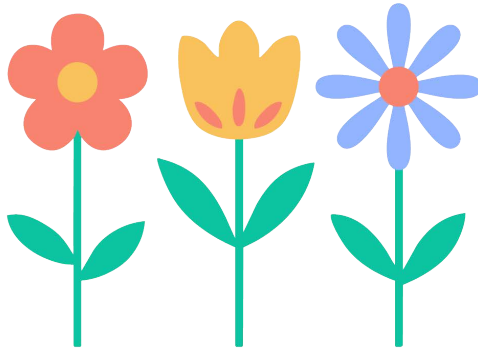


**Bayfield
Early
Education
Programs**



Building Community Strength Through Children

**2026-2027
APPLICATION PACKET**

Bayfield Early Education Programs

645 Fox Farm Circle
Bayfield, CO 81122
Phone: 970-884-7137
beepreschool1@gmail.com

www.beepreschool.org

EXECUTIVE DIRECTOR: April Stewart
ADMINISTRATIVE ASSISTANT: Andrea Foutz

Child's Name:	Date of Birth:
Registration Payment:	
OFFICE:	UPK#
Start date Aug 17, 2026 Aug 18, 2026	ASQ#

Bayfield Early Education Programs
All responses contained herein are confidential

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

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, your application will be put on hold until the 3rd birthday has come. At that time you will be contacted regarding scheduling and admittance. Please be aware that all classes could be full by the time the third birthday occurs.

BEEP is a peanut free facility and campus.

Please do not pack lunches made with peanut butter or peanuts.

Identification and Emergency Information

Full Name of Child _____ Date of Birth: _____

Last First Middle
Check/Circle One: Male Female Child T-shirt size S M L XL

Child lives with: _____ Relationship: _____

Primary Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Preferred email address: _____

Alternate email address: _____

Child resides with (M)other, (F)ather, (B)oth, (G)uardian:

Sunday _____ Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Mother or custodial 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): _____

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: _____ City _____ ST _____ Zip _____
Phone: _____ Cell: _____
Name: _____ Relationship to child: _____
Address: _____ City _____ ST _____ Zip _____
Phone: _____ Cell: _____

Child's Physician: _____ Phone: _____
Clinic: _____ Address: _____ ST _____ Zip: _____

Child's dentist: _____ Phone: _____
Clinic: _____ Address: _____ ST _____ Zip: _____

Child's Optometrist _____ Phone: _____
Clinic: _____ Address: _____ ST _____ Zip: _____

Emergency hospital preference: _____

Bayfield Early Education Programs, Inc.

HEALTH HISTORY

Child's Name: _____ Date of Birth: _____

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

*BEEP is a **peanut free** facility and campus. Do not pack lunches with peanut butter or peanuts.*

- | | | |
|---|-----|----|
| 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. Check 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	Nursemaid elbow

Please list other illnesses or diseases:

*BEEP is a **peanut free** facility and campus. Do not pack lunches with peanut butter or peanuts.*

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 use an *Epipen? Yes No

*BEEP is a **peanut free** facility and campus. Do not pack lunches with peanut butter or peanuts*

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

27. Check 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:		

*What language is spoken at home (i.e. English, Spanish, French, Navajo, etc.) _____

*I have concerns about my child's speech: Yes No

If yes, describe

My child spoke or made noises at _____ months. What kinds of sound? What words that others can understand?

My child speaks mostly in _____ (words, grunts, cries, etc)
 Give an example of words, phrases, or sentences that your child speaks.

Please feel free to write on back or attach another page of 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, etc?

Please explain

Yes No

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

Does your child have an Individual Education Plan in place through San Juan Board of Cooperative Educational Services (BOCES)? Is your child expected to be evaluated by BOCES? Yes No

Is this doctor recommended? Yes No

Please list and explain what the evaluation is for i.e. speech, gross motor, physical, etc.

Child must be potty trained by the first day of class. What is the status of your child's toilet training?

Bayfield Early Education Programs, Inc.

FAMILY INFORMATION FORM

Child's Name: _____ Birth date: _____

Brothers/Sisters	Age	Lives with Child		Family qualifies for Free/Reduced lunch through Bayfield School District		Family qualifies for Medicaid	
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No

During the day my child has been at: _____ home _____ daycare _____ preschool _____ other
 If other, please explain (i.e. grandparents, friends, etc)

This was: _____ full time _____ part time _____ occasionally

Describe current living situation including any changes in the past year. Did your child change residences more than two times in the last year?

Other people who live in the household with you (names and relationships):

For UPK Colorado, the definition of homelessness is having a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; or, is a child who is migratory who qualifies as homeless for the purposes of this subtitle because the child is living in circumstances described in this definition.

Yes No

Please explain a Yes answer:

CURRENT DEVELOPMENT: (please check or circle)

This child:

sleeps through the night
takes naps
cries more than normal
can use a fork/spoon
can attend to play/tasks
eats well
chokes frequently
talks a lot
has clear speech
dresses self

wakes up frequently
does not nap
cries occasionally
can drink from a cup
has a short attention span
is a poor eater
loses food/liquid from mouth
does not talk much
is difficult to understand
needs assistance with dressing

Circle or check words that describe your child:

happy
stubborn
easily frustrated
physically active
willing to entertain self
likes quiet time
enjoys pretend play

healthy
curious
fearful
clumsy
quiet
shy
is content

fussy
independent
prefers alone time
has tantrums
needs a lot of attention
gets along with family members

My child is happiest when:

My child's favorite toy(s) is/are :

My child's favorite food(s) is/are:

My child does not like these foods:

My child is good at:

My child needs help with:

Types of discipline used with my child:

My child uses:

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

I have concerns about my child's (Please explain):

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

These are things I want my child to learn in preschool this year:

Other:

Describe any disruptions or stresses your family is currently experiencing (frequent moves, illness, separations, loss of income, etc.) or serious situations from your child and family's past (domestic abuse, alcohol abuse, drug abuse, etc.) Information provided here can help you to qualify for tuition assistance programs offered by Bayfield Early Education Programs. *This application is kept confidential.*

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.

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.

ASSESSMENT PERMISSION

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.

TOPICAL PREPARATIONS

Parent/Guardian Name _____

Child's Name _____

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 or 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 Signature _____ Date _____

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 shoulders, arms, legs, and feet 30 minutes before outdoor activities. It is my responsibility to provide sunscreen with a minimum 30 SPF.

In the event that my child does not have sunscreen with them, BEEP may apply a common USDA 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.

Parent/Guardian Signature _____ Date _____

MOISTURIZING LOTION/CREAM/BALM

I hereby give Bayfield Early Education Programs, Inc. permission to 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 than the one s/he brings in her/his tote bag and clearly labeled with her/his name.

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.

Parent/Guardian Signature _____ Date: _____

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 for 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.

Child's Name _____

Signed _____ (Mother or Legal Guardian) Date _____

Signed _____ (Father or Legal Guardian) Date _____

Bayfield Early Education Programs, Inc.

PARENT HANDBOOK ACKNOWLEDGEMENT

Parents,

Please read the Parent Handbook carefully. By signing and returning this form you acknowledge you have read, understood and agreed to the policies outlined in the Parent Handbook provided by the Bayfield Early Education Programs, Inc. You can find the Parent Handbook in its entirety on BEEP'S website, www.beeppreschool.org. A paper copy can be provided upon written request.

Parent's Signature

Date

Child's Name

Handbook Highlights:

- ✓ Tuition invoices will be in your child's mailbox and emailed at least one week before they are due. Tuition is due on the 1st of the month. Autopay will occur on the 1st of the month or next business day if a holiday or weekend.
- ✓ Sick Policy: Children must be diarrhea, vomit, fever, and medication free for at least 24 hours before they can come back to the preschool. If a child becomes sick while at the preschool, parents will be called and must pick up their child within one hour.
- ✓ Please notify the school if your child will be absent!
- ✓ A two week written notice is required to withdraw your child.
- ✓ No cell phone conversations during drop off or pick up.
- ✓ Supply Checklist: Please provide supplies prior to or on the first day of attendance.

Bayfield Early Education Programs

Universal Preschool (UPK) Colorado

BEEP is a Universal Preschool (UPK) Colorado provider. Families of children in the year before they are eligible for kindergarten can now apply for UPK Colorado for the 2025-26 preschool year.

The State of Colorado has created a portal to register for services. You can find it at [Universal Preschool \(UPK\) Colorado | Colorado Department of Early Childhood](#) or. <https://cdec.colorado.gov/colorado-universal-preschool>.

The online application system will tell you how many hours your child is eligible for after you enter a few pieces of information. Parents must first enroll through the UPK portal then complete the BEEP application, with registration fee, in order to be considered for enrollment.

The UPK reference to fifteen hours is over a five day week (3 hours per day). Since BEEP is only offering a four day week parents are encouraged to enroll in Plan A or Plan B for two full days per week (or 15 hrs). The after school time offered in Plan A comes with a parent portion due for the additional time beyond a standard school day. Additional days can be added provided your classroom has the days available.

Children with certain qualifying factors could be eligible for additional hours at little to no additional cost.

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.

If you do not qualify for UPK, please contact us directly for information on how to enroll in our preschool program.

Please contact BEEP's Executive Director, April Schneider-Stewart at 970-884-7137 with any questions.

Have you applied through the UPK portal for UPK funded hours for your child? Were you accepted? Why or why not?

Yes

No

Bayfield Early Education Programs

Colorado Childcare Assistance Program

The Colorado Child Care Assistance Program (CCCAP) helps families that are homeless, working, searching for work or in school find low-income child care assistance. Families that are enrolled in the Colorado Works Program can also use CCCAP 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.

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	10 Burnett Court, First Floor Durango, CO 81301	970-382-6139 970-382-6151 (FAX) childcare@co.laplata.co.us
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Sliding Scale

BEEP offers a sliding scale scholarship to those households who do not qualify for the Colorado Child Care Assistance Program (CCCAP) but are below the federal poverty guidelines for UPK. Apply first through CCCAP at 970-382-6139, cdec.colorado.gov. If you do not qualify with CCCAP *and* you are still below the UPK Federal Poverty Guideline then you can complete a scholarship application and provide copies of the most recently filed Federal Tax Returns (1040) of all wage earners in the household. Please call the office at 970-884-7137 or email beeppreschool1@gmail.com.

Classrooms

BEEP has five classrooms staffed with two fully qualified early childhood professionals who teach a maximum of 94 children per day at capacity. Four classrooms can accommodate 20 children each for four days a week from 7:45 am to 3:15 pm. The fifth classroom operates from 8:00 am to 1:00 pm four days a week and can accommodate 14 children per day.

There are four different plans offered to parents for their preschool education needs. Plan A and D is utilized by parents needing travel time to and from work. These plans offers an earlier drop off time at 7:40 a.m. and a later pick up time by 5:30 pm or 4:30 pm. Plan B is used for a standard school day with drop off time at 7:45 am and pick up time by 3:15 pm. Plan C offers a shorter day with drop off at 8:00 am and pick up by 1:00 pm.

Bayfield Early Education Programs

HOUSEHOLD INCOME LEVELS

Figures are subject to change. Updated 2/11/25

Confidential Information

Name _____ Child _____

1. INCOME

Universal preK and other funding programs BEEP utilizes to assist with tuition costs and general operating expenses require a breakdown of income levels for families served every year. Documentation may be requested in the future.

2 person household Above \$56,047.50 _____ Below \$56,047.50 _____
3 person household Above \$70,622.50 _____ Below \$70,622.50 _____
4 person household Above \$85,197.50 _____ Below \$85,197.50 _____
5 person household Above \$99,772.50 _____ Below \$99,772.50 _____
6 person household Above \$114,347.50 _____ Below \$114,347.50 _____
7 person household Above \$128,922.50 _____ Below \$128,922.50 _____
8 person household Above \$143,497.50 _____ Below \$143,497.50 _____

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.

Ethnicity _____ Hispanic _____ Not Hispanic

Race

_____ Caucasian(White) _____ American Indian or Alaskan Native
_____ Asian _____ Native Hawaiian or other Pacific Islander
_____ Black/African American _____ Other

Bayfield Early Education Programs, Inc.

Tuition rates are based on the number of in-classroom days for the current preschool year.

BEEP reserves the right to adjust tuition rates as needed.

Tuition Rates		Cash Check Debit Card	Credit Card Surcharge approximately 3.3%
2026-2027			
Plan A	PICK UP by 5:30		
7:40am–5:30pm extended day	2 days/wk M W	\$ 520	\$ 538
	2 days/wk T TH	\$ 520	\$ 538
	3 days/wk	\$ 780	\$ 806
	4 days/wk	\$ 1,040	\$ 1,075
Plan D	PICK UP by 4:30		
7:40am-4:30 pm extended day	2 days/wk M W	\$ 464	\$ 480
	2 days/wk T TH	\$ 464	\$ 480
	3 days/wk	\$ 696	\$ 719
	4 days/wk	\$ 928	\$ 959
Plan B	PICK UP by 3:15		
7:45am–3:15pm full day	2 days/wk M W	\$ 400	\$ 414
	2 days/wk T TH	\$ 400	\$ 414
	3 days/wk	\$ 600	\$ 620
	4 days/wk	\$ 800	\$ 827
Plan C	PICK UP by 1:00		
7:45am-1:00pm	2 days/wk M W	\$ 304	\$ 315
	2 days/wk T TH	\$ 304	\$ 315
	3 days/wk	\$ 456	\$ 472
	4 days/wk	\$ 608	\$ 629

Daily drop-in rate for After School is \$20 per time. Parents must verify spot is available.

Late Pick Up after your plan time ends - \$25.00 per quarter hr rounded up to the next quarter hr.

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. Apply first through the Colorado Child Care Assistance Program (CCCAP) at 970-382-6139, cdec.colorado.gov

To help cover the cost of processing a credit or charge card transaction, and pursuant to section 5-2-212, Colorado Revised Statutes, Bayfield Early Education Programs, Inc. may impose a processing surcharge in an amount not to exceed the merchant discount fee (2-3.5%) that is incurred when processing the sales or lease transaction. Bayfield Early Education Programs, Inc shall not impose a processing surcharge on payments made by use of cash, check, or a debit card or redemption of a gift card.

Bayfield Early Education Programs

SECURITY CODE and RELEASE of CHILDREN

Child's Name _____

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 you put on the table below. Only person(s) on this form with a code have authorization to enter 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 or 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 I.D. 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 I.D., then allow person to enter building and release your child to them.

AUTHORIZATION INFORMATION AND SECURITY CODE for Child

Codes cannot start with a zero!

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

_____ Authorization Signature

_____ Date

_____ Printed Name of authorization signature

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

Bayfield Early Education Programs

Electronic Funds Transfer Authorization for **Bank Account and Credit Card**

To help cover the cost of processing a credit or charge card transaction, and pursuant to section 5-2-212, Colorado Revised Statutes, Bayfield Early Education Programs, Inc. may impose a processing surcharge in an amount not to exceed the merchant discount fee (2-3.5%) that is incurred when processing the sales or lease transaction. Bayfield Early Education Programs, Inc shall not impose a processing surcharge on payments made by use of cash, check, or a debit card or redemption of a gift 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. Acceptable credit card types are Debit, Visa, Mastercard, and Discover.

COMPLETE ONE SECTION ONLY

Child's Name _____

Section A (Credit card)

Card information

Card type

- MasterCard
 Discover
 VISA
 Debit

_____ **Cardholder** (Name on card)

_____ **Card number**

_____ **Expiration date**
(MM/YYYY)

_____ **ZIP code**
(From credit card billing address)

_____ **CVV number**

Section B (Bank Account)

Bank Account

Attach voided check here

_____ **Your Name**

_____ **Phone #**

_____ **Address**

_____ **City**

_____ **State**

_____ **Zip**

_____ **Bank or Credit Union Name**

_____ **Bank or Credit Union Address**

_____ **City**

_____ **State**

_____ **Zip**

_____ **Routing Transit Number**

_____ **Account Number**

_____ **Checking**

_____ **Savings**

Cardholder/Authorized signature

Date

For Official Use Only

Date Received

Administration Signature

GENERAL HEALTH APPRAISAL FORM

Return to BEEP upon completion by your child's physician. You can email to beepreschool1@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