

Happy Bees Daycare

21-60 33rd street ◇ Astoria, New York 11105 ◇ 718-606-6663 ◇ happybees.astoria@gmail.com

Pre-Registration Form

Child's Name: _____

Child's Name: _____

Date of Birth: _____

Date of Birth: _____

Parent/Guardian's Information:

Parent/Guardian's Information:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Email Address: _____

Email Address: _____

Address: _____

Address: _____

What month/year would you like enrollment to start? _____

Please check off your schedule preference:

____ 5 days/week Monday-Friday 7:30AM-6:00PM

____ 3 days/week Monday, Wednesday, Friday 7:30AM-6:00PM

____ 2 days/week Tuesday and Thursday 7:30AM-6:00PM

Have you toured the center? YES NO If yes, Please give a date: _____

The registration fee is non-refundable and is due annually. Please note that submitting this Pre-Enrollment Registration Form does not guarantee a spot for your child. Enrollment is based upon availability and is subject to priority ad rules at the center. When your registration form and fee are received, we will contact you regarding availability and the enrollment process.

Parent/Guardian Signature

Date