

## BBCHSD BeeKeepers

### Student Information

School Year: \_\_\_\_\_

Child's Name (first, middle, last)				Birth date	
Street				Grade	
City	Zip	Phone	Billing Email		Gender <b>M F</b>
Please check to receive a paper invoice. <input type="checkbox"/>		Starting Date	Before School <b>M T W Th F</b>	After School <b>M T W Th F</b>	Drop-in
Elementary School offers Before & After school programs. Due to the Middle School's start time, Middle School Students can only attend the after school program. <b>(Both Elementary and Middle School Programs will be located at the Elementary School)</b>				Please note: Legal documentation must be on file in order to withhold a child from their natural parent or step-parent.	

### 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.	
<b>YES</b>	<b>NO</b>

### First Aid Information

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Team Leader Initials: \_\_\_\_\_ 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 that 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 regarding 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 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.

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Parents Signature

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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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**Cognitive and/ or physical disability:** *If yes, please note diagnosis (if known) and explain special needs, if any.*

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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)** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_  
(Date) (Date) (Date)

**Booster: (DT)** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_  
(Date) (Date)

**Polio Vaccine: (OPV) (Trivalent)** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_  
(Date) (Date) (Date)

**Booster:** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_  
(Date) (Date)

**Measles Vaccine:** (1) Date \_\_\_\_\_  
\*(2) Date \_\_\_\_\_  
\*(a second dose is required before entering 7<sup>th</sup> 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 1<sup>st</sup> 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\**

**Roster Permission Form**

State regulations require that we must prepare rosters of all children involved in the BeeKeepers’ program at each site the program is located (Revised Code 3301.53 and 3301.56). Chippewa, Hilton, Highland Drive, and Central will each have a roster that will contain the names and telephone numbers of the children at that specific BeeKeepers’ location. This roster will be available to parents upon request. We will ensure that this roster will not be furnished to anyone other than a parent. Please indicate by your signature your preference about being included on such a roster.

<b>Yes</b> , I would like to have my child’s name & telephone number included on the class roster	Parent Signature	Date
<b>NO</b> , I would not like to have my child’s name & telephone number included on the class roster	Parent Signature	Date

**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: If offense is repeated after the conference, 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: \_\_\_\_\_

**Access Form**

I acknowledge that I have access to the Brecksville-Broadview Hts. City Schools Web Site and can view the BeeKeepers Parent Handbook policies and guidelines whenever I have questions about the program.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I do not have access to the Brecksville-Broadview Hts. City Schools Web Site and therefore I have received a hard copy of the Parent Handbook to review whenever I have a question about the programs policies and guidelines.

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: \_\_\_\_\_

**AUTHORIZATION FOR TRANSPORTATION/ACTIVITY**

Complete to allow child to leave program for specific activities with specific people. Examples: Choir, Art, Band, Bricks for Kidz, Piano Lessons, etc.

Destination/Activity \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Authorized Person \_\_\_\_\_ Authorization Time Period: \_\_\_\_\_

Dates of Activity \_\_\_\_\_ *(Can be a range, examples: all year, Dec-Feb)*

Destination/Activity \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Authorized Person \_\_\_\_\_ Authorization Time Period: \_\_\_\_\_

Dates of Activity \_\_\_\_\_ *(Can be a range, examples: all year, Dec-Feb)*

Destination/Activity \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Authorized Person \_\_\_\_\_ Authorization Time Period: \_\_\_\_\_

Dates of Activity \_\_\_\_\_ *(Can be a range, examples: all year, Dec-Feb)*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## BEEKEEPERS TUITION AGREEMENT

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Grade \_\_\_\_\_ Date Your Child Will Need Care (you are responsible for tuition as of this date) \_\_\_\_\_

### Fees (please check all that apply)

Registration Fee \$25.00 per child \_\_\_\_\_  
Intent to Re-enroll Fee \$15.00 per student \_\_\_\_\_ \$12.50 per child for families \_\_\_\_\_

### Non-School & Early Dismissal Day Rates

Non-school days \$38.50/student/PER DAY \_\_\_\_\_  
Non-School days (drop-in) \$44.00/student/PER DAY \_\_\_\_\_  
Early Dismissal \$16.50/student \_\_\_\_\_

### BeeKeepers Tuition Rates

#### Morning Sessions

5 days per week \$11.50/day \_\_\_\_\_  
4 days per week \$11.75/day \_\_\_\_\_  
3 days per week \$12.00/day \_\_\_\_\_  
2 days per week \$12.25/day \_\_\_\_\_

#### Afternoon Sessions

5 days per week \$11.50/day \_\_\_\_\_  
4 days per week \$11.75/day \_\_\_\_\_  
3 days per week \$12.00/day \_\_\_\_\_  
2 days per week \$12.25/day \_\_\_\_\_

Based on availability

Drop-ins \$14.50/day \_\_\_\_\_

Drop-ins \$14.50/day \_\_\_\_\_

- In order to secure your student's place in the program, you are required to pay the **non-refundable** \$25.00 registration fee (*for New Registrations Only*).
- Parents of children enrolled in the program will need to fill out fall enrollment in the spring. This form, along with the annual **non-refundable** registration fee of \$15 per child, or \$12.50 per child for families that have more than one child, must be returned to the Team Leader to secure your child's space on the roster for the next school year (*for returning families Only*).
- In the event that you have to be waitlisted, you will not be required to submit the registration/re-enrollment fee immediately. Fees are put on hold until you are offered and accept any or all variations of your requested schedule days come available.
- Non-school day sign up is available several weeks prior to the non-school day. Failure to sign up for a non-school day before the deadline will result in the non-school day drop-in rate being applied. Drop-in accommodation is pending space availability.
- **Once you have signed up for a non-school day, and you missed the deadline to withdraw, you are still responsible for payment, regardless of attendance.**
- Non-school days are subject to closure based on enrollment.



**Payment Guidelines**

- Tuition fees are due by the 20<sup>th</sup> of each month for the following month (i.e., month of October tuition due by September 20<sup>th</sup>). If tuition is not paid by the 1<sup>st</sup> of the following month, you will be charged a \$10.00 late payment fee.
- If late tuition fees are not paid by the 5<sup>th</sup> of each month, non-payment will be considered as a basis for your child being withdrawn from the program and you will be charged an additional late payment fee of \$5.00. Student will be withdrawn from the program until tuition is paid in full or payment arrangements have been made.
- Drop-Ins must have approval from the Team Leader prior to the desired drop-in session.
- Payments must be made in the form of check, money order, or online (through payschoolscentral.com) only. Cash will NOT be accepted.
- There will be a charge of \$15.00 for all returned checks. If we receive more than two returned checks, you will be asked to use Money Orders or to pay online only.

**Missed Days**

- BBHCSD BeeKeepers tuition based budget is determined using the number of scheduled school days. Also, it is a district policy that all employees are required to be paid for unanticipated school closings, such as snow days. Therefore, there will be no adjustment in tuition for any unscheduled school closings.
- Credit is not given for missed days, with the exception of Covid-19 related illness and absence.
- Tuition will be charged if a child is suspended from school or BeeKeepers and does not attend.

**Late Arrivals and Schedule Changes**

- BeeKeepers opens no earlier than 6:45 a.m. and closes at 6:00 p.m. during the school year only. All parents and students must exit the building by 6:00 p.m. Parents who arrive after 6:00 p.m. will be charged \$1.00 *per each minute* after 6:00 p.m. In addition, \$5.00 *per each minute* after 6:00 p.m. will be charged each time after the second late arrival within a year (1<sup>st</sup> day of school through the last day of summer vacation).
- Written notification is required to process schedule changes, including withdrawal from the program. Tuition will NOT be adjusted until written notification is received. Registration fees are non-fundable.
- Refunds are only issued to families who officially withdraw from the BeeKeepers program. However, a refund is ONLY issued for the month that the student has not yet attended (e.g., paid for month of October and withdrew in September – refund only for October).

**I have read and understand the above tuition guidelines and agree to make payment according to these guidelines.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Team Leader Signature \_\_\_\_\_ Date \_\_\_\_\_