2022 Summer Camp
APPLICATION PACKET

FOR

Bayfield Early Education Programs, Inc.

645 Fox Farm Circle
Bayfield, CO 81122

Phone: 970-884-7137
Fax: 970-884-2960
beeppreschool1@gmail.com
www.beeppreschool.org

Session 1
June 6 to June 30
Session 2
July 6 to July 28
Monday through Thursday

EXECUTIVE DIRECTOR: April Schneider
ADMINISTRATIVE ASSISTANT: Andrea Foutz

Child's Name:___________________________________

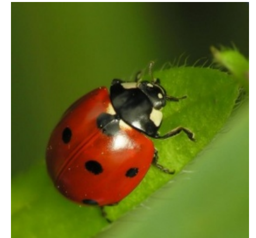
For Office Use Only: **M** **F**

Schedule	
Session	
Appl Fee	N/A
Date Rec'd	
Records Rec'd	Well Child Immunizations Participate

SUMMER FUN!

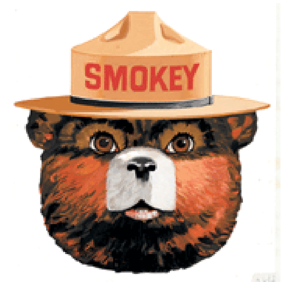
We have lots of fun during BEEP summer camps.

We learn through themes about bugs, camping, gardening, and more.



Every day we work on crafts, sing songs, and read stories. We also walk to nearby parks and do water play on our playground.

Sometimes we see Smokey Bear and do things with the Pine River Library.



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 lunch, water bottle, and towel (for water play). Leave a change of clothes with us and apply sunscreen before you drop off. *PLEASE* no flip flops or sandals!

We look forward to seeing you at BEEP Summer Camp!

Bayfield Early Education Programs, Inc.

IDENTIFICATION AND EMERGENCY INFORMATION

Name of Child:____

Last First Middle

Date of Birth: ______________________________________ M F

Your child must be three years old and potty trained!!

Physical Address:____

Mailing Address:____

Phone #___________________ Preferred Email Address:____

Mother or guardian:____

Physical Address:____ __________

Mailing Address:____Zip:__________

City State

Phone:_______________________ Cell:______________________SS#:_________________________________

Employment/School:____Phone:___________________

Work Email Address (if any): ____

Father or guardian:____

Physical Address:____Zip:__________

Mailing Address:____Zip:__________

Phone:_______________________ Cell:____________________ SS#:_________________________________

Employment/School:____Phone:___________________

Work Email Address (if any): ____

List persons authorized to pick up your child. Must be at least eighteen years old. They must be prepared to show identification.

Name	Phone Number

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? Yes No
   If no, please explain

2. Is your child generally healthy most of the time? Yes No
   If no, please explain

3. Does your child tolerate normal exercise? Yes No

4. Do any siblings have a health problem? Yes No
   If yes, please explain

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? Yes No
    If yes, please explain

22. Does your child have to limit his/her activities for health reasons? Yes No
    If yes, how & why

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
    Is this for long-term medication administration?
    If yes, contact the office.

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.

Both parents must sign below.

Signed______________________________(Mother/ Legal Guardian) Date______________

Signed_______________________________(Father/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 when recess is not advised due to weather conditions.

Signature of Parent/Guardian ____Date: ___________

PARKING LOT SAFETY

Bayfield Early Education Programs is asking me to be aware of parking lot safety by turning the engine off to my vehicle while I am on the BEEP campus.

Signature of Parent/Guardian ____ Date: __________

Bayfield Early Education Programs, Inc

Hours of Operation and Fee Schedule

Summer 2022

TUITION INFORMATION for____
Child's Name

Summer Application Fee:

~~**$35.00** Nonrefundable. Must accompany application to have application accepted.~~
Registration fee is suspended for Summer Camp 2022.

~~**$30.00** Nonrefundable for preschoolers who attended the 2020-2021 school year~~
Registration fee is suspended for Summer Camp 2022.

Circle/Check all that apply

Session I	Session II
June 6 through June 30, 2022	**July 6 through July 28, 2022**

Days of Operation: Monday Tuesday Wednesday Thursday
(A two day minimum is required.)

Opening Time: 7:45am

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; another $20 late fee may be applied if there is still a balance due at 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.

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.

All children attending Summer Camp must rest in a specified classroom and parent(s) must provide their child with a nutritious lunch and water bottle.
Please no soda pop style beverages or candy.

Bayfield Early Education Programs, Inc.

Tuition

Session 1: Number of Days___________X $ / day Minimum two days per week

Session 2: Number of Days___________X $ / day Minimum two days per week

TOTAL *ESTIMATED* TUITION PER Session 1: $_____________ **Session 2:** $_____________

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; another $20 late fee may be applied if there is still a balance due at 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

Please submit with your application a copy of your child's most current health appraisal and immunization record. Colorado law requires that BEEP have these documents on file before your child can attend our program.

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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 the 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 <u>attach to this form</u>.

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

<u>Please Print</u>:

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

Statemend of health status mus be signed by the physician (electronically accepted). Information provided through parent portals from clinics do not meet licensing requirements.