

**Busy Bees Preschool  
Registration Form**

License #073406496

Hours of Operation: 6:00am-6:00pm

**Registration**

Childs Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ zip code \_\_\_\_\_

Fathers Full Name \_\_\_\_\_

Social Security# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ zip code \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Mothers Full Name \_\_\_\_\_

Social Security# \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ zip code \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Circle days of attendance

Mon            Tue            Wed            Thursday            Fri

Hours of attendance \_\_\_\_\_ am to \_\_\_\_\_ pm

Additional Hours \_\_\_\_\_ Change in Hours \_\_\_\_\_

Name: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

Payment Choices

Monthly \_\_\_            bi-weekly\_\_\_            weekly\_\_\_

NON-Refundable Registration Fee:            \$ \_\_\_\_\_

Two-week deposit  
(Applied to last 2 weeks of attendance  
With 2 weeks notice)            \$ \_\_\_\_\_

Annual Material Fee            \$ \_\_\_\_\_

Monthly Fee (due first of the month)            \$ \_\_\_\_\_

Weekly Fee (due every Friday)            \$ \_\_\_\_\_

Bi-weekly (due every other Friday)            \$ \_\_\_\_\_

Total Due            \$ \_\_\_\_\_

Today's total Deposit            \$ \_\_\_\_\_