Dear BEEP Families,

We are looking forward to all being together again when BEEP is back in session. We are hoping to relaunch July 8th thru July 30th for students to be able to attend Kinder Camp!! We have worked hard on registration for this year to make it safe for all students and families. Kinder camp is suitable for all students so please get your registration application turned in.

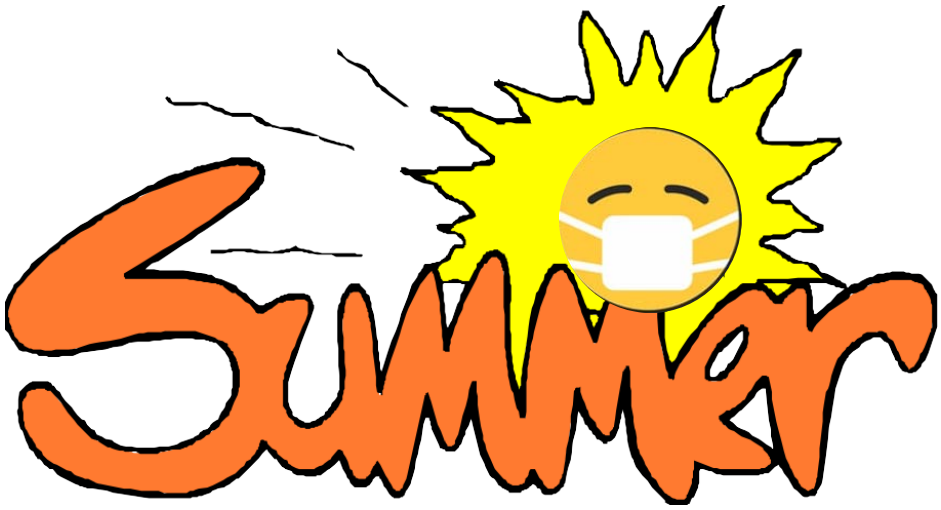
We can only accommodate 40 students per day due to COVID licensing regulations. These regulations are in place for the safety and wellbeing of our school, so the classrooms of 10 will not cross contaminate. If you are interested, please get your registration in quickly. This year you can complete registration in the comfort of your own home. Just fill out the forms and email them back to Andrea at: beeppreschool1@gmail.com . You can also take a walk over to BEEP and grab a paper application on our front porch. While there you can grab a butterfly art packet, take it home for your student to decorate and then bring it back and hang it on one of our trees!! Even our trees miss you all!!

To return your completed paper application you can mail it back to BEEP: PO Box 1584, Bayfield CO 81122 or simply put it in the "treasure chest" you will see on the front porch at BEEP. It is secure with a lock and cannot be removed from the porch so your application will be safe and sound.

Please be patient with us as we continue to strive to provide quality care to the Bayfield Community. You must be aware that during these ever-changing times, disruption to the service we provide can be out of our control. We will do everything to keep you up to date and informed to the best of our ability. We will have updated COVID 19 policies for you to review before the start of Kinder Camp!

With Kindness,

April Schneider
Executive Director



2020 KINDER Camp

APPLICATION PACKET

FOR

Bayfield Early Education Programs, Inc.

645 Fox Farm Circle
P.O. Box 1584
Bayfield, CO 81122

Phone: 970-884-7137
Fax: 970-884-2960
Beeppreschool1@gmail.com
www.beeppreschool.org

Kinder Camp
July 8 to July 30

Is your child ready for Kindergarten after the COVID break?

EXECUTIVE DIRECTOR: April Schneider
ADMINISTRATIVE ASSISTANT: Andrea Foutz

Child's Name:_____

Appl Fee		
Date Rec'd		

KINDER FUN!

We have lots of fun during BEEP camps.

We learn through themes and practice our kindergarten readiness skills.

Every day we will work on literacy, math, and social emotional readiness while doing crafts, free playtime, stories, and music.

We hope to walk to nearby parks and do water play on our playground.

It is fun to plant the garden and watch it grow.

Even though we are busy, we take time to rest every day.

Pack a water bottle and towel (for water play).
Leave a change of clothes with us.
Apply sunscreen before you drop off.
PLEASE **no flip flops**!

We look forward to seeing you at BEEP KINDER Camp!

Bayfield Early Education Programs, Inc.

IDENTIFICATION AND EMERGENCY INFORMATION

Full Name of Child: _____

Date of Birth: _____ M ◯ F ◯

Physical Address:_____

Mailing Address:_____

Phone #_____ Preferred Email Address:_____

Mother or guardian: _____

Physical Address:_____

Mailing Address:_____

Phone:_____ Cell:_____SS#:_____

Employment/School:_____Phone:_____

Work Email Address (if any): _____

Father or guardian:_____

Physical Address:_____

Mailing Address:_____

Phone:_____ Cell:_____ SS#:_____

Employment/School:_____Phone:_____

Work Email Address (if any): _____

List persons to be called in case of emergency, IN CASE PARENTS CANNOT BE REACHED:
(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:_____

Clinic:_____ Address:_____

Child's dentist:_____ Phone:_____

Clinic:_____ Address:_____

Emergency hospital preference:_____

NOTICE OF NON-DISCRIMINATORY POLICY

Bayfield Early Education Programs, Inc. admits students of any race, color, gender, 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, gender, 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, Inc.

HEALTH HISTORY
(MUST BE COMPLETED!!)

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 a health problem? If yes, please explain	Yes ☐	No ☐
5.	Does your child have difficulty hearing?	Yes ☐	No ☐
8.	Has your child ever had wheezing or asthma?	Yes ☐	No ☐
13.	Does your child have problems with diarrhea or constipation?	Yes ☐	No ☐
21.	Has your child been under a physician's care in the last 12 months? If yes, 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? Is this for long-term medication administration? If yes, contact the office.	Yes ☐	No ☐

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 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.

6. All programming can be cancelled at any time and without notice due to COVID-19.

Both parents must sign below.

Signed _____ (Mother or Legal Guardian) Date _____

Signed _____ (Father or Legal Guardian) 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 some day. 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:_____

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 when recess is not advised due to weather conditions.

I consent to my child _____ (name) watching a "G" rated movie/video typically when recess is not advised due to weather conditions.

Signature of Parent/Guardian _____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: _____

Bayfield Early Education Programs, Inc

Hours of Operation and Fee Schedule
KINDER 2020

TUITION INFORMATION for _____
Child's Name

Summer Camp Application Fee: **$25.00** *Nonrefundable. Must accompany application to have application accepted.*

July 8 to July 30

8:00 AM to 5:00 PM
(check all that apply)

Days of Operation: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

Two day or four day committment is required. Due to COVID-19 restrictions as of 4/27/20 BEEP reserves the right to modify requested schedule to comply with restriction.

Please note that all days require ten children scheduled in order for class to be held for any given day. We are hoping to have four classrooms so those children moving on to Kindergarten will be better prepared than they are right now. Due to the restriction we are hoping parents opt to have a two day a week schedule so we can accommodate more children.

Opening Time: 7:45am Do you need an early drop off? Cost is $3.00 per time. Y ◯ N ◯
No earlier than 7:30am!

Summer Day: 8:00am – 5:00pm

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; a second late fee can be applied if payment not received by end of the month. Your child may be asked to leave the program and your account balance may be assigned to a collection agency if payment is not received. For your convenience, we accept cash, check, Mastercard, Visa, and Discover. We can also set up your account for recurring payments.

Late pickup fee after 5:00pm is $25 per quarter hour rounded up to the nearest quarter hour. At 5:30pm, the Marshal's office will be notified.

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

If it is necessary for you 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.

Bayfield Early Education Programs, Inc.

Tuition

Number of Days _____x $50 per day = $_____**Estimated Tuition**
Daily rate increased for COVID restriction-limited class size, cost of providing nutritious snacks throughout the day in lieu of packed lunch provided by parent.

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 can be applied if payment not received by the end of the month. 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. For your convenience, we accept cash, check, Mastercard, Visa, and Discover. We can also set up your account for automatic payments.

A $15 nonsufficient funds fee is assessed for those payments that are returned as NSF (for checks) or DECLINED (for credit cards).

Signature of
Parent/Guardian: _____ Date:_____
Mother
Social Security Number (required)_____
Mother

Signature of
Parent/Guardian: _____ Date: _____
Father
Social Security Number (required)_____
Father

*****HEALTH RECORDS*****

Up-to-date health records – Well Child check and immunization record - must be received with your application. Colorado law requires that BEEP have these documents on file before your child can attend our program.

Bayfield Early Education Programs, Inc.
Phone: 970-884-7137 **PO Box 1584** **Fax: 970-884-2960**
Bayfield, CO 81122

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.

This form to be completed by your doctor!!
Parents- enter child's name and date of birth!

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:**