

**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.

---

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*

--

\_\_\_\_\_  
Signature of Authorized Family Member/Guardian

\_\_\_\_\_  
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 \_\_\_\_\_

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

**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.
- 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**

- BBHCS D 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 (1<sup>st</sup> 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 \_\_\_\_\_

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