Smiling Bees Day School – Loving In-Home Childcare in Tracy, *CA*
LIC #394501372
smilingbeesdayschool@gmail.com
(510) 565-6224

CHILD ENROLLMENT FORM

Child Information

First Name: _____

Last Name: _____

Birthday (MM/DD/YYYY): _____

Gender: ☐ Male ☐ Female

Home Address: _____

Parent/Guardian Contact Information

Mother's Name: _____

Phone Number: _____

Email: _____

Father's Name: _____

Phone Number: _____

Email: _____

Guardian's Name (if different): _____

Phone Number: _____

Email: _____

Emergency & Medical Information

Child's Physician Name: _____

Physician Phone Number: _____

Allergies or Medical Concerns:

📸 Photo & Video Release Authorization

I permit Smiling Bees Day School to take photographs and/or videos of my child during daily activities. These images may be used for:

☐ **Internal use only** (e.g., portfolios, classroom activities)

☐ **Public use** (e.g., website, social media, marketing materials, newsletters, etc.)

I understand that my child's full name will never be used in public posts.

Program Enrollment

Please check the program you are enrolling your child in:

☐ Preschool – Full Day

☐ Preschool – AM (Half Day Morning)

☐ Preschool – PM (Half Day Afternoon)

☐ Childcare

☐ After-School

Today's Date: _____

Parent/ Guardian's Name: _____

Parent/ Guardian’s Signature: _____