



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

Bayfield Early Education Program

**2019-2020  
APPLICATION PACKET  
FOR  
Bayfield Early Education Programs, Inc.**

P.O. Box 1584  
645 Fox Farm Circle  
Bayfield, CO 81122  
Phone: 970-884-7137  
Fax: 970-884-2960

[beepgrams@qwestoffice.net](mailto:beepgrams@qwestoffice.net)

(add us to your email address book!)

[www.beepreschool.org](http://www.beepreschool.org)

**EXECUTIVE DIRECTOR: Joe Poynter  
ADMINISTRATIVE ASSISTANT: Andrea Foutz**

<b>Child's Name:</b>		
For Office Use Only:		
	M	F
Schedule	D.O.B:	
Classroom		
Appl Fee		
Date Rec'd, Time		
Start Date		
Office Code		
Records Rec'd	Parent Handbook	Health Plan?
	Well Child Checkup Date:	
	Shots	Waived?
	Participate	

## BEEP PHILOSOPHY

Bayfield Early Education Programs offers a developmentally appropriate early childhood education program for families in the Bayfield area. Developmentally appropriate practice means that preschool activities and the program take into account what each child is ready to learn and do.



We believe children ages 3-5 should be offered a wide variety of hands-on opportunities to explore the world around them. The program strives to meet the needs of the whole child and encourages the power of play.

We provide a safe, healthy, nurturing environment that will advance children's physical and intellectual competence, communication, and creativity. Social and emotional development is encouraged to foster self-esteem, social responsibilities, and positive social skills.

### We believe:

- All children are capable of learning and have individual needs, skills, and talents.
- Children learn best as active participants in cooperative, play-based experiences.
- Children learn best through experiences that enhance their self-esteem, help them make choices and develop competencies.
- Children learn best using a unified, developmentally appropriate curriculum, utilizing child-centered teaching practices.
- Parents/caregivers are the child's primary and on-going teachers, sharing equally in the child's education.
- Preschool experiences provide the child with the foundation for on-going learning and support the child and family to become responsible partners in school and community life.



# Bayfield Early Education Programs, Inc.

## Identification and Emergency Information

Full Name of Child \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle One: Male Female

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred email address: \_\_\_\_\_

Mother or 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): \_\_\_\_\_

*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, you will be put on a wait list until the 3rd birthday has come **AND** there is a spot available. At that time you will be contacted regarding scheduling and admittance.*

Child's Name: \_\_\_\_\_

## 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 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 (list name):

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.

**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 State Zip

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's physician \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic: \_\_\_\_\_ Address: \_\_\_\_\_  
City State

Child's dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic: \_\_\_\_\_ Address \_\_\_\_\_  
City State

Emergency hospital preference: \_\_\_\_\_

**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.**

**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, religion 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**

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?<br>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<br>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<br>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,<br>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. Circle 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	

Please list other illnesses or diseases:

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

27. Circle 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 (Please explain)		

Please feel free to write on back 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? Yes No  
Please explain

My child crawled at \_\_\_\_\_ months; my child walked at \_\_\_\_\_ months.

Toilet training is: \_\_\_ complete \_\_\_ in progress \_\_\_ not accomplished.  
*(Child must be potty trained by the first day of class.)*

My child talked at \_\_\_\_\_ months.

My child speaks in: \_\_\_ words \_\_\_ phrases \_\_\_ sentences.



# Bayfield Early Education Programs, Inc.

## FAMILY INFORMATION FORM

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Brothers/Sisters: \_\_\_\_\_ Age: \_\_\_\_\_ Lives with Child

\_\_\_\_\_ Yes No

\_\_\_\_\_ Yes No

\_\_\_\_\_ Yes No

\_\_\_\_\_ Yes No

During the day my child has been at: \_\_\_ home daycare \_\_\_ preschool \_\_\_ other  
If other, please explain

This was: \_\_\_ full time \_\_\_ part time \_\_\_ occasionally

### CURRENT DEVELOPMENT: (please check)

This child:

\_\_\_ sleeps through the night

\_\_\_ wakes up frequently

\_\_\_ takes naps

\_\_\_ does not nap

\_\_\_ cries more than normal

\_\_\_ cries occasionally

\_\_\_ can use a fork/spoon

\_\_\_ can drink from a cup

\_\_\_ can attend to play/tasks

\_\_\_ has a short attention span

\_\_\_ eats well

\_\_\_ is a poor eater

\_\_\_ chokes frequently

\_\_\_ loses food/liquid from mouth

\_\_\_ talks a lot

\_\_\_ does not talk much

\_\_\_ has clear speech

\_\_\_ is difficult to understand

\_\_\_ dresses self

\_\_\_ needs assistance with dressing

**Circle words that describe your child:**

happy	healthy	fussy
stubborn	curious	independent
easily frustrated	fearful	prefers alone time
physically active	clumsy	has tantrums
willing to entertain self	quiet	needs a lot of attention
likes quiet time	shy	gets along with family members
enjoys pretend play	is content	

**My child is happiest when:**

**My child prefers the following toys and activities:**

**Types of discipline used with my child:**

**My child uses:**

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

**I have concerns about my child's (please explain on back):**

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

**Other**

# Bayfield Early Education Programs, Inc.

## IMMUNIZATIONS AND WELL CHILD RECORDS

**New Colorado laws** regarding the health safety of your child and schools/day care centers requires that BEEP have on record, current copies of your child's most recent health appraisal and immunization record. Colorado law further mandates that no child be allowed to attend class until such records have been received by BEEP. **Please provide these documents by August 1st.** We ask parents to personally submit these records - Do not rely on your doctor's office to fax it!!!!

The following is related to immunization requirements:

*The Colorado Immunization School Law, 6 CCR 1009-2, was incorporated in 1978 to protect children in school environments and to protect the public's health against specific vaccine-preventable diseases.*

*The Colorado Board of Health incorporates by reference the Advisory Committee on Immunization Practices (ACIP) immunization schedule. Colorado child cares and schools can only accept immunizations as valid if they meet both the minimum age and minimum intervals as defined by ACIP.*

*Schools can only meet the compliance requirements of the immunization law by accepting immunization records of fully immunized students (according to the ACIP schedule), or written documentation from the parent that, a) the student is "in-process" of getting up-to-date on required immunizations or b) the student has a signed medical or non-medical exemption.*

**If students do not meet the criteria outlined in the previous paragraph, they are not permitted to attend school as stated in the School Immunization Law and the Colorado Board of Health Rules.**

*If you have questions regarding the School Immunization Law or interpretation of the Colorado Board of Health Rules, please don't hesitate to reach out to Jamie D'Amico, RN, MSN, CNS Public Health Nurse Consultant, Colorado Immunization Branch, at 303-692-2957.*

To be in compliance with this requirement, BEEP will review the child's shot record to determine if immunizations are valid. If the child does not have the minimum number of doses, the parent/guardian is to be directly notified (in person, by phone, or by mail) that their child does not have the required minimum number of vaccine doses. Within 14 days of direct notification, the parent/guardian is to obtain the required vaccine(s) or makes a plan to do so providing written documentation of that plan.

Children are to have a yearly health appraisal until age 12. Documentation is required that the health exam took place and also reflects that your child is able to attend school as determined by your physician. In addition, the statement must include when the next visit is required by the health care provider. Parents are required to submit a copy of the most current health appraisal within thirty (30) calendar days after admission, and within thirty (30) calendar days following expiration date of a previous health statement. A written verification of a scheduled appointment with a health care provider is necessary when the appointment is outside the 30 day window.



**No tuition credit or refund will be given if your child's attendance is suspended at BEEP for failure to provide the requested - and REQUIRED - health records (well-child statement, immunization record). Suspension would last until records were submitted and verified received. We strongly encourage you to not delay in scheduling appointments and submitting records.**

I understand that my child's attendance at BEEP may be suspended until requested health records are received.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Child Name

**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.

<b>HOLIDAY</b>	<b>PARTICIPATION</b>		<b>ALTERNATE ACTIVITY SUGGESTION</b>
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.**

## **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: \_\_\_\_\_

## **SUNSCREEN APPLICATION**

As the parent/guardian I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. 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, top 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: \_\_\_\_\_

## **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.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Bayfield Early Education Programs, Inc.**  
**Hours of Operation and Fee Schedule**  
**2019-2020**

**TUITION INFORMATION** for \_\_\_\_\_ (Child's Name)

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

**Opening Day:**           **August 21, 2019 for MW      August 22, 2019 for TTh**

**Days of Operation:**      Monday – Thursday, Friday Classroom

**Plan Hours:**           Plan A       7:40am – 5:30pm  
                          Plan B       8:00am – 3:15pm  
                          Plan C       M-Th 8:00am – 11:15am

**Opening Time:**       **Depends on Plan.**

Plans B and C are permitted to drop off at 7:45 am without incurring an Early Drop off fee. Plan A may drop off at 7:40 AM without incurring an Early Drop Off fee.

Would you need to drop off before your Plan time starts?           Yes                                   No

(Early drop-off fees of \$3.00 per time applies - No earlier than 7:30 for Plans A, B, and C)

**TUITION DISCLOSURE**

**Tuition is due in full the first day of each month.** Exceptions can be made for payments being split into two payments a month with Executive Director approval. Tuition Express – part of the Procure Software system we use to manage our preschool – allows us to process payments safely, quickly and efficiently. Tuition Express is a PCI Level 1 Service Provider and BEEP is moving to mandatory automated tuition and fee payments. Please complete the attached Automated Payment Processing form for either a checking/savings account (attach voided check) or credit cards (VISA, Mastercard, Discover). Tuition Express processing occurs on the first of the month or the next business day if the first falls on a weekend or holiday.

**Late pickup fees start to apply one minute after your Plan time ends and is billed at \$25 per quarter hour rounded up to the next quarter hour.** If your child is still in our care thirty minutes after your plan time ends, then 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 preschool must receive a two weeks written notice prior to leaving. Otherwise, tuition payment for the two weeks is required. Balance due must be paid at time of withdrawal.***

# Bayfield Early Education Programs, Inc.

## CLASS SCHEDULE

Schedule Choice (please circle your choice of days and times)

**NOTE: Children must be 3 before they can attend a class!**

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.

Plan A: M T W Th 7:40am – 5:30pm

Plan B: M T W Th 8:00am – 3:15pm

Plan C: M T W Th 8:00am – 11:15am

Friday Classroom: Y N Plan B 8:00am – 3:15 pm

*\*All children attending Plans A or B must rest in a specified classroom and parents must provide children a nutritious lunch and beverage. Please no soda pop or candy!*

TOTAL ESTIMATED TUITION PER MONTH: \$ \_\_\_\_\_

I, \_\_\_\_\_ understand, as the parent/guardian of

\_\_\_\_\_ that tuition is due on the first day of the month. A \$15.00 NSF charge can be assessed for any payment returned by a bank or declined through the Automated Payment Processing system. If declined payments occur on a regular basis your child may be asked to leave the program and your account balance may be assigned to a collection agency. A late fee of \$20 can be applied to those accounts when payment is not received by the 15th of the month. A finance charge of 2% will be applied when there is a balance due on the 28th of each month.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mother

Mother's Social Security Number (required) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Father

Father's Social Security Number (required) \_\_\_\_\_

Who is the primary payer? \_\_\_\_\_

In cases of divorce, are both parents contributing towards tuition? Yes \_\_\_\_ No \_\_\_\_

Please provide documentation regarding the breakdown on tuition responsibility. Separate accounts can be set up and tuition billed according to the breakdown.

## Bayfield Early Education Programs, Inc.

<b>Monthly Tuition Rates</b>		
<b>2019-2020</b>		<b>Moderate / Above Income</b>
<b>Plan A</b>		
7:40am–5:30pm	2 days/wk M W	\$367
	2 days/wk T TH	\$389
	3 days/wk	\$583
	4 days/wk	\$756
	4 days/wk plus Friday (8-3:15 pm only)	\$886
<b>Plan B</b>		
8:00am–3:15pm	2 days/wk M W	\$279
	2 days/wk T TH	\$296
	3 days/wk	\$443
	4 days/wk	\$574
	5 days/wk	\$705
<b>Plan C</b>		
8:00am–11:15am	2 days/wk M W	\$249
	2 days/wk T TH	\$264
	3 days/wk	\$397
	4 days/wk	\$514
<b>Other</b>		
Daily drop-in rate for After School - \$14.00		
Late Pick Up after your plan time ends - \$25.00 per quarter hour rounded up to the next quarter hour.		
Friday class ends at 3:00 pm. Pick up by 3:15 pm to avoid late pick up fees.		

*BEEP reserves the right to adjust tuition rates as needed.*

### Early Drop-Off

Our doors are open, beginning at 7:40 a.m. for Plan A; at 7:45 a.m. for Plans B and C. An early drop-off fee of \$3.00 per time will be applied to your account if drop-off occurs before your Plan time begins.

### 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. Please call the office at 970-884-7137 with any questions.



# Bayfield Early Education Programs

## HOUSEHOLD INCOME LEVELS

Figures are subject to change.

*Confidential Information*

Name \_\_\_\_\_ Child \_\_\_\_\_

### 1. INCOME

A new preschool building would not be a reality without asking for outside money that requires some “strings”. BEEP was awarded a Block Grant from the Department of Local Affairs. This grant requires an accounting of the incomes of our families. 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.

\*Please include gross income of all wage earners in the family

2 person household	Above \$50,250 _____	Below \$50,250 _____
3 person household	Above \$56,550 _____	Below \$56,550 _____
4 person household	Above \$62,800 _____	Below \$62,800 _____
5 person household	Above \$67,850 _____	Below \$67,850 _____
6 person household	Above \$72,850 _____	Below \$72,850 _____
7 person household	Above \$77,900 _____	Below \$77,900 _____
8 person household	Above \$82,900 _____	Below \$82,900 _____

If you checked a “below” category, would you be interested in scholarship or barter information to help with tuition? \_\_\_\_\_yes\_\_\_\_\_no

### 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.

\_\_\_\_\_Caucasian (White)  
\_\_\_\_\_Hispanic  
\_\_\_\_\_African American

\_\_\_\_\_Native American  
\_\_\_\_\_Asian American  
\_\_\_\_\_Other (please describe) \_\_\_\_\_

**Bayfield Early Education Programs, Inc.**

Phone: 970-884-7137

PO Box 1584  
Bayfield, CO 81122

Fax: 970-884-2960

**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.

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:

<b>Doctor:</b>		<b>Clinic:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Phone:</b>