

# FACT SHEET

## **ATTENDANCE DAYS**

- \* THE CHILDCARE CENTER CATERS TO AGES 2 MONTHS - 5 YEARS OF AGE (NON - SCHOOL AGED)
- \* AT THIS TIME FULL TIME CARE IS THE ONLY OPTION PROVIDED

## **CHILDCARE HOURS**

- \* OUR HOURS OF OPERATION ARE 6:30AM - 5:30PM, MONDAY THROUGH FRIDAY

## **CHILDCARE HOLIDAYS**

- \* BBCC IS CLOSED ON MAJOR FEDERAL HOLIDAYS, A LIST WILL BE PROVIDED IN THE HANDBOOK EACH YEAR

## **WAITING LIST**

\* WHEN APPLYING FOR A POSITION AT BUSY BEES CHILDCARE, YOUR CHILD'S NAME WILL BE PLACED ON A WAITING LIST. A MEMBER OF THE MANAGEMENT TEAM WILL CONTACT PARENTS AS SOON AS A VACANCY IS IN PLACE WITH AN ESTIMATED START DATE. ADDITIONALLY, A DATE TO COME IN TO FILL OUT PAPERWORK WILL BE SCHEDULED.

\* POSITIONS MAY ALSO BE OFFERED THROUGHOUT THE YEAR IF THEY BECOME AVAILABLE. IF THERE IS NO RESPONSE TO OUR CALL/EMAIL/TEXT REGARDING AN OPEN SPOT WITHIN 24 HOURS, WE WILL MOVE ON TO THE NEXT CHILD ON THE WAITING LIST AND YOUR CHILD WILL BE REMOVED FROM OUR LIST. IF YOU WISH TO BE ADDED BACK, YOU MAY CALL OUR OFFICE TO BE CONSIDERED AGAIN.

## **ENROLLMENT PROCESS**

1. THE FAMILY WILL BE CONTACTED VIA EMAIL/PHONE/TEXT (PREFERRED METHOD OF CONTACT) TO BE OFFERED A POSITION
2. THE POSITION WILL BE HELD FOR 24 HOURS FOR THE FAMILY TO ACCEPT THE OFFER OF THE POSITION
3. FAMILIES HAVE 24 HOURS TO RESPOND TO THE PHONE EMAIL/CALL/TEXT. FAILING TO DO THIS WILL RESULT IN THE POSITION BEING OFFERED TO THE NEXT CHILD ON THE LIST
4. IF THE FAMILY DOES NOT ACCEPT THE POSITION, THEY MAY CHOOSE TO LEAVE THEIR CHILD ON THE WAITING LIST AND THE NEXT CHILD ON THE LIST WILL BE OFFERED A PLACEMENT
5. FOLLOWING THE ACCEPTANCE OF AN OFFER AN ADMINISTRATOR WILL ORGANIZE A TIME WITH THE FAMILY TO PICK UP AN ENROLLMENT PACKET OR EMAIL ONE TO THEM. THE ADMINISTRATOR WILL INFORM THE FAMILY OF THE REGISTRATION FEE NEEDED TO SECURE THE SPOT. THE POSITION WILL BE HELD FOR 3 BUSINESS DAYS FOR THE FAMILY TO HAVE TIME TO GET THE REGISTRATION FEE PAID AND ALL SUPPORTING DOCUMENTS RETURNED.
6. UPON ACCEPTANCE OF ENROLLMENT, A NON REFUNDABLE REGISTRATION FEE OF \$50 PER CHILD IS REQUIRED
7. NEW FAMILIES WILL BE OFFERED TO ATTEND A TOUR DATE TBD BASED ON OPENING DATE

## **FAMILY RESPONSIBILITIES**

- \* FILL OUT THE PRE-ENROLLMENT FORM IN FULL. INCOMPLETE FORMS WILL NOT BE ACCEPTED
- \* IF YOU DO NOT RECEIVE A CONFIRMATION RESPONSE WITHIN 14 DAYS OF FORWARDING YOUR APPLICATION, PLEASE CONTACT US VIA EMAIL OR PHONE CALL
- \* PARENTS MUST KEEP US INFORMED OF ANY CHANGES IN FAMILY DETAILS INCLUDING:
  - \* CHANGE OF ADDRESS
  - \* CHANGE OF PHONE NUMBER
  - \* CHANGE OF WORKPLACE AND PHONE NUMBER
  - \* CHANGE IN NEED OF CARE
- \* RESPOND WITHIN 24 HOURS TO OFFERS OF ENROLLMENT
- \* NOTIFY OUR OFFICE IF YOU WOULD LIKE TO RESCIND YOUR POSITION ON OUR WAITING LIST AT ANY TIME

**\*\*\* COMPLETION OF THIS FORM DOES NOT CONSTITUTE OR GUARANTEE PLACEMENT IN OUR PROGRAM**

**PRE - ENROLLMENT APPLICATION**

BUSY BEES CHILDCARE  
4000 N 4TH ST, CDA, ID, 83815  
(208) 819-6301  
[BUSYBEESCDA@GMAIL.COM](mailto:BUSYBEESCDA@GMAIL.COM)



DATE OF APPLICATION:

OFFICE/ADMIN USE ONLY

DATE OF APPLICATION:

STAFF INITIALS

**IMPORTANT INFORMATION**

- \* APPLICATIONS MUST BE COMPLETED IN FULL
- \* CHILDREN MUST BE AT LEAST 2 MONTHS OLD TO BE PLACED ON THE WAITING LIST
- \* A FACT SHEET IS ATTACHED TO THIS FORM FOR FAMILIES TO READ, PRIOR TO COMPLETING THE WAIT LIST APPLICATION

**PART 1: PARENT/GUARDIAN INFORMATION**

<b>MOTHERS INFORMATION</b>	LAST NAME:	FIRST NAME:
	HOME ADDRESS:	
CITY, STATE:		ZIP CODE:
PHONE NUMBER:		EMAIL:
PREFERRED CONTACT METHOD: {CALL} {TEXT} {EMAIL}		
OCCUPATION:		
EMPLOYER/SCHOOL:		
BUSINESS ADDRESS:		
CITY, STATE:		ZIP CODE:

<b>FATHERS INFORMATION</b>	LAST NAME:	FIRST NAME:
	HOME ADDRESS:	
CITY, STATE:		ZIP CODE:
PHONE NUMBER:		EMAIL:
PREFERRED CONTACT METHOD: {CALL} {TEXT} {EMAIL}		
OCCUPATION:		
EMPLOYER/SCHOOL:		
BUSINESS ADDRESS:		
CITY, STATE:		ZIP CODE:

**CHILD #1**

<b>CHILD INFORMATION</b>	LAST NAME:	FIRST NAME:
CLASS APPLYING FOR (CIRCLE ONE)	{POLLINATORS 2MOS - 12MOS} {WASPS 12MOS - 24MOS} {BUMBLE BEES 2YRS - 3YRS}	{CARPENTERS 2YRS - 4YRS} {HORNETS 3YRS - 4YRS} {HONEY BEES 4YRS - 5YRS}
DATE OF BIRTH:	GENDER: { FEMALE } { MALE }	
TENTATIVE START DATE: (PLEASE NOTE THAT THIS DATE CAN NOT BE GUARANTEED)		
HAVE YOU PREVIOUSLY ATTENDED BBCC?	{ YES } { NO }	
ARE YOU APPROVED FOR ICCP?	{ YES } { NO }	
HAS YOUR CHILD ATTENDED CHILDACRE BEFORE?	{ YES } { NO }	
IF SO WHERE?		
LENGTH OF TIME AT PREVIOUS CHILDCARE?		
POTTY TRAINING? ** THIS DOES NOT AFFECT ENROLLMENT. THE INFORMATION HELPS US DETERMINE CLASSROOM PLACEMENT BEST SUITED FOR MEETING THE CHILD'S NEEDS.	{ DIAPERS } { PULL UPS } { POTTY TRAINING IN PULL UPS } { PULL UPS AT NAP TIME ONLY } { FULLY POTTY TRAINED }	
FOOD ALLERGIES OF CHILD?		
MEDICAL CONDITIONS OF CHILD?		
DIABILITY/DEVELOPMENTAL DELAY OF CHILD?	{ YES } { NO }	
CHILD LIVES WITH (CIRCLE ALL THAT APPLY)	{ BOTH PARENTS } { MOM } { DAD } { GRANDPARENTS } { FOSTER PARENTS }	

PARENT / GUARDIAN NAME:	
PARENT / GUARDIAN SIGNATURE:	

<b>OFFICE/ADMIN USE ONLY</b>	
ENROLLMENT REVIEW DATE:	STAFF INITIALS:
DATE PARENT CONTACTED:	APPROVED: { YES } { NO }

**\*\* IF YOU HAVE A SECOND CHILD YOU WOULD LIKE TO ADD TO OUR WAITING LIST, PLEASE COMPLETE PAGE 3**

**CHILD #2**

<b>CHILD INFORMATION</b>	LAST NAME:	FIRST NAME:
CLASS APPLYING FOR (CIRCLE ONE)	{POLLINATORS 2MOS - 12MOS} {WASPS 12MOS - 24MOS} {BUMBLE BEES 2YRS - 3YRS}	{CARPENTERS 2YRS - 4YRS} {HORNETS 3YRS - 4YRS} {HONEY BEES 4YRS - 5YRS}
DATE OF BIRTH:	GENDER: { FEMALE } { MALE }	
TENTATIVE START DATE: (PLEASE NOTE THAT THIS DATE CAN NOT BE GUARANTEED)		
HAVE YOU PREVIOUSLY ATTENDED BBCC?	{ YES } { NO }	
ARE YOU APPROVED FOR ICCP?	{ YES } { NO }	
HAS YOUR CHILD ATTENDED CHILDACRE BEFORE?	{ YES } { NO }	
IF SO WHERE?		
LENGTH OF TIME AT PREVIOUS CHILDCARE?		
POTTY TRAINING? ** THIS DOES NOT AFFECT ENROLLMENT. THE INFORMATION HELPS US DETERMINE CLASSROOM PLACEMENT BEST SUITED FOR MEETING THE CHILD'S NEEDS.	{ DIAPERS } { PULL UPS } { POTTY TRAINING IN PULL UPS } { PULL UPS AT NAP TIME ONLY } { FULLY POTTY TRAINED }	
FOOD ALLERGIES OF CHILD?		
MEDICAL CONDITIONS OF CHILD?		
DIABILITY/DEVELOPMENTAL DELAY OF CHILD?	{ YES } { NO }	
CHILD LIVES WITH (CIRCLE ALL THAT APPLY)	{ BOTH PARENTS } { MOM } { DAD } { GRANDPARENTS } { FOSTER PARENTS }	

PARENT / GUARDIAN NAME:	
PARENT / GUARDIAN SIGNATURE:	

<b>OFFICE/ADMIN USE ONLY</b>	
ENROLLMENT REVIEW DATE:	STAFF INITIALS:
DATE PARENT CONTACTED:	APPROVED: { YES } { NO }