



B.E.E.P.

Bayfield Early Education Program

**2018-2019
Afterschool
Kindergarten/1st grade
APPLICATION PACKET
FOR**

Bayfield Early Education Programs, Inc.

645 Fox Farm Circle
P.O. Box 1584
Bayfield, Colorado 81122
Phone: 970-884-7137 Fax: 970-884-2960
beepprograms@qwestoffice.net
www.beeppreschool.org

Child's Name:

For Office Use Only: M/F

Schedule	
Class-After School	K 1st
Appl. Fee	
Date Rec'd	
Office Code	

Persons authorized to pick up child: (list yourself) (must be 18 years old):

Name	Phone	Name	Phone

BEEP is in discussion with the Bayfield School District regarding transportation from Bayfield Elementary School to our location.

Please give us a courtesy call if your child will not be attending for a day they are scheduled.

If applicable:

Custody arrangements: (Please indicate where child will be)

Monday night _____

Tuesday night _____

Wednesday night _____

Thursday night _____

Friday night _____

Weekend _____

Note: It is legal for either parent to pick up a child unless we have a copy of a court order restricting visitation.

Under no circumstances will child be released to anyone not known to the school without authorization from parent(s) or guardian(s).

Snacks

BEEP will offer an afternoon snack to your child. You are asked to provide \$20 to \$30 monthly for snacks (based on schedule). Your account will be billed for a “snack fee”.

Persons to be called in Case of Emergency:

(Be sure to include someone other than yourself who will usually know your whereabouts.)

Name: _____ Relationship to child: _____

Address: _____

Phone: _____ Cell: _____

Name: _____ Relationship to child: _____

Address: _____

Phone: _____ Cell: _____

Child's physician: _____ Phone: _____

Address: _____

Child's dentist: _____ Phone: _____

Address: _____

Emergency hospital preference: _____

Please list any allergies, medical issues or any other information regarding your child that we should be aware of while he/she is in our care:

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 preschool.

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 authorized by the parent to arrive at the preschool via bus transportation. We must hear directly from the parent – notice from the child or BEPS is not acceptable.

Both parents must sign below.

Signed _____ (Mother or Legal Guardian) Date _____

Signed _____ (Father or Legal Guardian) Date _____

Witness _____ Date _____

Witness _____ Date _____

**Bayfield Early Education Programs, Inc.
Hours of Operation and Fee Schedule
Afterschool 2018-2019**

TUITION INFORMATION for _____
Child's Name

Application Fee: **\$50.00** *Nonrefundable. Must accompany application in order for application to be accepted.*

Opening Day: **Wednesday August 22, 2018**

Days of Operation: Monday Tuesday Wednesday Thursday
(circle all that apply)

Hours: **3:15 p.m. to 5:30 p.m.**

TUITION DISCLOSURE

Tuition is due the first day of each month. A late fee of \$20.00 will be added to tuition not paid by the 15th day of the month; another late fee can be imposed on the 30th if tuition is still overdue. 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. We accept Visa, Mastercard, and Discover. Attached is an autopay form which occurs on the first day of the month. If the first is a holiday, then autopay occurs on the next business day.

Late pickup fee after 5:30pm is \$25 for every quarter hour to 6:00 p.m. After 6:00 p.m., the Marshal's office will be notified.

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

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

*Please give us a courtesy call when your child will be absent on a day he/she is scheduled to attend. Also, please let us know if you have made other arrangements for your child and you do not want them to get off the bus on a scheduled day and come to the preschool. If we do not have prior notice of a change in plans, we will insist the child gets off the bus and comes with a staff member. **We must hear from the parent directly – notice by child or BES is not acceptable.***

**Bayfield Early Education Programs, Inc.
Afterschool Tuition**

Number of Days per month _____ X \$14 = _____

(This balance can fluctuate slightly per month depending on the number of in class days.)

Snacks:

Schedule- 1 or 2 days/wk	➡	\$20/month
3 or 4 days/wk	➡	\$30/month

TOTAL ESTIMATED TUITION PER MONTH: _____

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 late fee can be imposed on the 30th if tuition is still overdue. 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. We accept Visa, Mastercard, and Discover. I also understand that my child may be asked to leave the program if I am consistently late with tuition payment. My account may be assigned to a collections service if I am unable to make tuition payments in a timely manner.

Signature of
Parent/Guardian: _____ Date: _____

Mother

Social Security Number (required) _____

Mother

Signature of
Parent/Guardian: _____ Date: _____

Father

Social Security Number (required) _____

Father

NOTICE OF NON-DISCRIMINATORY POLICY

Bayfield Early Education Programs, Inc. admits students of any race, color, 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, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

HOUSEHOLD INCOME LEVELS

Confidential Information

Name _____ Child _____

1. INCOME

BEEP offers a sliding scale to those families that qualify. To qualify, you must be listed in the "below" column. Documentation of gross income is required to complete the sliding scale application process.

*Sources of gross income (before taxes) should include wages, retirement pensions, welfare, child support, alimony, and public assistance.

*Please include gross income of all wage earners in the family

2 person household	Above \$47,600_____	Below \$47,600_____
3 person household	Above \$53,550_____	Below \$53,550_____
4 person household	Above \$59,500_____	Below \$59,500_____
5 person household	Above \$64,300_____	Below \$64,300_____
6 person household	Above \$69,050_____	Below \$69,050_____
7 person household	Above \$73,800_____	Below \$73,800_____
8 person household	Above \$78,550_____	Below \$78,550_____

If you checked a "below" category, would you be interested in scholarship or barter information to help with tuition? _____ yes _____ no

2. STATEMENT OF RACE/ETHNICITY

Bayfield Early Education Programs, Inc. needs to compile information regarding your child's racial/ethnic background for reporting purposes to governmental, regulatory and funding agencies. This information is kept strictly confidential.

_____ Caucasian (White)	_____ Native American
_____ Hispanic	_____ Asian American
_____ African American	_____ Other (please describe) _____



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

Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date

SECTION B (Bank Account)

Form fields for Section B: 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

