



- ☐ HONEY BEE
☐ BUMBLE BEE
☐ MINING BEE

Registration Form

Child's Information

First Name: _____ Middle Name(s): _____ Surname: _____

Address: _____ Male/Female

Date of Birth: _____ Place of Birth: _____ Nationality: _____

First Language (if applicable): _____

Parent's Information

Mother

First Name: _____ Surname: _____

Address: _____

Telephone Numbers: Home _____ Mobile _____ Work _____

Email Address: _____

Name of Employer: _____

Father

First Name: _____ Surname: _____

Address: _____

Telephone Numbers: Home _____ Mobile _____ Work _____

Email Address: _____

Name of Employer: _____

Guardianship

- Child lives with mother/father/both parents/other.
- Child is under custody of mother/father/shared.
- Other persons who are authorized to act on parents behalf for child are: (Please provide name, relationship, address & contact information)

- Person(s) financially responsible for child is/are:



Cultural/Religious Background

Please note any cultural or religious practices that The Beehive Learning Centre should be aware of. This can include but is not limited to: not eating certain foods, not celebrating certain holidays, wearing of certain clothing items etc.

Medical History

Please note ANY and ALL medical concerns that your child may have and medications that are taken. If a child has a medical history that has seemingly cleared up, please do still state this here. It is important to be aware of everything, should any emergency arise.

Agreement

By completing this registration form you agree that you have read and accept the parent policy of BHLC, and confirm that all information you have provided on this form is accurate. Withholding important information from TBLC may result in your child not being accepted into the centre or having admission revoked.

Signed: _____ Print Name: _____ Date: _____



CONSENT FORM

Photographs:

I, _____, parent/guardian of _____,
authorise The Beehive Learning Centre to take, use and publish photographs
of my child for marketing, promotional and review purposes.

First Aid:

I permit staff members at BHLC to administer basic First Aid, as needed to my
child(ren). I understand that I will be notified prior, unless I am unable to be
reached, the office can contact my child's emergency contact

name: _____ on number: _____.

Collection:

I authorise the following persons to collect my child(ren) on my behalf. In the
event that myself or another parent/legal guardian does not collect my
child, I understand that I **MUST** notify the office, this includes occasions where
persons listed on this form will collect.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signed: _____

Date: _____



HEALTH FORM

Immunizations:

I, _____, parent/guardian of _____, confirm that my child has received all relevant immunizations as ruled out by the Ministry of Health. I also acknowledge that it is my responsibility to keep my child up to date with any scheduled immunizations and boosters.

Medical History:

Please outline ANY and ALL medical history your child has.

Illness	Medication/Action Taken	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medication Information & Consent:

My child takes the following medication:

Name	Time	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

I authorise staff at BHLC to administer medication to my child as outlined above. I understand that it is my responsibility to provide sufficient medication to BHLC.

Emergency Contact:

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

Child's Doctor:

Name: _____ Number: _____ Address: _____

Signed: _____ **Date:** _____