



**B.E.E.P.**

Bayfield Early Education Program

**2022-2023  
Afterschool  
Kindergarten/1<sup>st</sup> 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](mailto:beepreschool1@gmail.com)  
[www.beepreschool.org](http://www.beepreschool.org)

**Child's Name:**

\_\_\_\_\_

**For Office Use Only:**

<b>Schedule</b>		
<b>Class-After School</b>	K	1st
<b>Appl. Fee</b>		
<b>Date Rec'd</b>		



**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	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:

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***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 2022-2023**

TUITION INFORMATION for \_\_\_\_\_  
Child's Name

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

**Opening Day:**        **Monday     August 22, 2022**

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

**Hours:**                **3:25 p.m. approximately 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 \$62,800 \_\_\_\_\_ Below \$62,800 \_\_\_\_\_

3 person household Above \$70,650 \_\_\_\_\_ Below \$70,650 \_\_\_\_\_

4 person household Above \$78,450 \_\_\_\_\_ Below \$78,450 \_\_\_\_\_

5 person household Above \$84,750 \_\_\_\_\_ Below \$84,750 \_\_\_\_\_

6 person household Above \$91,050 \_\_\_\_\_ Below \$91,050 \_\_\_\_\_

7 person household Above \$97,300 \_\_\_\_\_ Below \$97,300 \_\_\_\_\_

8 person household Above \$103,600 \_\_\_\_\_ Below \$103,600 \_\_\_\_\_

### 2. STATEMENT OF RACE

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.

\_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Caucasian (White)

\_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_\_\_ Black/African American

### 3. STATEMENT OF ETHNICITY

\_\_\_\_\_ Hispanic \_\_\_\_\_ Not Hispanic



# 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	

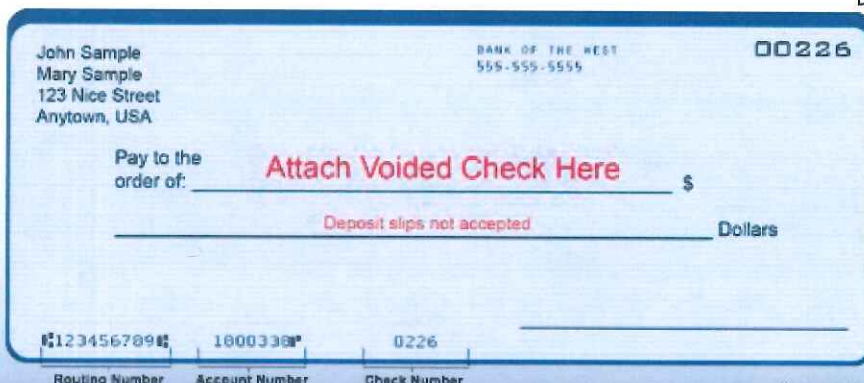
### SECTION B (Bank Account)

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)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

Authorized Signature	Date
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### For Official Use Only

Date Received
Employee Signature



A service of

