


**PRESCHOOL / FEE SCHEDULE**

**Registration Fee:      \$100.00 Individual      \$125.00 Family      (Non-refundable)**  
 (Registration Fee is due at the time of registration)

<b>Part-time Program</b> (8:30 am – 11:30 am)  Part-time will be closed on days when Hillsborough County Public Schools are closed – however, we reserve the right to set our own start and end date.	<b>Tuition</b>	<b>Tuition</b>	<b>4-yr olds</b>    <b>Monday – Friday</b> <b>State Funded</b>	<b>SUPPLY FEES</b>  <b>Due by June 1<sup>st</sup></b> <b>(Billed in May)</b>
	<b>2-yr olds</b>	<b>3-yr olds</b>		
	<b>T/Th</b>	<b>\$215/mo</b>		
<b>M/W/F</b>	<b>\$255/mo</b>	<b>\$245/mo</b>	<b>--</b>	<b>\$65/yr</b>
<b>5-day VPK</b>  ----- Part-time tuition is due by the 5 <sup>th</sup> day of each month. Tuition is (10) equal payments: (August – May).  First tuition payment is due by August 10 <sup>th</sup> .  Late Fee if not paid by the 10 <sup>th</sup> of the month.	<b>N/A</b>	<b>N/A</b>	<b>State Funded VPK</b>  ----- <b>VPK with Extended Hour</b> <b>(8:30 am – 12:30 pm)</b> <b>\$130/mo</b>  ----- <b>Non-VPK</b> <b>(8:30 am – 12:30 pm)</b> <b>\$370/mo</b>	<b>N/A</b>  <b>N/A</b>  <b>\$75/yr</b>

<b>Tuition</b>  <b>Full-time Program</b> (6:30 am – 6:00 pm) <b>Monday – Friday</b>	<b>2-yr olds</b>	<b>3-yr olds</b>	<b>4-yr olds</b>	Full-time tuition is due on Monday of each week and late if not paid by Wednesday.  <b>\$10 Late Fee</b>
	<b>\$190/wk</b>	<b>\$160/wk</b>	<b>\$115/wk</b> <b>(with VPK Funding)</b>  <b>\$160/wk</b> <b>(Non-VPK)</b>	
<b>(Supply &amp; Activity)</b>	<b>(\$150/yr)</b>	<b>(\$150/yr)</b>	<b>\$75/yr</b> <b>(Activity Fee)</b>  <b>\$150/yr</b> <b>(Supply &amp; Activity Fee)</b>	<b>Due by June 1<sup>st</sup></b>  <b>(Billed in May)</b>

**Tentative 1<sup>st</sup> day of school: Monday, August 5<sup>th</sup> (Full-time) / Monday, August 12<sup>th</sup> (Part-time)**

Please see the reverse side for more information about registration.

APPLICATION FOR ENROLLMENT
Bay Hope Day School

Registration Fee: \$100.00 Individual \$125.00 Family (Non-Refundable)

PLEASE PRINT CHILD'S INFORMATION

Boy Girl

Child's Last Name Child's First Name "Called" Birthdate / /

Number & Street City Zip Code

Table with 3 columns: PARENT INFORMATION, \*PRIMARY CONTACT, SECONDARY CONTACT. Rows include: First & Last Name, Home #, Cell #, Place of Employment: Work #, Best Way to Contact Me (Call/Text), Text Messaging (Cell Phone Provider), E-mail address.

\* Primary Contact will receive financial information such as statements via email and other correspondence from the Day School office.
\* Primary Contact will be the 1st parent called in case of an emergency or if your child becomes ill while at school.

Part-Time Preschool Program Request

(8:30 am to 11:30 am Preschool or 8:30 to 12:30 VPK)

Bay Hope Day School will not hold part-time preschool on days when Hillsborough County Schools are closed.

2 Year Old
(2 by September 1st)
8:30 am - 11:30 am

3 Year Old
(3 by September 1st)
8:30 am - 11:30 am

\*(4 by September 1st)
(or eligible children)



T/Th 2's \$215/mo
M/W/F 2's \$255/mo

T/Th 3's \$205/mo
M/W/F 3's \$245/mo

8:30-11:30 M-F (state-funded)
8:30-12:30 M-F \$130/month
NON-VPK M-F \$370/month

Full-Time Preschool Program Request

(6:30 am to 6:00 pm)

2 Year Old (2 by September 1st) \$190/wk
3 Year Old (3 by September 1st) \$160/wk
4 Year Old (4 by September 1st) \$115/wk (with VPK funding)

10 Month Preschool (August – May)
12 Month Preschool (August – July)
NON-VPK / Full-time / \$160/wk

## AUTHORIZED INDIVIDUALS ALLOWED TO PICK-UP YOUR CHILD

Please list individuals, **other than parents**, who are allowed to pick-up your child and/or may be contacted in case of emergency if parent is unable to be reached. Please remember to give us first and last name as it would appear on their picture ID. No nicknames, please.

### Please Print Information

<b>AUTHORIZED TO PICK-UP</b>	<b>Contact</b>	<b>Contact</b>	<b>Contact</b>
Name			
Address City & Zip			
Home #	( )	( )	( )
Cell #	( )	( )	( )
Work #	( )	( )	( )
Relationship to Child			

Additional Authorized Individuals permitted to remove your child from school.

## CHILD'S MEDICAL INFORMATION

Please list any food allergies \_\_\_\_\_

Special dietary needs \_\_\_\_\_

Medication Allergies \_\_\_\_\_ Allergic to Insects \_\_\_\_\_

EPI PEN: Yes / No If yes: EPI PEN needed for \_\_\_\_\_ Asthmatic: Yes / No

Medical conditions \_\_\_\_\_

Necessary classroom modifications Yes / No Explain \_\_\_\_\_

Is there anything you would like us to know about your child to help us with classroom or teacher placement?

Are you concerned about any of the following developmental areas? / Is your child currently receiving:

Social Skills	Yes	No	Speech/Language Therapy	Yes	No
Behavior	Yes	No	Occupational Therapy	Yes	No
Speech/Language	Yes	No	Physical Therapy	Yes	No

Does your child speak & understand English? YES / NO If no, what language do they speak? \_\_\_\_\_

Has your child attended preschool before? \_\_\_\_\_ Name of previous school \_\_\_\_\_

How long? \_\_\_\_\_ Reason for leaving \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, \_\_\_\_\_, should become ill or injured at the Day School, I understand that the facility will:

- 1) Contact me immediately, and then...
- 2) Contact the person(s) I have designated if I cannot be reached.

Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

Signature / Relationship \_\_\_\_\_ Date: \_\_\_\_\_

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**CUSTODY OF CHILD:** (circle one)      **BOTH PARENTS**      **FATHER ONLY**      **MOTHER ONLY**

Please note: If parental rights change during the year, legal documentation will need to be provided to the Day School.

If parents are divorced or separated and have joint custody, please provide name and address of parent not living at child's address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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**My signature verifies the following – please initial each statement:**

\_\_\_\_\_ I agree to read the Bay Hope Day School Handbook (available online / [www.bayhopedayschool.com](http://www.bayhopedayschool.com))

\_\_\_\_\_ I agree to abide by the Day School policies and procedures set forth in the Parent Handbook

\_\_\_\_\_ I have the Disciplinary Policy of the Day School (see Supplement section on this application)

\_\_\_\_\_ I have received a copy of the Alternative Nutrition Agreement (see Supplement section on this application)

\_\_\_\_\_ I agree to read the "Know Your Child Care Facility" brochure (available online / [www.bayhopedayschool.com](http://www.bayhopedayschool.com))

\_\_\_\_\_ I agree to read the Influenza Virus and Flu brochure (available online / [www.bayhopedayschool.com](http://www.bayhopedayschool.com))

\_\_\_\_\_ I give permission for the Day School personnel to have access to my child's records

\_\_\_\_\_ I give my permission for my preschool child's teacher to complete observation tools

\_\_\_\_\_ I give my permission to the Day School personnel to take photos of my child during classroom activities

\_\_\_\_\_ I give my permission for my child to participate in food-related activities in the classroom, unless the activity is a known food allergy to my child

\_\_\_\_\_ I agree to provide Bay Hope Day School with copies of my child's Health Records at the time of enrollment:

(School Entry Health Exam - Form 3040 & A Florida Certification of Immunization – Form 680 or 681)

\_\_\_\_\_ I agree to update my child's Health Records (Immunization Certificate and Physical) upon each well visit

All of the information providing in this Application for Enrollment is complete and accurate, as of this date.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SUPPLEMENT TO ENROLLMENT FORM

### DISCIPLINARY PRACTICE of BAY HOPE DAY SCHOOL:

***Section 10M-12.013 requires that parents are notified in writing of the disciplinary practices used by the childcare facility.***

Children at the Day School are guided and directed in a positive, gentle manner. There is to be no severe, humiliating, or frightening disciplinary action taken with children. When dealing with a disruptive child, a teacher will always try to talk to and RE-DIRECT that child. When exhibiting harmful behavior, a child may be asked to sit next to the teacher or in a designated space until he/she has gained control of him/herself. Upon rejoining the group, the teacher will discuss with the child his/her behavior and why it is unacceptable. These instances will be used as opportunities to teach children about forgiveness and grace.

**Discipline will not be associated with food, rest, or toileting. Under NO circumstances will there be any form of physical punishment.**

Repeated offenses or serious harmful behavior may result in the child being removed from their class and taken to the office. An incident report will be filled out and a parent signature will be required. See parent handbook for further details concerning severe behavior discipline policies.

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#### **Alternative Nutrition Agreement (Lunch to be provided by parent)**

I understand that lunch is not provided by the center and I agree to provide the noon meal to meet my child's nutritional and dietary needs. A nutritional lunch consists of one item from each of the 4 major food groups. The center will provide a morning and afternoon snack.

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#### **Financial Agreement / Part-time Preschool Tuition (8:30-11:30 Preschool or 8:30-12:30 VPK)**

Timely Payments: Part-time preschool payments are due by the 5<sup>th</sup> of each month. If payment has not been received by the 10<sup>th</sup> of each month, a late charge of \$10/child will be added to your account. Payments are made in 10-equal installments from August – May. You will not receive an invoice for tuition unless your child stays for Lunch Bunch.

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#### **Financial Agreement / Full-time Preschool Tuition (6:00 am to 6:00 pm)**

Timely Payments: Full-time preschool tuition is a **PRE-PAID** expense and is due on Monday each week. A \$10/child late charge will be added to your account if payment has not been received by Wednesday.

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#### **VPK Funding (All VPK Students)**

The state funded VPK (Voluntary Pre-Kindergarten) registration is done online ([www.elchc.org](http://www.elchc.org)). The state will issue all VPK students a Certificate of Eligibility (COE). I agree to register my child for the VPK State-Funded Program online (if applicable) and bring my child's COE to the Day School by the deadline of **March 15<sup>th</sup>, 2019**.

**Your registration in the VPK program is not complete until the Day School receives your child's certificate.**

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Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## Welcome to Bay Hope Day School...

Bay Hope Day School is a ministry of Bay Hope Church and has been in the community since August 1988. We are one of the largest preschools in Hillsborough County and the State of Florida, serving approximately 300 children each year. The Day School provides part-time and full-time preschool for 2 – 3 and 4-year olds including VPK (Voluntary Pre-Kindergarten) and an Elementary After School Care program. The Day School has a team of dedicated professionals who have the welfare and best interest of the children as their top priority.

### Payment by Tuition Express:

Tuition Express is our preferred payment method. You authorize Bay Hope Day School to do an automatic EFT (electronic funds transfer) through your checking or savings account. Withdrawals will be set up for transfer on Wednesdays of each week for full-time students and the 2nd Wednesday of each month for part-time preschool tuition. Lunch Bunch hours (Part-time Students) will be deducted the 2nd Wednesday of each month. Tuition Express forms are available at the Day School office or downloaded from our school website. When enrolled in Tuition Express, you never have to worry about writing a check or missing a payment!

### Other Payment Options:

We accept checks and money orders made payable to Bay Hope Day School. These may be dropped off at the front desk in the Tuition box. We do not have the equipment to process debit and credit cards. We cannot accept cash for tuition payment. We also accept online payments through your bank. Provide your bank with the payment our information and our address and the bank will send us a check for your tuition. It is important that you arrange this at least a week before your payment is due so that we receive payment on time, otherwise you will be charged a late payment fee. Please send payments to: Bay Hope Day 17030 Lakeshore Road, Lutz, Florida 33558.

### Lunch Bunch Program (Part-time Students)

Lunch Bunch is available for students enrolled our part-time 3-or 4-year old program. Children will enjoy lunch with friends, have “Center Time” in the Lunch Bunch classroom and go outside for additional playground time. You will not need to enroll in the Lunch Bunch program...just send your child to school with a packed lunch. Please print your child’s name on the OUTSIDE of his/her lunchbox with permanent marker or use masking tape. The Day School will not be able to refrigerate lunches so remember to place a cold pack to keep lunches cold.

Lunch Bunch is available after preschool (11:30 or 12:30) until 2:00 pm at the rate of \$7 per hour and is prorated to the quarter hour. You will be billed monthly via email for any Lunch Bunch hours at the beginning of the following month. Remember you will not receive an invoice for tuition, only for Lunch Bunch hours, if applicable.

### VPK Funding

The State Funded VPK (Voluntary Pre-Kindergarten) registration is done online at [www.elchc.org](http://www.elchc.org). Your VPK registration is not complete until the Day School receives your child’s certificate (COE) of eligibility - due by **March 15<sup>th</sup>, 2019**.

### Text Messaging

Emergency Texting Service: The Day School is able to text groups of parents or an individual parent to their mobile device in the case of an emergency or if your child becomes ill or injured while at school. Parents must include their cell phone provider on this application in order for the Day School to Text Messaging you. Remember to update this information if you change your cell provider.

### Absenteeism

It is a requirement that all Licensed Child Care Centers track children’s attendance and absences from school. Please report your child’s absence whenever your child will not be in attendance on a regularly scheduled day.

**Text your child’s absence: 813-461-3647 (text messages only)    or    Email: [absent@bayhopedayschool.com](mailto:absent@bayhopedayschool.com)**

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**Bay Hope Day School**  
**17030 Lakeshore Road – Lutz, Florida 33558**  
**Telephone: 813-960-1694**  
**General Email: [dayschool@bayhope.com](mailto:dayschool@bayhope.com)**