

Summer BBCHSD BeeKeepers- TrailBlazers

Student Information

School Year: _____

Child's Name (first, middle, last)				Birthdate	
Street				Grade	
City	Zip	Phone	Billing Email		Gender M F
Please check to receive your invoice via email. ◊	Starting Date	Schedule M T W Th F	Drop-in	Please Note: In The event of any make-up school days, due to calamity days, Summer BeeKeepers will also be delayed.	
	Program of School Year Attendance Central Chippewa Hilton Highland Dr			Shirt Size Youth-L Adult-S Adult-M Adult-L Adult- XL	

Parent/Guardian 1

Name (First, last)	Relationship to Student
Home Address	Employer
Home Phone ()	Work Phone ()
Cell Phone ()	Email Address

Parent/Guardian 2

Name (First, last)	Relationship to Student
Home Address	Employer
Home Phone ()	Work Phone ()
Cell Phone ()	Email Address

Authorized Pick-up/Emergency Contact (Non-Parent)

Name	Relationship	Daytime Phone
Name	Relationship	Daytime Phone
Name	Relationship	Daytime Phone

In Case of an Emergency: I hereby give my consent for First Aid, medication, treatment, and transportation to an emergency care facility.	
YES	NO

First Aid Information

Allergies/Dietary Restrictions	Medication (list any prescription medications taken)
Family Doctor	Phone ()
Dentist	Phone ()

Parent Signature: _____ Date: _____

Team Leader Signature: _____ Date: _____

BBHCSD BeeKeepers

Health Questionnaire

Date: _____

Student's Name	Date of Birth	Home Telephone
School	Grade	Teacher
Parent/Guardian Name		
Last School Attended	City	
Physician	Telephone	
How often does physician see your child?		
Dentist	Telephone	

Child's Medical/Health Needs

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Child's Allergies/Treatment

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Child's Dietary Needs/Restrictions

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Child's Medication: *A Medication Form Must Be Completed for EACH Medication Administered While in Program*

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Signature of Authorized Family Member/Guardian

Date

Immunizations

I hereby certify that this child has had: (please give complete dates)

Tuberculin Test: Type _____ Date _____ Positive _____ Negative _____

DPT (Diphtheria, Tetanus, Whooping Cough) 1st _____ 2nd _____ 3rd _____
(Date) (Date) (Date)

Booster: (DT) 1st _____ 2nd _____
(Date) (Date)

Polio Vaccine: (OPV) (Trivalent) 1st _____ 2nd _____ 3rd _____
(Date) (Date) (Date)

Booster: 1st _____ 2nd _____
(Date) (Date)

Measles Vaccine: (1) Date _____

* (2) Date _____

*(a second dose is required before entering 7th grade)

Rubella Vaccine: Date _____ or MMR: (1) _____ ** (2) _____

** (a second dose may be given to meet the measles requirement)

Mumps Vaccine: Date _____

(All must be received on or after child's 1st birthday)

Other Immunizations, if any: (Give types and dates) _____

HIB Vaccine (HBPV) Date _____

(Not required)

Certified by Parents:

Signature of Parent _____ Date _____

May attach immunization records from Doctor's office

BeeKeepers Discipline Policy

The Brecksville-Broadview Hts. City Schools District's policy on discipline will apply to the BeeKeepers program. Good conduct is based on respect and consideration for the rights of others. Children will be expected to conduct themselves in such a way that the rights of others are not violated. Children will respect constituted authority, conform to program regulations, and accept directions from authorized personnel.

A child who fails to comply with established rules or with any reasonable request made by BeeKeepers personnel during program hours will be dealt with according to approved student discipline regulations. Strategies ranging from prevention to intervention will address student misbehavior.

BeeKeepers Student Conduct Code

Grounds for disciplinary action shall include, but is not limited to:

1. Damaging school, BeeKeepers', or personal property.
2. Use or possession of tobacco products or clove cigarettes.
3. Use of bad language in the presence of students or adults.
4. Failure to obey the directions of staff members.
5. Use, possession, selling, distributing or attempting to sell or distribute drugs or alcohol.
6. Coming to BeeKeepers after using alcohol or drugs.
7. Giving medication, or attempting to give substances that look like medication to other students.
8. Stealing or being in the possession of school, BeeKeepers, or personal property.
9. Concealing, attempting to conceal or possessing weapons that can be considered to be dangerous
10. Fighting
11. Gambling or betting.
12. Threats against persons (assault, extortion).
13. Possession of matches, explosives.
14. False fire alarms or false reports of any kind.
15. Starting or attempting to start fires.
16. Harassment of any kind.
17. Repeated misconduct of any kind.

Consequences of Misconduct

First Offense: Verbal Warning

Second Offense: Cool down time within group (one minute per year of age)

Third Offense: Cool down time with team leader (one minute per year of age)

Fourth Offense: Parent will be contacted by phone; child is to talk with parent also.

Fifth Offense: Parent will be told to pick up child immediately.

Sixth Offense: Conference with parent and child.

Seventh Offense: The child will be suspended temporarily from the program.

Eighth Offense: Removal from program.

Note: Violent behavior or other extremely inappropriate behavior will result in an accelerated application of the consequences. There will be zero tolerance of this type of behavior.

I have read and received the BeeKeepers illness/discipline policy, student conduct code, and consequences of misconduct sheet. Furthermore, I have discussed this information with my child or children who are enrolled in the program.

Parents Signature: _____ Date: _____

SACC Rules of Discipline

As Child Care Providers of School- Age Children, Staff Members have to abide by certain rules of discipline that are set forth by the Ohio Department of Education (Sections 32 09 I 1- 9) and shall be restricted. After reading these rules please sign and date the bottom and return to the Team Leader.

The following Rules of Discipline shall be restricted in the School Age Child Care (SACC) Programs,

1. There shall not be cruel, harsh, corporal punishment or any unusual punishments such as, but not limited to, punching, pinching, shaking, spanking or biting.
2. No discipline shall be delegated to any other child.
3. No physical restraints shall be used to confine a child by any means other than holding a child for a short period of time, such as in a protective hug, so the child may regain control.
4. No child shall be placed in a locked room or confined in an enclosed area such as a closet, a box, or a similar cubicle.
5. No child shall be subjected to profane language, threats, derogatory remarks himself/herself or his/her family, or other verbal abuse.
6. Discipline shall not be imposed on a child for failure to eat, failure to sleep, or for toileting accidents.
7. Techniques of discipline shall not humiliate, shame, or frighten a child.
8. Discipline shall not include withholding food, rest, or toilet use.
9. Separation, when used as a discipline shall be brief in duration and appropriate to the child’s age and developmental ability, and the child shall be within sight and hearing of a school-age child care staff member in a safe, lighted and well- ventilated space.

By signing this form, you are acknowledging that you have read and understood the SACC rules of discipline.

Parents Signature: _____ Date: _____

STUDENT PHOTOGRAPH / IMAGE RELEASE POLICY

It is the policy of the Brecksville-Broadview Heights City School District to **authorize** the Board of Education, its officials, employees, agents, etc., to consider a student’s photograph/image as “directory information” and to utilize, release, and/or publish a student’s photograph/image in all school publications, on the school district Internet site, and release images/photos/copies of student or student’s work to other publications. Typical uses include yearbooks, student awards and recognition and participation in student activities. *In the event that you do NOT authorize the Board of Education, its officials, employees, agents, etc., to consider YOUR student’s photograph/image as “directory information” please inform a staff member in writing.*

Parent/Guardian Signature _____ Date _____

AUTHORIZATION FOR PARENT- STAFF E-MAIL COMMUNICATION

I wish to communicate with my child’s teacher or other staff member via e-mail. I understand that the teacher/staff member will not respond to inquiries I make from any other e-mail address other than the one I provide. I agree that if the e-mail address(es) I have provided change for any reason, I will notify the teacher/staff member. I further agree to waive any claims, demands or actions against the District, including its employees and agents that may result from the use of e-mail as a means of communication between the District and me.

Parent Signature: _____ Date: _____

BEEKEEPERS DISCOVERY CAMP
PARENTS DAY ACTIVITIES
Thursday, August 8, 2019

Dear Parents,

Beekeepers Discovery Camp invites you to Parents Day at Camp. Last year we had a great turnout and the campers were excited about sharing their summer with you. We have many events planned for your enjoyment. We have performances by the campers, pictures of your camper's summer experiences, lunch, and exhibits to view.

At the end of the day we will have an ice cream and cake social. If your children attended Discovery Camp this year you are invited to join us in the fun.

We will start our Parents Day at 12:00 p.m. and it will last until 5:00 p.m. Please mark your calendar and ask for the time off from work, it will be a rewarding experience for your family to share.

The agenda for the day will be as follows:

12:00 – 2:00	Parents Arrive and have lunch with their campers
2:00 – 2:30	Parents view the different exhibit areas in small gym
2:30 – 3:30	Announcements and Camper Performances
3:30 – 5:00	Ice Cream & Cake Social

We hope that every parent will make a point to attend our Parents Day. This is a time for your campers to show you what they have been working on and enjoying this summer.

Detach here and turn in to camp

RSVP: Please indicate if you will attend the Discovery Camp Parent's Day Yes or No

Number of family members attending _____

Family Name _____

Summer BeeKeepers 2019 Drop-In Policy & Reservation Form

Drop-ins are available if the program has space and is approved by the Team Leader due to staffing requirements. **All families using the program on a drop-in basis are required to complete the bottom portion of this letter and return it by Friday, May 17th. I understand that I am responsible for payment regardless of cancellation.** Drop-ins are defined as less than 3 days per week and/or less than 7 weeks scheduled for Summer Camp.

Please detach form here and turn in by May 17, 2019

SUMMER DROP-IN SCHEDULE:

My child _____ will attend Summer BeeKeepers on the following dates (if space is available).

Please circle the appropriate dates.

JUNE

	Tues. 6/4	Wed. 6/5	Thurs. 6/6	Fri. 6/7
Mon. 6/10	Tues. 6/11	Wed. 6/12	Thurs. 6/13	Fri. 6/14
Mon. 6/17	Tues. 6/18	Wed. 6/19	Thurs. 6/20	Fri. 6/21
Mon. 6/24	Tues. 6/25	Wed. 6/26	Thurs. 6/27	Fri. 6/28

JULY

Mon. 7/1	Tues. 7/2	Wed. 7/3	Thurs. 7/4*	Fri. 7/5
Mon. 7/8	Tues. 7/9	Wed. 7/10	Thurs. 7/11	Fri. 7/12
Mon. 7/15	Tues. 7/16	Wed. 7/17	Thurs. 7/18	Fri. 7/19
Mon. 7/22	Tues. 7/23	Wed. 7/24	Thurs. 7/25	Fri. 7/26
Mon. 7/29	Tues. 7/30	Wed. 7/31		

AUGUST

			Thurs. 8/1	Fri. 8/2
Mon. 8/5	Tues. 8/6	Wed. 8/7	Thurs. 8/8	Fri. 8/9
Mon. 8/12	Tues. 8/13	Wed. 8/14	Thurs. 8/15	

* Thursday 7/4 - BeeKeepers Closed

I understand that I am responsible for payment regardless of cancellation.

Parent Signature _____ Date _____

