

Elementary After-School Care Program (ASC) / 2024 - 2025 TUITION FEE SCHEDULE

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

Elementary Program (Kindergarten - 5 th grade)	Tuition	Supply Fee & Activity Fee
<p>*1:55 pm – 6:00 pm *(or when children are picked from school according to bell schedules & bus arrival times) (*Includes Early Release Days)</p> <p>(*Includes Full-Days - 6:50 am to 6:00 pm - when Hillsborough County is closed for non-student days except for Day School Holidays)</p> <hr/> <p>We follow Hillsborough County School calendar However, program start & end dates may vary from year-to-year</p>	<p>Tuition</p> <p>\$110 per week (Aug – May)</p> <p>\$165 per week (June – July)</p>	<p>\$150 / yr</p> <p>Payable by April 1st (Invoiced in March)</p>

Our Elementary After-School Program is considered a Full-time Program. This means that on days when Hillsborough County School is closed for non-student days, your elementary-aged child can attend our program all day (open to close) on days when the Day School is open (excluding for major holidays). Remember to pack a lunch for your child.

Our Elementary After-School Program is available for 10-months (when Hillsborough County Schools are in session) and is also available year-round 12-months (including summer) if parents choose this option.

Childcare expenses are a PRE-PAID expense and is due on Monday 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.

Tuition is charged throughout the school year and includes early release day(s) and Hillsborough County school days off. The tuition 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 available online at www.bayhopedayschool.com.

The Supply and Activity fee is an annual fee due by April 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.

Summer Program. If your child is enrolled in our summer program and additional Supply & Activity fee will be charged to cover the cost of the summer program including field trip fees, transportation, and supplies.

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. 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 for 4 area schools. 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. 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, dropped off in person or sent in your child's folder. 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 School, 17030 Lakeshore Road, Lutz, Florida 33558.

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 send Text Messages. Remember to update this information if you change your cell provider.

Absenteeism

Remember to call the Day School by 11am at 813-960-1694 if your child will not be taking the Day School bus to our facility. You may also email us at dayschool@bayhope.com.

Note: We travel to 6 area schools to pick up students. It is very important for our drivers to know which child will be absent from school or which child has been picked up early for an appointment so we are not looking for a child who is not at school. Please help us stay on schedule by calling the Day School in advance when your child is absent.

Bay Hope Day School

17030 Lakeshore Road – Lutz, Florida 33558

Telephone: 813-960-1694

General Email: dayschool@bayhope.com



Enrollment Application Elementary After-School Care Program (ASC)

License C13H10160
FEI 52-1949805

Registration Fee: \$100 (Individual) \$125 Family (Non-Refundable)

2024-2025

Check Attached

Tuition Express EFT

Returning Student

New Student

Child's Last Name _____ Child's First Name _____ "Called" _____ Birthdate ____/____/____
Boy Girl

Number & Street _____ City _____ Zip Code _____

PARENT INFORMATION	*PRIMARY PARENT	SECONDARY PARENT
First & Last Name		
Cell #	()	()
Work #	()	()
Place of Employment:		
Text Messaging (Required)	Cell Phone Provider	Cell Phone Provider
E-mail address (Required for Primary)		

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

Elementary ASC Program After School – 6:00 pm

In the fall my child will be attending . . .

- Northwest Elementary
- Schwarzkopf Elementary
- Hammond Elementary
- McKittrick Elementary
- Sunlake Academy
- Mother Teresa of Calcutta

My child will be entering _____ Grade
(K -- 5th)

Program Request

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

Tuition

\$110 per week (Aug – May)

\$165 per week (June – July)

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

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.

Please Print Information

AUTHORIZED TO PICK-UP	Contact	Contact	Contact
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 or food sensitivities _____

Medication Allergies _____ Allergic to Insects _____

EPI PEN: _____ If yes: EPI PEN needed for _____ Asthmatic: _____

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 <input type="checkbox"/>	No <input type="checkbox"/>	Speech/Language Therapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Behavior	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Physical Therapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Speech/Lang	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Occupational Therapy	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Does your child speak & understand English? _____ 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: _____

CUSTODY OF CHILD: 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 (____) _____

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 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 at www.bayhopedayschool.com)
- _____ I agree to read the Influenza Virus and Flu brochure (available online / www.bayhopedayschool.com)
- _____ I agree to read the Distracted Parent brochure - available online (Day School website)
- _____ 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:** _____

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: I understand that lunch and snacks are not provided by the center and I agree to provide the noon meal (if applicable) 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 parent will provide a morning and afternoon snack for children attend full-days. The Day School will provide an afternoon snack for the after-school program.

**Financial Agreement:
ELEMENTARY AFTER SCHOOL CARE**

Timely Payments: Elementary After School Care is a pre-paid expense and is due on Monday 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 6:50 am to 6:00 pm on Hillsborough County non-student 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 open to close (7:00 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. 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 or 2-week vacation credit 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.

Signature of Parent/Guardian _____ **Date:** _____