

BBCHSD BeeKeepers

Student Information

School Year: _____

| | | | | | |
|--|-----|---------------|------------------------------------|---|----------------------|
| Child's Name (first, middle, last) | | | | Birth date | |
| Street | | | | Grade: Graduation Year: | |
| City | Zip | Phone | Billing Email | | Gender M F |
| Please check to receive a paper invoice. <input type="checkbox"/> | | Starting Date | Before School M T W Th F | After School M T W Th F | 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. (Both Elementary and Middle School Programs will be located at the Elementary 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.

Parent 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*

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

Signature of Authorized Family Member/Guardian

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 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 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 (1st 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 _____

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: _____