



B.E.E.P.

Bayfield Early Education Program

**2021-2022
Afterschool
Kindergarten/1st grade
APPLICATION PACKET
FOR**

Bayfield Early Education Programs, Inc.

645 Fox Farm Circle
Bayfield, Colorado 81122
Phone: 970-884-7137 Fax: 970-884-2960
beepreschool1@gmail.com
www.beepreschool.org

Child's Name:

For Office Use Only:

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

Persons authorized to pick up child: (list yourself) (must be 18 years old) These people must be listed on the security page as well.

Name	Phone

BEEP is coordinating with the Bayfield School District to offer Kindergartners and First Graders after school care at our location. Please let your child's teacher know what days of the week you want your child to ride the bus to BEEP. One of our After School teachers will meet the bus at 645 Fox Farm Circle and escort your child to our building. Please note there is not any After School care available on Fridays.

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 _____

Saturday night _____

Sunday _____

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 \$5 to \$15 monthly for snacks (based on schedule). Your account will be billed for a "snack fee".

Bayfield Early Education Programs

SECURITY CODE and RELEASE of CHILDREN

Under no circumstances will a child be released to anyone without authorization from parent(s) or guardian(s).

IMPORTANT INFORMATION:

- Person(s) picking up a child must be 18 years old (including siblings).
- Security codes are only given to parents/guardians and authorized persons. *An authorized person is someone noted on the table below. Only person(s) on this form with a code have authorization to enter the BEEP building and to pick up a child. NO EXCEPTIONS.*
- Codes cannot be given to unauthorized persons. A breach of security results when parents give out their code to someone **not** authorized to pick up their child. If this happens a parent's current code will be canceled out and a new code will be issued. There will be a \$50.00 processing fee.

BACKUP PLAN:

It is recommended that parents/guardians have a "backup plan" in case of emergency. Create a backup plan by having authorized persons on this form pick up your child. Ask them to select a four digit number and write it on the table below.

SPECIAL CIRCUMSTANCE:

If a special circumstance arises where neither parent/guardian nor authorized person(s) on this form can pick up a child then do the following:

1. Call school and inform child's teacher.
2. Give teacher the name of person you are authorizing to pick up your child. (Picture ID will be required to verify name parent gives.)
3. Person will need to push buzzer at foyer door, or call 970-884-7137, and talk directly to teacher. *There is a camera in foyer and monitors in classrooms showing who is at the door.*
4. Teacher will come to door, check ID, then allow person to enter building and release your child to them.

AUTHORIZATION INFORMATION AND SECURITY CODE for Child

Parent/Guardian:	Phone:	Code (4 digits)
Parent/Guardian:	Phone:	Code (4 digits)
Authorized person:	Phone:	Code (4 digits)
Authorized person:	Phone:	Code (4 digits)

 Parent Signature

 Date

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:

(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 2021-2022**

TUITION INFORMATION for _____
Child's Name

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

Opening Day: **Tuesday August 24, 2021**

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 \$20 late fee may be assessed to your account if there is a balance due at the end of the month. A \$15 NSF charge can be applied for any payment returned by a bank or declined through the Automated Payment processing system (Tuition Express). 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 rounded up to the next 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 exit 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 goes with the After School teacher.
We must hear from the parent directly – notice by child or BPS is not acceptable.*

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

Number of Days per month _____ X \$15 _____

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

Snacks:

Schedule- 1 or 2 days/wk	➡	\$5/month
3 or 4 days/wk	➡	\$15/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. A second late fee is assessed at the end of the month if there is a balance still due. If the balance 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.

Bayfield Early Education Programs

HOUSEHOLD INCOME LEVELS

Figures are subject to change. Updated

Confidential Information

Name _____ Child _____

1. INCOME

Several of the grantors and funding programs BEEP utilizes to assist with tuition costs and general operating expenses require a breakdown of income levels for families served every year. 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. These are examples of income and not intended to excluded any other sources of income not listed here.

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

2 person household	Above \$56,150 _____	Below \$56,150 _____
3 person household	Above \$63,150 _____	Below \$63,150 _____
4 person household	Above \$70,150 _____	Below \$70,150 _____
5 person household	Above \$75,800 _____	Below \$75,800 _____
6 person household	Above \$81,400 _____	Below \$81,400 _____
7 person household	Above \$87,000 _____	Below \$87,000 _____
8 person household	Above \$92,600 _____	Below \$92,600 _____

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.

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



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 _____

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

