

"Like" us on Facebook!
 BEEP (Bayfield Early Education Programs)



B.E.E.P.

Bayfield Early Education Program

**2018-2019
 APPLICATION PACKET
 FOR
 Bayfield Early Education Programs, Inc.**

P.O. Box 1584
 645 Fox Farm Circle
 Bayfield, CO 81122
 Phone: 970-884-7137
 Fax: 970-884-2960

beepprograms@qwestoffice.net

(add us to your email address book!)

www.beepreschool.org

EXECUTIVE DIRECTOR: Joe Poynter
ADMINISTRATIVE ASSISTANT: Andrea Foutz

Child's Name:	
For Office Use Only:	M F D.O.B:
Schedule	
Classroom	
Appl Fee	
Date Rec'd, Time	
Start Date	
Office Code	
Records Rec'd	Parent Handbook
	Well Child Checkup
	Shots Waived?
	Participate

BEEP PHILOSOPHY

Bayfield Early Education Programs offers a developmentally appropriate early childhood education program for families in the Bayfield area. Developmentally appropriate practice means that preschool activities and the program take into account what each child is ready to learn and do.



We believe children ages 3-5 should be offered a wide variety of hands-on opportunities to explore the world around them. The program strives to meet the needs of the whole child and encourages the power of play.

We provide a safe, healthy, nurturing environment that will advance children's physical and intellectual competence, communication, and creativity. Social and emotional development is encouraged to foster self-esteem, social responsibilities, and positive social skills.

We believe:

- All children are capable of learning and have individual needs, skills, and talents.
- Children learn best as active participants in cooperative, play-based experiences.
- Children learn best through experiences that enhance their self-esteem, help them make choices and develop competencies.
- Children learn best using a unified, developmentally appropriate curriculum, utilizing child-centered teaching practices.
- Parents/caregivers are the child's primary and on-going teachers, sharing equally in the child's education.
- Preschool experiences provide the child with the foundation for on-going learning and support the child and family to become responsible partners in school and community life.



Bayfield Early Education Programs, Inc.

Identification and Emergency Information

Full Name of Child _____
Last First Middle

Date of Birth: ____/____/____ Circle One: Male Female

Physical Address: _____ City _____ State _____ Zip _____
Mailing Address: _____ City _____ State _____ Zip _____

Preferred email address: _____

Mother or guardian: _____

Physical Address: _____ City _____ State _____ Zip _____
Mailing Address: _____ City _____ State _____ Zip _____
Phone: _____ Cell: _____ SS#: _____
Employment/School: _____ Phone: _____

Mother's Email Address _____

Work Email Address (if any): _____

Father or guardian: _____

Physical Address: _____ City _____ State _____ Zip _____
Mailing Address: _____ City _____ State _____ Zip _____
Phone: _____ Cell: _____ SS#: _____
Employment/School: _____ Phone: _____

Father's Email Address _____

Work Email Address (if any): _____

Please note that your child must be three years of age, and potty trained, before he/she may attend class. For those who will turn three during the school year, you will be put on a wait list until the 3rd birthday has come and there is a spot available. At that time you will be contacted regarding scheduling and admittance.

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

	Name	Phone	Name	Phone
Parent				
Parent				

If applicable:

Custody arrangements: (Please indicate where child will be)

Monday night _____ Tuesday night _____
 Wednesday night _____ Thursday night _____
 Friday night _____ Weekend _____

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

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

Persons to be called in Case of Emergency and the parents are unreachable.

(Be sure to include someone who will usually know your whereabouts)

Name: _____ Relationship to child: _____

Address: _____
 City State Zip

Phone: _____ Cell: _____

Name: _____ Relationship to child: _____

Address: _____
 City State Zip

Phone: _____ Cell: _____

Child's physician: _____ Phone: _____

Clinic: _____ Address: _____
 City State

Child's dentist: _____ Phone: _____

Clinic: _____ Address: _____
 City State

Emergency hospital preference: _____

Bayfield Early Education Programs, Inc.

HEALTH HISTORY

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? If no, please explain | Yes | No |
| 2. Is your child generally healthy most of the time?
If no, please explain | Yes | No |
| 3. Does your child tolerate normal exercise? | Yes | No |
| 4. Do any siblings have health problems? If yes, please explain | Yes | No |
| 5. Does your child have difficulty hearing? | Yes | No |
| 6. Does your child tend to have a stuffy nose or constant cold? | Yes | No |
| 7. Does your child usually have more than three colds or throat
infections with fever per year? | Yes | No |
| 8. Has your child ever had wheezing or asthma? | Yes | No |
| 9. Has your child had as many as three bouts of ear trouble such as
ear-aches, draining ears, etc.? | Yes | No |
| 10. Has your child had vision or eye problems? | Yes | No |
| 11. Has your child ever had eczema or hives? | Yes | No |
| 12. Does your child complain frequently of headache, leg ache,
stomach ache, or other pain? | Yes | No |
| 13. Does your child have problems with diarrhea or constipation? | Yes | No |

14. Has your child passed round worms or pin worms? Yes No
15. Does your child have any trouble passing urine? Yes No
16. Does your child chew unusual things such as pencils, cribs, window ledges, paint chips, plaster, or hair? Yes No

17. Circle any of the following that your child has had:

Red or Hard measles	Whooping Cough	Epilepsy	Shortness of breath	Ulcers (stomach)
German or 3-day measles	Chicken Pox	Meningitis	Rheumatic Fever	Fifths Disease
Scarlet Fever	Diabetes	Heart Trouble	Tonsillitis	Strep Infection
Mumps	Seizures	Pneumonia	RSV	

Please list other illnesses or diseases:

18. Has your child ever been hospitalized? Please explain Yes No
19. Has your child had any operations? Please explain Yes No
20. Has your child had any injurious accidents? Please list Yes No
21. Has your child been under a physician's care in the last 12 months? Please explain Yes No
22. Does your child have to limit his/her activities for health reasons? If yes, how & why Yes No
23. Does your child have trouble sleeping? Yes No
24. Are there any problems with his/her teeth? Yes No
25. Is your child taking medicine now? Yes No

26. Does your child require long-term medication administration? Yes No
(i.e. nebulizer, insulin, etc.) If so, please contact the office. More information will be required to establish a student health care plan.

27. Circle any of the following which your child has or does.

Toilet training problems	Bad temper	Nightmares	Irritable	Chews or pulls Hair
Won't mind	Holds breath	Wets bed	Bites Nails	Bites others
Jealousy	Sucks thumb	Speech Problems (Please explain)		

Please feel free to write on back any other information you would like to share about your child.

MEDICAL AND DEVELOPMENTAL HISTORY:

This child was born: ___ full term or ___ premature by ___ weeks

Any significant birth complications? Please explain Yes No

As an infant, any difficulties with sucking, swallowing, choking? Yes No
Please explain

My child crawled at _____ months; my child walked at _____ months.

Toilet training is: _____ complete _____ in progress _____ not accomplished.
(Child must be potty trained by the first day of class.)

My child talked at _____ months.

My child speaks in: _____ words _____ phrases _____ sentences.

Bayfield Early Education Programs, Inc.

FAMILY INFORMATION FORM

Child's Name: _____ Birth date: _____

Brothers/Sisters: _____ Age: _____ Lives with Child

_____ Yes No

_____ Yes No

_____ Yes No

_____ Yes No

During the day my child has been at: ____ home daycare ____ preschool ____ other
If other, please explain

This was: ____ full time ____ part time ____ occasionally

CURRENT DEVELOPMENT: (please check)

This child:

____ sleeps through the night

____ wakes up frequently

____ takes naps

____ does not nap

____ cries more than normal

____ cries occasionally

____ can use a fork/spoon

____ can drink from a cup

____ can attend to play/tasks

____ has a short attention span

____ eats well

____ is a poor eater

____ chokes frequently

____ loses food/liquid from mouth

____ talks a lot

____ does not talk much

____ has clear speech

____ is difficult to understand

____ dresses self

____ needs assistance with dressing

Circle words that describe your child:

happy	healthy	fussy
stubborn	curious	independent
easily frustrated	fearful	prefers alone time
physically active	clumsy	has tantrums
willing to entertain self	quiet	needs a lot of attention
likes quiet time	shy	gets along with family members
enjoys pretend play	is content	

My child is happiest when:

My child prefers the following toys and activities:

Types of discipline used with my child:

My child uses:

crayons	scissors	tricycle	books
pencil/pen	paper	bicycle	Ipad/computer
glue/paste	paint	roller blades	TV/ other electronic
playdough	telephone	blocks	devices

I have concerns about my child's:

behavior	speech	sleep patterns
physical development	eating skills	attention span
social skills with peers	hearing	vision
learning abilities/play skills	health	self-help skills

Other:

Bayfield Early Education Programs, Inc.

IMMUNIZATIONS AND WELL CHILD RECORDS

New Colorado laws regarding the health safety of your child and schools/day care centers requires that BEEP have on record, current copies of your child's most recent health appraisal and immunization record. Colorado law further mandates that no child be allowed to attend class until such records have been received by BEEP. **Please provide these documents by August 1st or by the first day of class for those registered after August 1.** We ask for parents to personally submit these records - Do not rely on your doctor's office to fax it!!!!

The following is related to immunization requirements:

The Colorado Immunization School Law, 6 CCR 1009-2, was incorporated in 1978 to protect children in school environments and to protect the public's health against specific vaccine-preventable diseases.

The Colorado Board of Health incorporates by reference the Advisory Committee on Immunization Practices (ACIP) immunization schedule. Colorado child cares and schools can only accept immunizations as valid if they meet both the minimum age and minimum intervals as defined by ACIP.

Schools can only meet the compliance requirements of the immunization law by accepting immunization records of fully immunized students (according to the ACIP schedule), or written documentation from the parent that, a) the student is "in-process" of getting up-to-date on required immunizations or b) the student has a signed medical or non-medical exemption.

If students do not meet the criteria outlined in the previous paragraph, they are not permitted to attend school as stated in the School Immunization Law and the Colorado Board of Health Rules.

If you have questions regarding the School Immunization Law or interpretation of the Colorado Board of Health Rules, please don't hesitate to reach out to Jamie D'Amico, RN, MSN, CNS Public Health Nurse Consultant, Colorado Immunization Branch, at 303-692-2957.

To be in compliance with this requirement, BEEP will review the child's shot record to determine if immunizations are valid. If the child does not have the minimum number of doses, the parent/guardian is to be directly notified (in person, by phone, or by mail) that their child does not have the required minimum number of vaccine doses. Within 14 days of direct notification, the parent/guardian is to obtain the required vaccine(s) or makes a plan to do so providing written documentation of that plan.

Children are to have a yearly health appraisal until age 12. Documentation is required that the health exam took place and also reflects that your child is able to attend school as determined by your physician. In addition, the statement must include when the next visit is required by the health care provider. Parents are required to submit a copy of the most current health appraisal within thirty (30) calendar days after admission, and within thirty (30) calendar days following expiration date of a previous health statement. A written verification of a scheduled appointment with a health care provider is necessary when the appointment is outside the 30 day window.



No tuition credit or refund will be given if your child's attendance is suspended at BEEP for failure to provide the requested - and REQUIRED - health records (well-child statement, immunization record). Suspension would last until records were submitted and verified received. We strongly encourage you to not delay in scheduling appointments and submitting records.

I understand that my child's attendance at BEEP may be suspended until requested health records are received.

Parent Signature

10

Child Name

Bayfield Early Education Programs, Inc.
PARTICIPATION IN SEASONAL ACTIVITIES

The classrooms regularly participate in holidays and seasonal activities throughout the year. However, we are sensitive to the customs and cultures of our families. Please complete the following by indicating if you want your child to participate in these celebrations or if you have other suggestions for inclusion.

HOLIDAY	PARTICIPATION		ALTERNATE ACTIVITY SUGGESTION
Halloween	YES	NO	
Thanksgiving	YES	NO	
Christmas	YES	NO	
Valentines	YES	NO	
St. Patrick's Day	YES	NO	
Easter	YES	NO	

Please list other holidays or celebrations that you would like to see the children observe.

ASSESSMENT PERMISSION

Bayfield Early Education Programs is a developmentally appropriate pre-school. We accept children ages three to five years, but prioritize those who will be attending kindergarten next year.

I give my permission for (child) _____
to be assessed by Bayfield Early Education Programs. This information will include physical, academic and cognitive developmental screening of my child in preparation for entering the public school system.

Parent/Guardian Signature: _____ Date: _____

Bayfield Early Education Programs, Inc.

SUNSCREEN APPLICATION

As the parent/guardian I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for BEEP teachers and staff to apply sunscreen when my child will be playing outside. I understand that sunscreen may be applied to exposed skin, including but not limited to face, tops of ears, nose, bare shoulders, arms, and legs.

As with any topical medication or cream, the first application of any brand of sunscreen should be applied at home in order to evaluate your child's possible allergic reaction to that product.

I will provide sunscreen for my child, _____ (name). I will label the bottle with my child's name and personally hand it to my child's teacher.

Parent/Guardian Signature: _____ Date: _____

MEDIA RELEASE FORM

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: _____

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 near holidays or 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 or before a holiday break.

Signature of Parent/Guardian _____ Date: _____

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, religion in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

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

TUITION INFORMATION for _____ (Child's Name)

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

Opening Day: **August 22, 2018**

Days of Operation: Monday – Thursday, Friday Classroom

Plan Hours:

Plan 1	7:40am – 5:30pm
Plan 2	7:40am – 4:30pm
Plan 3	8:00am – 3:15pm
Plan 4	M-Th 8:00am – 11:15am
Plan 5	M-Th 12:00pm – 3:15pm contingent on class numbers

Opening Time: **Depends on Plan.**

Plans 3 and 4 are permitted to drop off at 7:45 am without incurring an Early Drop off fee. Would you need to drop off before your Plan time starts? Yes No

(Early drop-off fees of \$3.00 per time applies - No earlier than 7:30 for Plans 1, 2, 3, 4. Plan 5 is limited to no earlier than 11:50a.m.)

TUITION DISCLOSURE

Tuition is due in full the first day of each month. Exceptions can be made for payments being split into two payments a month with Executive Director approval. Tuition Express – part of the Procure Software system we use to manage our preschool – allows us to process payments safely, quickly and efficiently. Tuition Express is a PCI Level 1 Service Provider and BEEP is moving to mandatory automated tuition and fee payments. Please complete the attached Automated Payment Processing form for either a checking/savings account (attach voided check) or credit cards (VISA, Mastercard, Discover). Tuition Express processing occurs on the first of the month or the next business day if the first falls on a weekend or holiday.

Late pickup fees start to apply one minute after your Plan time ends and is billed at \$25 per quarter hour rounded up to the nearest quarter hour. If your child is still in our care thirty minutes after your plan time ends, then 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 preschool must receive a two weeks written notice prior to leaving. Otherwise, tuition payment for the two weeks is required. Balance due must be paid at time of withdrawal.

Bayfield Early Education Programs, Inc.

CLASS SCHEDULE

Schedule Choice (please circle your choice of days and times) NOTE: Children must be 3 before they can attend a class!

BEEP will make every effort to accommodate your requested schedule; however, we do reserve the right to make adjustments to your request/schedule in order to maintain balance in the classrooms.

Plan 1: M T W Th 7:40am – 5:30pm
Plan 2: M T W Th 7:40am – 4:30pm
Plan 3: M T W Th 8:00am – 3:15pm
Plan 4: M T W Th Morning Program 8:00am – 11:15am

NOTE: If you are choosing Plan 5, please also indicate an alternate Plan in case Plan 5 does not meet the minimum number needed to conduct the class.

Plan 5: M T W Th Afternoon Program 12:00pm – 3:15pm

Friday Classroom: Y N Plan 3

**All children attending Plans 1, 2, or 3 must rest in a specified classroom and parents must provide children with a nutritious lunch and beverage. Please no soda pop or candy!*

TOTAL ESTIMATED TUITION PER MONTH: \$ _____

I, _____ understand, as the parent/guardian of

_____ that tuition is due on the first day of the month. A \$15.00 NSF charge can be assessed for any payment returned by a bank or declined through the Automated Payment Processing system. If declined payments occur on a regular basis your child may be asked to leave the program and your account balance may be assigned to a collection agency. A late fee of \$20 can be applied to those accounts when payment is not received by the 15th of the month.

Signature of Parent/Guardian: _____ Date: _____

Mother

Mother's Social Security Number (required) _____

Signature of Parent/Guardian: _____ Date: _____

Father

Father's Social Security Number (required) _____

Who is the primary payer? _____

In cases of divorce, are both parents contributing towards tuition? Yes ____ No ____

Please provide documentation regarding the breakdown on tuition responsibility. Separate accounts can be set up and tuition billed according to the breakdown.

Bayfield Early Education Programs, Inc.

Monthly Tuition Rates 2017-2018		Moderate / Above Income
Plan 1		
7:40am–5:30pm	2 days/wk M W	\$373.00
	2 days/wk T TH	\$389.00
	3 days/wk	\$584.00
	4 days/wk	\$762.00
	4 days/wk plus Friday (8-3:15 pm only)	\$897.00
Plan 2		
7:40am-4:30pm	2 days/wk M W	\$335.00
	2 days/wk T TH	\$350.00
	3 days/wk	\$525.00
	4 days/wk	\$685.00
	4 days/wk plus Friday (8-3:15 pm only)	\$821.00
Plan 3		
8:00am–3:15pm	2 days/wk M W	\$283.00
	2 days/wk T TH	\$296.00
	3 days/wk	\$444.00
	4 days/wk	\$579.00
	5 days/wk	\$710.00
Plan 4		
8:00am–11:15am	2 days/wk M W	\$187.00
	2 days/wk T TH	\$195.00
	3 days/wk	\$292.00
	4 days/wk	\$381.00
Plan 5		
12:00pm-3:15pm	2 days/wk M W	\$187.00
	2 days/wk T TH	\$195.00
	3 days/wk	\$292.00
	4 days/wk	\$381.00
Other		
Daily drop-in rate for After School - \$14.00		
Late Pick-up after your plan time ends - \$25.00 per quarter hour rounded up to the quarter hour		

BEEP reserves the right to adjust tuition rates as needed.

Sliding Scale

BEEP offers a sliding scale to those households who qualify based on household income levels. The sliding scale is optional and is separate from this application. Please call the office at 970-884-7137 with any questions.

Early Drop-Off

Our doors are open, beginning at 7:40 a.m. for Plans 1 and 2; at 7:45 a.m. for Plans 3 and 4. An early drop-off fee of \$3.00 will be applied to your account if drop-off occurs before your Plan time begins.

In the past few years, BEEP has experienced a decline in parent participation with our fundraisers. Keep in mind these fundraisers are held for the benefit of the parents. Without them, tuition rates would be much higher than they are currently!

The current BEEP Board of Directors is reconsidering the way fundraising is conducted. One suggestion being considered is to apply a fundraising "fee" to parent accounts in lieu of fundraising participation. Another is a Parent Activity Committee that would be in charge of planning, organizing, soliciting donations, etc. for our three main fundraising events- Breakfast with Santa, Bells for BEEP, and Cowboy Luau.

HOUSEHOLD INCOME LEVELS

Confidential Information

Name _____ Child _____

1. INCOME

A new preschool building would not be a reality without asking for outside money that requires some “strings”. BEEP was awarded a Block Grant from the Department of Local Affairs. This grant requires an accounting of the incomes of our families. Please take this quick survey to help us out. (Documentation may be requested in the future.)

*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) _____

Bayfield Early Education Programs, Inc.

Phone: 970-884-7137

PO Box 1584
Bayfield, CO 81122

Fax: 970-884-2960

CHILD'S STATEMENT OF HEALTH STATUS FOR ENROLLMENT IN A CHILD CARE FACILITY

The child care facility must obtain for every child who enrolls in child care programs a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled child care program. This report is to be filled out by a licensed physician or other health care professional who has seen the child. Health appraisal forms are to be done on a yearly basis according to AAP recommendations.

Name of Facility: Bayfield Early Education Programs, Inc. Type of Facility: Preschool

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

Address: _____

Past Illnesses - check those the child has had and give approximate dates:

Chicken Pox _____	Roseola _____	Rubella _____
Rheumatic Fever _____	Asthma _____	Hay Fever _____
Diabetes _____	Mumps _____	Epilepsy _____
Whooping Cough _____	Poliomyelitis _____	Other _____

Comments: _____

Surgery/Accidents/Illnesses/Chronic Health Problems: _____

Describe any physical condition requiring the facility's special attention: _____

Are you currently taking any medications? _____

Allergies: Food _____ Reaction _____

Drug _____ Reaction _____

If chest x-ray taken: Date: _____ Result: _____

Vision: _____ Hearing: _____

Please record immunizations and dates administered on the Colorado Department of Health Certificate of Immunization and attach to this form.

Immunizations given today: _____

Date of my most recent examination of the child: _____ Date of next scheduled exam _____

Height: _____ Weight: _____

Signature of licensed physician or other health care professional

Date

Please Print:

Doctor:		Clinic:	
City:	State:	Zip:	Phone: