

**Application for Busy Bees Childcare Center Enrollment**  
**500 E. 10th Street, Gordon NE 69343 Phone: (877)-841-BEES**



**Parent/Guardian Information:**

**Mother's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

Are you currently employed by Gordon Memorial Hospital, Gordon Countryside Care, Rushville Clinic, or Gordon Clinic?

If so, please denote your job and department, and how many hours per week you are scheduled to work:

Job - \_\_\_\_\_ Dept. - \_\_\_\_\_ Hours/week - \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

Are you currently employed by Gordon Memorial Hospital, Gordon Countryside Care, Rushville Clinic, or the Gordon Clinic? If so, please denote your job and department, and how many hours per week you are scheduled to work:

Job - \_\_\_\_\_ Dept. - \_\_\_\_\_ Hours/week - \_\_\_\_\_

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**Child(ren)'s Information:**

(Please include any unborn infant that you are expecting to enroll in Busy Bees as well.

For their DOB, please just fill in the baby's projected due date!)

**Child's Full Name:** \_\_\_\_\_ **Child's DOB:** \_\_\_\_\_

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**Child's Full Name:** \_\_\_\_\_ **Child's DOB:** \_\_\_\_\_

Please select which days of the week that you will be needing care:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time, during the day, are you needing care? \_\_\_:\_\_\_ am/pm - \_\_\_:\_\_\_ am/pm

In the event of an emergency, do you have back up care available? \_\_\_\_\_

When would you like to start enrollment? \_\_\_/\_\_\_/\_\_\_

Do you currently have daycare? \_\_\_\_\_

Applications are not a guarantee of acceptance of care.

Applicants may be placed on a waitlist, if care is not currently available.

