

Bumblebeez

WORKER BEE INFORMATION

Name:		
Bee-Day (birthday):	E-mail:	Phone:
Current address:		
City:	State:	ZIP Code:
School Attending (2020-21):		
Grade level (2020-21 SY):	T-shirt size (women's shirt XS-3XL):	

PARENT INFORMATION

Name:		
Address: (if different than above)		
Phone:	Email:	
City:	State:	ZIP Code:

EMERGENCY CONTACT

Name of a relative not residing with you:	
Relationship:	Phone:

WORKER BEE ADDITIONAL INFORMATION

Does your worker bee have any allergies?
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ABOUT THE WORKER BEE (PARENT)

As the parent or guardian, please describe your child's strengths and opportunities for growth:

ABOUT THE WORKER BEE (TO BE FILLED OUT BY POTENTIAL BEE – NOT PARENT)

As the beautiful bee, please describe yourself and your talents and strengths.

SIGNATURES

Signature of applicant:	Date:
Signature of parent:	Date: