDT Provider

Date of Examination

CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2	List the MONTH, DAY AND YEAR the child received each of the following immunizations. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.					
	TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
	Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
	Polio					
	Hib (Haemophilus <i>Influenzae</i> Type B)					
	Pneumococcal Conjugate Vaccine (PCV)					
	Hepatitis B					
	Measles-Mumps-Rubella (MMR)					
	Varicella (Chickenpox)					
	History of Varicella/Chickenpox In accordance with DHS 144.03(2)(g), I attest that this child has a reliable history of varicella disease and is not required to receive Varicella vaccine. <div style="display: flex; justify-content: space-between;"><div>_____ SIGNATURE – Physician/PA/APNP</div><div>_____ Date Signed</div></div>					

REQUIREMENTS

STEP 3	The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.						
	AGE LEVELS	NUMBER OF DOSES					
	5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
	16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³
	2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³ 1 Varicella
At Kindergarten entrance		4 DTP/DTaP/DT ⁴	4 Polio		3 Hep B	2 MMR ³ 2 Varicella	
¹ If the child began the Hib series at 12-14 months of age, only two doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose four days or less before the first birthday is also acceptable). ² If the child began the PCV series at 12-23 months of age, only two doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required. ³ MMR vaccine must have been received on or after the first birthday (Note: a dose four days or less before the first birthday is also acceptable). ⁴ Children entering kindergarten must have received one dose after the fourth birthday (either the third, fourth or fifth) to be compliant (Note: a dose 4 days or less before the fourth birthday is also acceptable).							

COMPLIANCE DATA AND WAIVERS

STEP 4	IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR	
	IF THE CHILD <u>DOES NOT</u> MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).	
	<input type="checkbox"/> Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child WITHIN ONE YEAR and to notify the child care center in writing as each dose is received.	
	NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of \$25.00 per day of violation.	
	<input type="checkbox"/> For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received) _____ Physician's Signature Required	
<input type="checkbox"/> For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)		
<input type="checkbox"/> For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):		

SIGNATURE

STEP 5	To the best of my knowledge, this form is complete and accurate.	
	_____ SIGNATURE - Parent, Guardian or Legal Custodian	_____ Date Signed



Busy Bee's Child Care Center

Consent and Release Form (Minor Child)

PLEASE PRINT

Name of Parent/Guardian: _____

CHILDREN IF UNDER AGE 18:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email : _____

Consent and Release for Photography/Filming/Quotes for Busy Bee's Child Care Center, LLC

For valuable consideration that I acknowledge, I willingly give my consent to Busy Bee's Child Care Center LLC (hereinafter referred to as "Busy Bee's") and those whom they may authorize, to photograph, film and/or videotape my child(ren)/minor(s) for whom I am legally responsible identified above ("minor/child") to identify my minor child by name with school information and to also identify my minor child by city and state address, and to quote or record statement made by my minor child (collectively, the "images & information") for promotional, fundraising, and/or commercial purposes in any manner related to Busy Bee's Child Care Center in any and all forms of media now known or later developed, worldwide, such as but not limited to brochures, advertising, newspapers, magazines, news media (print, radio, on-line, TV) web Pages, Social Media, promotions, and other presentations that promote the interests of Busy Bee's and for archival and other purposes consistent with the mission of Busy Bee's Child Care Center, all without notifying me. I waive any right to approve the finished and/or final images & information, including without limitation any and all quotes. I understand that the Images will not be used with my Minor Childs Name. I understand that since my Minor Child's participation is voluntary, my minor child will receive no financial compensation.

I, for my minor child, and those acting on our behalf, hereby irrevocably and unconditionally release and covenant not to sue and agree to defend, indemnify and hold harmless Busy Bee's Child Care Center, Its sponsors and affiliates and those acting with them or on their behalf for, from and against any and all liability, damages, losses, claims, demands, actions, causes of action, injuries and expenses (including attorney's fees), of every kind, arising out of or relating to the use of the images and information as set forth above. The Laws of the state of Wisconsin apply to this consent and release.

I have read this consent and release before signing below. I fully understand the contents and I am over the age of 18. I understand that I am free to address any specific questions regarding this consent and release prior to signing.

Signature _____ Date _____

Parents or Legal Guardian

If you do not want to have your child photographed, please do not hesitate to indicate this in section below. As well, if you do object, please ensure that your child is aware of this.

Busy Bees Child Care Center LLC

Sick Child Policy Amendment: COVID-19

The safety and wellbeing of all staff, children, and the families at Busy Bees Child Care Center LLC continues to be of utmost importance to us. We always commit to taking all precautions toward keeping children and staff safe and healthy, including the current time of the COVID-19 outbreak. Following this additional sick child policy will help Busy Bees Child Care Center LLC to do this.

Children will be monitored for signs or symptoms of COVID-19 daily. **Children will be asked to stay home or return home if any of the following applies:**

- Have a fever of 100.4 or higher
- Have had a fever of 100.4 or higher or other potential symptoms of COVID-19, such as shortness of breath or persistent dry cough, within the last 72 hours
- Have come in contact with others who have COVID-19

To prevent the spread of COVID-19:

- Parents are required to provide their child a mask to wear during the child's stay at the center until it is deemed unnecessary by the Governor of Wisconsin
- Children with signs/symptoms of COVID-19 or who have been exposed to others with COVID-19 will be asked to stay home
- Children who develop signs/symptoms of COVID-19 while at the program will be immediately separated from others and the program staff will contact the family member and/or emergency contact to pick the child up
- We encourage families to practice frequent handwashing at home
- Busy Bees Child Care Center LLC will practice handwashing upon arrival to the program, before meals and snacks, after outdoor play, after using the bathroom, prior to going home, after nose blowing or assisting a child with blowing their nose, coughing, or sneezing
- Cover cough and sneezes with tissues, throw tissues in the trash, and clean hands with soap and water or hand sanitizer (if soap and water is not readily available)
- Clean and disinfect frequently touched surfaces at least daily, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks

If an enrolled child or employee tests positive for COVID-19:

- The local public health department and the Department of Children and Families Bureau of Early Care Regulation will be contacted. Busy Bees Child Care Center LLC will follow their guidance for next steps
- The program will post and notify families of any confirmed staff or child cases of COVID-19

Returning to a child care facility after suspected COVID-19 symptoms

If a staff member or child has symptoms of COVID-19 or is in close contact of someone with COVID-19, they can return to the child care facility if the following conditions are met:

- If an individual has a fever, cough or shortness of breath and has not been around anyone who has been diagnosed with COVID-19, they can return to the center no sooner than 72 hours after the fever is gone (without the use of fever-reducing medication) and symptoms get better. If the

person's symptoms worsen, they should contact their healthcare provider to determine if they should be tested for COVID-19.

- If an individual is diagnosed with COVID-19, they must remain out of the program for a minimum of 7 days after the onset of first symptoms. They may return under the following conditions:
 - If they had a fever: 3 days after the fever ends without the use of fever-reducing medication AND there is improvement in their initial symptoms (e.g. cough, shortness of breath)
 - If they did not have a fever: 3 days after they see an improvement in their initial symptoms (e.g. cough, shortness of breath)

I, (family member name) _____, parent/guardian of,
_____, have read and agree to the above sick child policy amendment.

Family member signature: _____ Date: _____

Busy Bees Child Care Center LLC

Parent Agreement

During this difficult and stressful time, we at Busy Bee's Child Care Center LLC want you to know that we value the safety and wellbeing of you and your child(ren). For this reason, we ask that you take time to read through the following statements that we have put into place to keep everyone healthy and safe:

- If you meet any of the following criteria, please do not visit or pick-up/drop-off a child at our program:
 - Older than 60 years old,
 - Pregnant,
 - Have underlying health conditions, including those with compromised immune systems or respiratory conditions like severe asthma,
 - Have symptoms of COVID-19 (fever, cough, shortness of breath),
 - Have been in contact with someone with COVID-19 in the last 14 days, or
 - Have returned from travel to areas with community spread of COVID-19 as defined by the CDC in the last 14 days
- When picking up or dropping off a child(ren), please wait outside and a teacher/staff person will assist you. Please note that you may be asked to stagger your arrival/departure times; the program will work this out with you ahead of time. We also ask that you practice "social distancing" (6 feet) at all times.
- If you need to enter the program for any reason, we ask that you wash or sanitize your hands immediately upon entry.
- If your child becomes ill while in our program, you will be asked to pick-up your child within one hour of the program contacting you. Please have plans in place to ensure you or a designated person is available if this should occur.
- Please review your enrollment information to ensure we have your current contact information as well as emergency contact information.

We thank you for helping us keep you and your child(ren) safe during this time. If you have any questions, please contact Lucy Garcia at (262) 859.2283.

-----Please sign below-----

I, (family member name) _____, parent/guardian of,
_____, have read and agree to the above sick child policy amendment.

Family member signature: _____ Date: _____



Family Intake Questionnaire

This form is used to gather information about the children we serve. Families are encouraged to fill out this questionnaire as completely as possible within the family's comfort level. Any question may be left blank if the family does not wish to share the information.

Child's Name _____ **Date:** _____

1. Tell us about your family and your family's background. (State any information you are willing to share; such as: siblings, who lives in your home, where you may have lived previously, etc.):

2. Tell us about the holidays, traditions and/or customs that your family observes and explain how you observe it (what activities you do, what food you eat, music you listen to, clothing you wear, or artifacts that you use that represent your culture etc.):

3. Tell us about some of the different occupations and professions represented in your family:

4. What kind of things do you do as a family? How do you spend your free time? (Sports participation, TV watching, pets in the home, games, etc.)

5. Here is a list of qualities that families view as qualities as desirable for their children to recognize and value. Which, if any, do you consider to be especially important? Mark N/A if not important to your family values.
- Rank from most important to least important (1 being most important):
- ____ Independence
 - ____ Hard work
 - ____ Feeling of responsibility
 - ____ Imagination
 - ____ Tolerance and respect for other people
 - ____ Determination, perseverance
 - ____ Religious faith
 - ____ Unselfishness
 - ____ Obedience
 - ____ Self-expression
6. Are there any other areas that your family values?
7. Is there anything you would like to tell us about your child's temperament? (what calms your child down when they are upset, excited, or frustrated?)
8. How would you describe how your child learns about the world around them (example: fearless (tries everything in sight or cautious, approaches their world slowly and cautiously)?
9. What is the most important thing that we should know about your child?