

BBCHSD BeeKeepers

Student Information

School Year: _____

Child's Name (first, middle, last)				Birth date	
Street				Grade	
City	Zip	Phone	Billing Email		Gender M F
Please check to receive your invoice via email. <input type="checkbox"/>	Starting Date	Before School M T W Th F	After School M T W Th F	Drop-in	
	Program of Attendance (Before and After) Chippewa Hilton Highland Dr Middle School			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.	
YES	NO

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.

Parents 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

Child's Allergies/Treatment

Child's Dietary Needs/Restrictions

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

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

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.

Yes , I would like to have my child's name & telephone number included on the class roster	Parent Signature	Date
NO , 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 _____

School(s) Child Will Attend during Program _____ Grade _____

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

TUITION RATES (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 days		\$36.50/student/PER DAY _____
Non-School days (drop-in)		\$42.00/student/PER DAY _____

- In order to secure your student's place in the program, you are required to pay the **non-refundable** \$25.00 registration fee.
- Parents of children enrolled in the program will need to fill out and turn in registration enrollment before enrollment can be confirmed. 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.
- Non-school day sign up is available at least a month before the non-school day. Failure to sign up for a non-school day before the sign up is pulled will result in a drop-in rate, if room is available.
- **Once you have signed up for a non-school day, you are required to pay the rate, regardless of attendance.**

While times are uncertain Tuition rates are subject to change depending on the instructional model from Hybrid to full-time face to face learning. There will be no charge for Remote learning days. If and when the District goes to full remote learning, attendance for those days will be determined by in program sign up only and will be priced at the non-school day rate for all day care.

At this time and until further notice, BeeKeepers will not be permitting drop-ins during the Hybrid or full-time face to face model. At this time and until further notice, the program will only be allowing up to thirty students per session at the elementary schools and fifteen students at the middle school.

Highland Drive, Chippewa, Hilton Fees (Hybrid Tuition)

Morning Sessions

2 days per week \$11.00/day _____

Afternoon Sessions

2 days per week \$11.00/day _____

Middle School Fees (Hybrid Tuition)

Afternoon Sessions

2 days per week \$11.25/day _____

****Please also select a schedule below. In the event that BeeKeepers resumes a regular schedule, the rates below will go into effect.****

Highland Drive, Chippewa, Hilton Fees

Morning Sessions

5 days per week \$10.00/day _____
4 days per week \$10.25/day _____
3 days per week \$10.50/day _____
2 days per week \$10.75/day _____

Afternoon Sessions

5 days per week \$10.00/day _____
4 days per week \$10.25/day _____
3 days per week \$10.50/day _____
2 days per week \$10.75/day _____

Middle School Fees

Afternoon Sessions

5 days per week \$10.25/day _____
4 days per week \$10.50/day _____
3 days per week \$10.75/day _____
2 days per week \$11.00/day _____

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Drop-ins not permitted until further notice school year 2020-2021

Payment Guidelines

- Tuition fees are due by the 20th of each month for the following month (i.e., month of October tuition due by September 20th). If tuition is not paid by the 1st of the following month, you will be charged a \$10.00 late payment fee.
- If late tuition fees are not paid by the 5th 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.
- 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 or money order 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 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.
- Tuition will be charged if a child is suspended from school or BeeKeepers and does not attend.
- Charges for tuition suspension or refunds will be considered on a case by case basis, as it relates to COVID-19 related absences.

Late Arrivals and Schedule Changes

- BeeKeepers opens no earlier than 7:00 a.m. and closes at 6:00 p.m. year round. All parents and students must exit the buildings 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 (1st day of school through the last day of summer vacation).
- Written notification is required to process **any** schedule change, including withdrawal from the program. Fees will NOT be adjusted until written notification is received.
- 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 the month of October and withdrawn 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 _____