



**2023 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
beepreschool1@gmail.com
www.beepreschool.org

Session 1
June 5 to June 29

Session 2
July 5 to July 27
Monday through Thursday

EXECUTIVE DIRECTOR: April Schneider Stewart

ADMINISTRATIVE ASSISTANT: Andrea Foutz

Child's Name: _____			
For Office Use Only:		M	F
Schedule			
Session			
Appl Fee			
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!

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

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 |
| 6. | Has your child ever had wheezing or asthma? | Yes | No |
| 7. | Does your child have problems with diarrhea or constipation? | Yes | No |
| 8. | Has your child been under a physician's care in the last 12 months?
If yes, please explain | Yes | No |
| 9. | Does your child have to limit his/her activities for health reasons?
If yes, how & why | Yes | No |
| 10. | Does your child have trouble sleeping? | Yes | No |
| 11. | Are there any problems with his/her teeth? | Yes | No |
| 12. | 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.

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.

Parent/Guardian Signature _____ 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.

Parent/Guardian Signature _____ Date: _____

MEDIA RELEASE

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 Summer 2023

TUITION INFORMATION for _____

Child's Name

**Summer
Application
Fee:**

\$45.00 *Nonrefundable. Must accompany application to have application accepted.*

\$30.00 *Nonrefundable for preschoolers who attended the 2022-2023 school year.*

Check all that apply

Session 1: Full Day	Half Day	Session 2: Full Day	Half Day
June 5 through June 29, 2023		July 5 through July 27, 2023	

Days of Operation: Monday Tuesday Wednesday Thursday

(A two day minimum is required.)

Opening Time: 7:45am

Summer Day: 8:00am – 5:00pm Full Day 8:00am – 1:00pm Half Day

TUITION DISCLOSURE

Tuition is due the first day of each session. 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.

A snack fee is assessed per session and is determined by the number of days scheduled per week.

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 preschool 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 FT: Number of Days _____ X \$60/day Full day, 8:00am to 5:00pm, Minimum two days per week

Session 1 HT: Number of Days _____ X \$45/day Half day, 8:00am to 1:00pm, Minimum two days per week

Session 2 FT: Number of Days _____ X \$60/day Full day, 8:00am to 5:00pm, Minimum two days per week

Session 2 HT: Number of Days _____ X \$45/day Half day, 8:00am to 1:00pm, Minimum two days per week

Session 1 snack fee Two days/wk - \$13.00 Three to four days - \$22.00/wk

Session 2 snack fee Two days/wk - \$13.00 Three to four days - \$22.00/wk

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

Parents,

This page is provided for your own use and covers typical items that relate to summer camp. Please keep at home.

Checklist for Summer Camp

- _____ 1. Child must be at least three years old and potty trained!!
- _____ 2. Nutritious lunch and water bottle packed daily.
- _____ 3. Copy of your child's most current health appraisal (check date – is it expired?) and immunization record.
- _____ 4. Registration Fee paid with application.
- _____ 5. Application submitted
- _____ *3, 4, and 5 should all come together!
- _____ 6. Change of clothes in a gallon Ziploc bag. Label with your child's name,
- _____ 7. Small blanket for rest time. Labeled with your child's name.
- _____ 8. Swim suit/swim trunks and towel. Labeled with your child's name.
- _____ 9. Labeled bottle of sun screen. Apply at home before drop off. It will be reapplied throughout the day.
- _____ 10. No open toed sandals or flip flops! Sturdy shoes for field trips and playgrounds.
- _____ 11. Balance is due on the first day attended for both sessions.
- _____ 12. Use your tote bag for stuff. If you are new to our program a tote bag will be provided. No backpacks!
- _____ 13. School opens at 7:45 a.m. and closes at 5:00 p.m. each day.
- _____ 14. For your child's security, the front doors are locked when the Front office is not staffed. Call 970-884-7137 for assistance.