



**Enrollment Application / Elementary ASC Program
 (After-School Care)**

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

PLEASE PRINT CHILD'S INFORMATION

Boy or Girl

Child's Last Name _____ Child's First Name _____ Birthdate ____/____/____

Number & Street _____ City _____ Zip Code _____

PARENT INFORMATION	*PRIMARY CONTACT	SECONDARY CONTACT
First & Last Name		
Home #	()	()
Cell #	()	()
Place of Employment: Work #	()	()
Best Way to Contact Me (Check One or Both)	<input type="checkbox"/> Call Contact Numbers <input type="checkbox"/> Text Message to Cell	<input type="checkbox"/> Call Contact Numbers <input type="checkbox"/> Text Message to Cell
Text Messaging (Provider Required)	Cell Phone Provider	Cell Phone Provider
E-mail address (Required for Primary)		

* Primary Contact will receive financial information such as monthly 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.

**Elementary ASC Program
 After School – 6:00 pm**

In the fall my child will be attending . . .

___ Northwest Elementary
 ___ Schwarzkopf Elementary
 ___ Hammond Elementary
 ___ Sunlake Academy

My child will be entering (circle one)

Kindergarten 1st 2nd 3rd 4th

Program Request

___ 10 month Program (School Year Only)
 ___ 12 month Program (Including Summer)

Tuition

\$90 per week (Aug – May)
 \$140 per week (June – July)

We follow Hillsborough County School calendar - program start & end dates may vary from year-to-year

AUTHORIZED PERSONS 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**

AUTHORIZED TO PICK-UP	Contact #1	Contact #2	Contact #3
Name			
Cell #	()	()	()
Home #	()	()	()
Address City, Zip			
Relationship			

Additional Authorized Individuals permitted to remove your child from school.

Does your child speak *and* understand English? YES NO

If not, what language does your child speak? _____

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

Are any classroom modifications necessary? _____

My signature verifies the following – please initial each statement:

- _____ I agree to read the Bay Hope Day School Handbook (available online / www.bayhopedayschool.com)
- _____ I agree to abide by the Day School policies and procedures set forth in the Parent Handbook
- _____ I have received a copy of 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 have received a copy of the “Know Your Child Care Facility” (available online / www.bayhopedayschool.com)
- _____ I have received a copy of the Influenza Virus and Flu brochure (available online / 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 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

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

Signature of Parent/Guardian _____ Date: _____

SIGNATURE Required on this page

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?

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: _____

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 (_____) _____

ENROLLMENT FORM (SUPPLEMENT)

Disciplinary Practice of the Day School

Section 10M-12.013 requires that parents are notified in writing of the disciplinary practices used by the childcare facility. The parent's or legal guardian's signature below verifies the parents or guardians have been notified in writing of the disciplinary practices of the child care facility.

Children at Bay Hope 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 and RE-DIRECT the 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. Discipline will not be associated with food, rest, or toileting. Under NO circumstances will there be any form of physical punishment.

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.

Financial Agreement: ELEMENTARY AFTER SCHOOL CARE

Timely Payments: Elementary After School Care is a pre-paid expense and should be paid before Wednesday noon of each week. A late charge of \$10/child will be added to your account if payment has not been received by Wednesday noon.

Past Due Accounts: Elementary After School Care cannot fall more than 2 weeks behind in payment. If your child's account is 2 weeks behind, then your child will not be permitted to come to school until payment is received in full including penalty charges.

Returned Checks: The charge for a returned check is \$25. The second time we receive a returned check, for any reason, all subsequent payments must be made with a money order or cash.

Non-Students Days: The Day School will be open from 6:30 am to 6:00 pm on Hillsborough County non-students days except for Major Holidays. There is no extra charge for non-student days.

Summer Program: Summer care is available to children in our *Elementary After School Care Program from 6:30 am – 6:00 pm*. Tuition will increase during the summer months. When you enroll your child for summer care, you are committing to paying for the entire summer. A full payment is expected for all weeks, with the exception of any unused vacation time. A child may not come in June and then be pulled out for the remainder of the summer without his/her space being jeopardized for the fall. Children enrolled for the summer only are not entitled to any vacation time.

Vacations: Children enrolled in the program from August through May are entitled to 1-week vacation and 2-weeks vacation if enrolled from August through July (school year including summer).

Withdrawing Your Child: Bay Hope Day School requests a **2-week written notice** when you plan to withdraw your child. If a 2-week notice is not given, you will be required to pay for the 2 weeks, whether your child is in attendance or not. Withdrawing a child from the Day School removes your child from all enrollment lists, including the next school year if registration has already taken place.

Bay Hope Day School
 17030 Lakeshore Road Lutz, Florida 33558
 Mail: P.O. Box 340396 Tampa, FL 33694
 (813) 960-1694

Keep this page for your records
 License # C HC 110223 FEI: 59-2487452

ELEMENTARY FEE SCHEDULE After School Care (ASC)

REGISTRATION FEE: \$100.00 Individual \$125.00 Family (Non-Refundable)

Elementary Program (Kindergarten - 4 th grade)	Tuition	Supply Fee & Activity Fee (Activity Fee: Sports Fun)
<p style="text-align: center; font-weight: bold;">*1:55 pm – 6:00 pm</p> <p><small>*(or when children are picked from school according to bell schedules & bus arrival times)</small></p> <p><small>(*Includes Early Release Days)</small></p> <p><small>(*Includes Full-Days - 6:30 am to 6:00 pm - when Hillsborough County is closed for non-student days except for Day School Holidays)</small></p>	<p style="font-weight: bold;">\$90 / wk</p> <p><small>Multiple Child Discount: \$5/wk per child</small></p>	<p style="font-weight: bold;">\$150 / yr</p> <p>Payable by June 1st (Invoiced in May)</p>

Childcare expenses are a **PRE-PAID** expense and should be paid at the beginning of each week. **A \$10/child late charge will be added to your account if payment has not been received by Wednesday noon.** The charge for a returned check is **\$25**. If we receive a second returned check you will be asked to make future payments by money order.

If childcare expenses go beyond **2 weeks**, you will **not** be allowed to bring your child to school until your account is current.

The ELEM ASC fee of \$90 is charged throughout the school year and includes early release day(s) and Hillsborough County school days off. The fee will increase during the summer months.

All children **MUST** be picked up by **6:00 p.m.** or penalty charges will be added to your account as outlined in the parent handbook that will be distributed in August.

The supply and activity fee is an annual fee due by June 1st. The Supply Fee is used to purchase items needed for the classroom and the Activity Fee helps to offset the cost of a sports-oriented Enrichment Program. This program is designed to promote exercise and wellness. The Day School will pay the balance of the cost of the program for the entire year. These activities are integrated into your child’s full-day program and will be a classroom activity on a weekly basis.

Tentative 1st day of Elementary Program: Monday, August 5th

Tentative 1st day of Hillsborough County Schools: Monday, August 12th

BAY HOPE DAY SCHOOL DISCIPLINARY PRACTICE

Children at Bay Hope 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.

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

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.



Bay Hope Day School Admissions Policy

Bay Hope Day School admits students of any race, color, religion, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.

Withdrawal From Program

Bay Hope Day School requires a 2-week written notice when withdrawing your child. If a 2-week notice is not given, you will be required to pay for 2 weeks of childcare, whether your child is in attendance or not. This notice is required so that we have sufficient time to replace your child with one from our wait list.

If you choose to withdraw your child before school starts in August, you must provide us with the same 2-week notice or you will be billed for a 2-week time period.

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

Remember to call the Day School by 12:00 noon at **813-960-1694**, if your child will not be taking the Day School bus to our campus.

[This is very important for our drivers to know which child is absent school or has been picked up early for an appointment so we are not looking for a child who is not at school.](#)

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