2024 Summer Camp
APPLICATION PACKET

FOR

Bayfield Early Education Programs, Inc.

645 Fox Farm Circle
Bayfield, CO 81122

Phone: 970-884-7137
beeppreschool1@gmail.com
www.beeppreschool.org

Session 1
June 3 to June 27
Session 2
July 8 to July 25
Monday through Thursday

EXECUTIVE DIRECTOR: April Schneider Stewart
ADMINISTRATIVE ASSISTANT: Andrea Foutz

Child's Name:_____

For Office Use Only: **M** **F**

Schedule	
Session	
Appl Fee	
Date Rec'd	
Records Rec'd	Well Child Immunizations Participate

SUMMER FUN!

We have lots of fun during BEEP summer camps.

We learn through themes about bugs, camping, gardening, and more.

Every day we work on crafts, do music and movement, and read stories. We also walk to nearby parks and do water play on our playground.

Sometimes we see Smokey Bear and do things with the Pine River Library.

It is fun to plant the garden and watch it grow. We will have a greenhouse to plant too.

Even though we are busy, we take time to rest every day.

Pack a lunch, water bottle, and towel (for water play). Leave a change of clothes with us and apply sunscreen before you drop off. *PLEASE* no flip flops or sandals!

We look forward to seeing you at BEEP Summer Camp!

Bayfield Early Education Programs, Inc.

IDENTIFICATION AND EMERGENCY INFORMATION

Children must be three years of age and potty trained!!

Name of Child :_____ _____ _____
Last First Middle

Date of Birth: _____ M ☐ ☐ F

Physical Address:_____City_____ ST _____ Zip:_____
Mailing Address: _____City_____ ST_____Zip:_____
Phone #_____ Preferred Email Address:_____

Mother or guardian:_____
Physical Address: _____City _____ ST _____ Zip:_____
Mailing Address: _____City _____ ST ____ Zip: _____
Phone:_____ Cell:_____SS#:_____
Employment: _____ Work Number: _____
Work Email Address (if any): _____

Father or guardian:_____
Physical Address: _____ City _____ ST _____ Zip:_____
Mailing Address: _____City _____ ST _____ Zip:_____
Phone:_____ Cell:_____SS#:_____
Employment: _____ Work Number: _____
Work Email Address (if any): _____

EMERGENCY CONTACTS

Persons to be called in Case of Emergency and the parents are not reachable. (Be sure to include someone who will usually know your whereabouts.)

Name; _____ Relationship to child: _____ _____
Address: _____
Phone: _____ Cell: _____

Name: _____ Relationship to child: _____ _____

Address: _____

Phone: _____ Cell: _____

Child's physician: _____ Phone: _____

Clinic: _____

Address: _____

Child's Dentist : _____ Phone: _____

Clinic: _____

Address: _____

Emergency hospital preference: _____

NOTICE OF NON-DISCRIMINATORY POLICY

Bayfield Early Education Programs, Inc. admits students of any race, color, gender, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Bayfield Early Education Programs, Inc.

HEALTH HISTORY
(MUST BE COMPLETED!!)

Child's Name:_____ **Date of Birth:**_____

ALLERGIES (Food, insects, medicines, etc.) Please explain severity and symptoms:

1. Is your child in good health at this time? Yes ☐ No ☐
   If no, please explain

2. Is your child generally healthy most of the time? Yes ☐ No ☐
   If no, please explain

3. Does your child tolerate normal exercise? Yes ☐ No ☐

4. Do any siblings have a health problem? Yes ☐ No ☐
   If yes, please explain

5. Does your child have difficulty hearing? Yes ☐ No ☐

6. Has your child ever had wheezing or asthma? Yes ☐ No ☐

7. Does your child have problems with diarrhea or constipation? Yes ☐ No ☐

8. Has your child been under a physician's care in the last 12 months? Yes ☐ No ☐
   If yes, please explain

9. Does your child have to limit his/her activities for health reasons?If yes, how & why Yes ☐ No ☐

10. Does your child have trouble sleeping? Yes ☐ No ☐

11. Are there any problems with his/her teeth? Yes ☐ No ☐

12. Is your child taking medicine now? Yes ☐ No ☐
    Is this for long-term medication administration?
    If yes, contact the office.

13. Does your child have an IEP? Yes ☐ No ☐
    If yes, please explain

Bayfield Early Education Programs, Inc.
PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITIES
AND TO
RECEIVE EMERGENCY MEDICAL CARE

I hereby grant permission for my child, _____, to use all of the play equipment and participate in all of the activities of the school and to leave the school premises under the supervision of a staff member for neighborhood walks or field trips.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian, the child's physician, or the persons listed on the emergency information form.

2. If we cannot contact you or your child's physician we will do one or both of the following: (a) call another physician or paramedics (b) have the child taken to an emergency hospital in the company of a staff member.

3. Any expenses incurred under two (2) above will be borne by the child's family.

4. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

5. The school WILL NOT assume responsibility for a child who has not been signed in upon arrival for the day.

Both parents must sign below.

Signed_____(Mother/ Legal Guardian) Date_____

Signed_____(Father/Legal Guardian) Date_____

Bayfield Early Education Programs, Inc.

TOPICAL PREPARATIONS

I understand that I must provide the topical preparation in the original container labeled with my child's name and that no topical preparations will be applied to broken skin of if a skin reaction has been observed. It is my responsibility to check the ingredients to make sure my child is not allergic to it. Any skin reaction observed by staff will be reported to me.

Parent/Guardian Name _____ Child's Name _____

SUNSCREEN

I hereby give Bayfield early education Programs, Inc. permission to assist with applying or apply sunscreen to my child, _____'s exposed skin including the face, tops of ears, bare shoudlers,arms, legs, and feet 30 minutes before outdoor activitites. It is my responsibility to provide sunscreen with a minimum of 30 SPF to my child.

In the event that my child does not have sunscreen with them, BEEP may apply a common FDA certified sunscreen with 30 SPF to my child.

☐ My child may NOT use any sunscreen other than the one that s/he brings in her/his tote bag and clearly labeled with his/her name.

MOISTURIZING LOTION/CREAM/BALM

I hereby give Bayfield Early Education Programs, Inc. permission tp assist with applying or apply skin lotion/cream/balm to my child, _____.

Name of Product _____

☐ My child may NOT use any other skin lotion/cream/balm other than the one that s/he brings in her/his tote bag and is clearly labeled with her/his name.

Parent/Guardian Signature:_____Date:_____

MOVIE/VIDEO RELEASE FORM

Although movies and videos are not part of BEEP's learning environment, occasionally "G" rated movies and videos are shown. This may happen when recess is not advised due to weather conditions. I consent to my child _____(name) watching a "G" rated movie/video when recess is not advised due to weather conditions.

Parent/Guardian Signature _____Date:_____

MEDIA RELEASE

I hereby give Bayfield Early Education Programs, Inc. permission to use my child's name, _____, and likeness in its promotional materials and publicity efforts. I understand that the still and motion-picture imagery may be used in publications, print ads, direct mail, electronic media (e.g. website, social media, video, CD) or other forms of promotion. I release Bayfield Early Education Programs, Inc., their photographer(s), employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Parent/Guardian Signature _____ Date: _____

Bayfield Early Education Programs, Inc

Hours of Operation and Fee Schedule
Summer 2024

TUITION INFORMATION for_____
Child's Name

Summer Application Fee:

$45.00 *Nonrefundable. Must accompany application to have application accepted.*

$30.00 *Nonrefundable* for preschoolers who attended the 2023-2024 school year.

Check or circle all that apply

Session 1: Full Day ☐ Half Day ☐	**Session 2: Full Day ☐ Half Day ☐**
June 3 through June 27, 2024	**July 8 through July 25, 2024**

Days of Operation: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday
(A two day minimum is required.)

Opening Time: 7:45am

Summer Day: 8:00am – 5:00pm Full Day 8:00am – 1:00pm Half Day

TUITION DISCLOSURE

Tuition is due the first day of each session. A late fee of $20.00 will be added to tuition not paid by the 15th day of the month; another $20 late fee may be applied if there is still a balance due at the end of the month. If tuition is 30+ days overdue, your child may be asked to leave the program and your account balance may be assigned to a collection agency. For your convenience, we accept cash, check, Mastercard, Visa, and Discover. We can also set up your account for automatic payments.

Late pickup fee after 5:00pm is $25 per quarter hour rounded up to the nearest quarter hour. At 5:30pm, the Marshal's office will be notified.

A snack fee is assessed per session and is determined by the number of days scheduled per week.

Due to staffing regulations, *IT IS IMPORTANT THAT CHILDREN ARE PICKED UP PROMPTLY*

If it is necessary for you to withdraw your child from the program, the preschool must receive a two weeks written notice prior to leaving. Otherwise, tuition payment for the two weeks is required.

All children attending Summer Camp must rest in a specified classroom and parent(s) must provide their child with a nutritious lunch and water bottle.
Please no soda pop style beverages or candy.

Bayfield Early Education Programs, Inc.

Tuition

Session 1 FT: Number of Days_____X $60/day Full day, 8:00am to 5:00pm, Minimum two days per week
Session 1 HT: Number of Days _____ X $45/day Half day, 8:00am to 1:00pm, Minimum two days per week
Session 2 FT: Number of Days _____ X $60/day Full day, 8:00am to 5:00pm, Minimum two days per week
Session 2 HT: Number of Days _____ X $45/day Half day, 8:00am to 1:00pm, Minimum two days per week

Snacks

Applied once per session

Session 1 snack fee	Two days/wk - $13.00	Three to four days/wk - $22.00
Session 2 snack fee	Two days/wk - $13.00	Three to four days/wk - $22.00

TOTAL *ESTIMATED* TUITION PER Session 1:_____Session 2: _____

I,_____understand, as the parent/guardian of _____, that tuition is due on or before the 1st day of the month. A late fee of $20.00 will be added to tuition not paid by the 15th day of the month; another $20 late fee may be applied if there is still a balance due at the end of the month. If tuition is 30+ days overdue, your child may be asked to leave the program and your account balance may be assigned to a collection agency. For your convenience, we accept cash, check, Mastercard, Visa, and Discover. We can also set up your account for automatic payments.

A $15 nonsufficient funds fee is assessed for those payments that are returned as NSF (for checks) or DECLINED (for credit cards).

Signature of
Parent/Guardian: _____ Date:_____
Mother
Social Security Number (required)_____
Mother

Signature of
Parent/Guardian: _____ Date: _____
Father
Social Security Number (required)_____
Father

Please be aware that CCAP is the only source of funding, besides parent pay, that is available during the summer camps. The funding streams available to BEEP during the school year (i.e. UPK, CPP, IEP, scholarships, etc) are not funded for summer camps.

Bayfield Early Education Programs

Colorado Childcare Assistance Program

The Colorado Child Care Assistance Programs (CCAP) helps families that are working, searching for work, homeless or in school find low-income child care assistance. Families that are enrolled in the Colorado Works Program can also use CCAP services. Each county sets eligibility requirements for families but must help families that have an income of 185% or less of the federal poverty guideline. Counties will not serve families that have an income over 85% of the state median income. CCAP is a program that is available throughout the year and not limited to a defined school year.

Parents must apply online at https://cdec.colorado.gov/colorado-child-care-assistance-program-for-families, in person, or by mail. Contact information is provided below

CCAP Eligibility Technician
La Plata County Human Services

Tech Center Plaza
10 Burnett Court, First Floor
Durango, CO 81301

childcare@co.laplata.co.us
970-382-6139
970-382-6151 (fax)

Parents,

This section is provided for your own use and covers typical items that relate to summer camp.

Checklist for Summer Camp

_____1. Child must be at least three years old and potty trained!!
_____2. Nutritious lunch and water bottle packed daily.
_____3. Copy of your child's most current health appraisal (check date – is it expired?) and immunization record.
_____4. Registration Fee paid with application.
_____5. Application submitted
*3, 4, and 5 should all come together!
_____6. Change of clothes in a gallon Ziploc bag. Label with your child's name,
_____7. Small blanket for rest time. Labeled with your child's name.
_____8. Swim suit/swim trunks and towel. Labeled with your child's name.
_____9. Labeled bottle of sun screen. Apply at home before drop off. It will be reapplied throughout the day.
_____10. No open toed sandals or flip flops! Sturdy shoes for field trips and playgrounds.
_____11. Balance is due on the first day attended for both sessions.
_____12. Use your tote bag for stuff. If you are new to our program a tote bag will be provided. No backpacks!
_____13. School opens at 7:45 a.m. and closes at 5:00 p.m. each day.
_____14. For your child's security, the front doors are locked when the Front office is not staffed. Call 970-884-7137 for assistance.

Tuition® Express

Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) Bayfield Early Education Programs, Inc. to initiate credit card charges to the below-referenced credit card account **(Section A)** OR, initiate debit entries to my (our) checking or savings account, indicated below **(Section B).** To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card) Visa, Mastercard, Discover accepted

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____ CVV _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

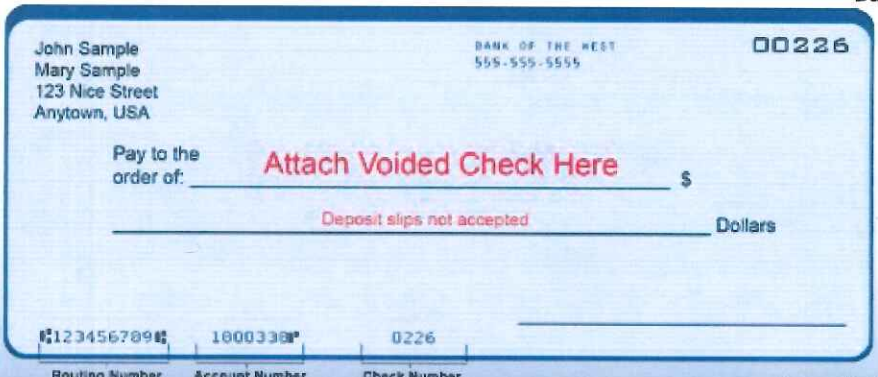
Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature



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GENERAL HEALTH APPRAISAL FORM

Return to BEEP upon completion by _____'s physician. You can email to beeppreschool1@gmail.com

PARENT

Please complete, date, and SIGN.

Child's Name: _____ Birthdate: _____

Allergies: ☐ None OR ☐ List food/medication: _____

Diet: ☐ Breastfed ☐ Age appropriate ☐ Special-Describe: _____

Skin Care: ☐ Sunscreen/creams may be applied as requested in writing by parent unless skin is broken or bleeding.

Sleep: Your healthcare provider recommends that all infants less than 1 year of age be placed on their back for sleep.

I, _____, give permission for my child's healthcare provider to share this form and applicable attachments with my child's school, childcare, or camp. Contact information for the person to receive this form:
Name:_____ Fax:_____ Email:_____ _____

Parent/Guardian Signature:_____Date:_____

HEALTH CARE PROVIDER

Please complete after parent section has been completed.

Date of most recent health appraisal: _____ Age:_____ Weight: _____

Physical Exam: ☐ Normal ☐ Abnormal-describe: _____

Allergies: ☐ None OR ☐ List food/medication: _____ Type of Reaction _____

Current Medications: ☐ None OR ☐ List:_____

A separate medication authorization form (**link**) is required for medications given in school, childcare, or camp.

Current Diet: ☐ Breastfed ☐ Age appropriate ☐ Special-describe: _____

A separate diet statement (**link**) is required for food provided at school, childcare, or camp.

Health Concerns: ☐ Severe Allergies ☐ Asthma ☐ Seizures ☐ Diabetes ☐ Hospitalizations ☐ Behavior Concerns
☐ Developmental Delays ☐ Vision ☐ Hearing ☐ Oral Health ☐ Under/Overweight ☐ Other: _____

Explain above concerns (if necessary, include instructions to care providers): _____

Immunizations: ☐ See attached immunization record or official exemption form ☐ Next vaccine due date: _____

HEALTH CARE PROVIDER

Please complete if appropriate. This information is required by Early Head Start and Head Start Programs per the State EPSDT Schedule.

Height: _____ B/P: _____ Head Circumference (up to 12 months): _____ HCT/HGB:_____

Lead Level: ☐ Not at risk OR ☐ Lead level: _____ TB: ☐ Not at risk OR Test Result: ☐ Normal ☐ Abnormal

Screens Performed: ☐ Vision: ☐ Normal ☐ Abnormal ☐ Hearing: ☐ Normal ☐ Abnormal
☐ Oral Health: ☐ Normal ☐ Abnormal Developmental Screen: ☐ ASQ ☐ PEDS ☐ Other: _____

Developmental Concerns: _____ Recommended Follow-up: _____

PROVIDER SIGNATURE

Next Well Visit: ☐ Per AAP Guidelines* or ☐ Age: _____

This child is healthy and may participate in all routine activities in school, childcare, or camp. Any concerns or exceptions are identified on this form.

_____
Signature of Healthcare Provider (certifying form reviewed)

_____
Date

*The AAP recommends Well Child Visits at 2, 4, 6, 9, 12, 15, 18, 24, and 30 months, and annually after 3 years.

OFFICE STAMP

Or write Name, Address, Phone Number, Email

The form was created by the American Academy of Pediatrics, Colorado Chapter and Healthy Child Care Colorado to satisfy childcare and Head Start requirements in Colorado. While accepted by most schools, childcare programs and camps, this is not an official government form. Updated 01/2021.