

PRESCHOOL / TUITION FEE SCHEDULE / 2024-2025

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

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. Part-time tuition is due by the 5th day of each month. Tuition is (9) equal payments: (September – May) with the first tuition payment is due in September. A Late Fee of \$10 will be charged if not paid by the 10th of the month.

A fee for security guard services/activity fee is included in both monthly and weekly tuition. A yearly supply fee will be due April 1st prior to the start of the program and is non-refundable once paid. Note: A supply fee is not charged for the State-Funded VPK program (8:30 am to 12:15 pm), however, a security fee/activity fee is charged once a year as a NON-VPK related charge and not part of our VPK program.

Part-time Preschool – 2-year-olds

(Children must turn 2 by September 1st)

M/W/F 2's \$390/month (8:30 am - 12:15 pm)	T/Th 2's \$315/month (8:30 am – 12:15 pm)
(Supply Fee \$120 / due April 1 st)	(Yearly Supply Fee \$95 / due April 1 st)

Part-time Preschool – 3-year-olds

(Children must turn 3 by September 1st)

M/W/F 3's \$370/month (8:30 am - 12:15 pm)	T/Th 3's \$295/month (8:30 am - 12:15 pm)
(Yearly Supply Fee \$120 / due April 1 st)	(Yearly Supply Fee \$95 / due April 1 st)

Part-time Preschool – 4-year-olds

(Children must turn 4 by September 1st or VPK eligible children)



M-F 4's state-funded VPK	-0-	(8:30 am - 12:15 pm)	(Security Fee / Activity fee \$255 / due April 1st)
M-F 4's state-funded VPK+	\$200/mo	(8:30 am - 1:15 pm)	(Supply Fee \$125 / due April 1st)
M-F 4' & 5's (NON-VPK)	\$450/mo	(8:30 am - 1:15 pm)	(Supply Fee \$125 / due April 1st)

Full-Time Preschool Program

Full-time Programs begin in August
 (6:45 am to 6:00 pm)



2-Year-Old (2 by September 1st)	\$215/wk	4-Year-Old (4 by September 1st)	\$140/wk (with VPK funding)
3-Year-Old (3 by September 1st)	\$185/wk	4 -Year and 5-Year-Old (Non-VPK) \$185/wk (w/o funding)	

(Full-time Programs - Yearly Supply Fee \$150 / due April 1st)

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. 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 EFT is our preferred payment method. Parents 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 1st Wednesday of each month for part-time preschool tuition. When you sign up for Tuition Express, you will receive an access code to view transactions from your account, set up alert reminders, and print receipts. 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. We cannot accept cash for tuition payment. Checks may be dropped off at the front desk or given to a staff member. We do not have the equipment to process debit and credit cards. We also accept online payments through your bank. Your account number is your child's first and last name. 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.

VPK Funding

Registration for Voluntary Pre-Kindergarten (VPK) is an easy process. First, parents will complete the Day School Application for Enrollment. Next, parents will need apply for funding which reduces or eliminates tuition, depending on the program they choose. The State-Funded VPK application is done online at www.elchc.org (Early Learning Coalition of Hillsborough County) even if the applicant lives in another county. After the application has been processed, parents will receive a Certificate of Eligibility (COE). Registration for the VPK program is not complete until the Day School receives your child's Certificate of Eligibility which is due by in our office by or before **March prior to the beginning of the program.**

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

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.

Email: absent@bayhopedayschool.com

Tuition for Part-time Students: Tuition for the Part-time Programs will be due by the 5th of each month (September through May). Bay Hope Day School will not hold part-time preschool on days when Hillsborough County Schools are closed. All Part-time Programs will begin after Labor Day.

Tuition for the Full-time Students: Tuition for the full-time programs will be due on Monday of each week. All Full-time Programs will begin in August.

Bay Hope Day School

17030 Lakeshore Road – Lutz, Florida 33558 Telephone: 813-960-1694

General Email: dayschool@bayhope.com



Application for Enrollment
Bay Hope Day School

License C13H10160
FEI 92-1949805

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

Table with 3 columns: PARENT INFORMATION, *PRIMARY PARENT, SECONDARY PARENT. Rows include First & Last Name, Cell #, Work #, Place of Employment, Text Messaging Service, and E-mail address.

* 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.

Part-Time Preschool Program Request

(Children must turn prospective age by September 1st)
(Program Hours: 8:30 am - 12:15 pm)

M/W/F 2's \$390/mo T/Th 2's \$315/mo M/W/F 3's \$370/mo T/Th 3's \$295/mo



- M-F 4's state-funded VPK -0- (8:30 am - 12:15 pm)
M-F 4's state-funded VPK+ \$200/mo (8:30 am - 1:15 pm) Parent provides lunch
M-F 4' & 5's (NON-VPK) \$450/mo (8:30 am - 1:15 pm) Parent provides lunch

Bay Hope Day School will not hold part-time preschool on days when Hillsborough County Schools are closed.
All Part-time Program will begin after Labor Day – Parents provide morning snacks

Full-Time Preschool Program Request

Program Hours 6:45 am to 6:00 pm

- 2-Year-Old (2 by September 1st) \$215/wk 4-Year-Old (4 by September 1st) \$140/wk (with VPK funding)
3-Year-Old (3 by September 1st) \$185/wk 4-Year and 5-Year-Old (Non-VPK) \$185/wk (w/o funding)

Full-time programs begin in August. Parents provide children's lunch and a morning and afternoon snack.

THE FOLLOWING INDIVIDUALS ARE 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 agree to 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 (Day School website)
- _____ 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 on file
- _____ I give my permission for a staff member to use observational assessment tools to evaluate my child's skill levels
- _____ 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) and 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 our discipline policies.

Alternative Nutrition Agreement (Lunch and Snack to be provided by parent)

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 for preschool and an afternoon snack for children enrolled in a full-time program.

Financial Agreement / Part-time Preschool Tuition (mornings only)

Timely Payments: Part-time preschool payments are due by the 5th of each month. If payment has not been received by the 10th of each month, a late charge of \$10/child will be added to your account. Payments are made in 9-equal installments from September – May. There are no vacation credits for children enrolled in a part-time program. Parents will not receive an invoice for tuition unless your tuition is late.

Financial Agreement / Full-time Preschool Tuition (Monday – Friday / 6:45 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.

Toilet Training Policy

Children enrolled in a 3-year-old and 4-year-old program must be fully potty-trained (out of diapers and pull-ups). This is a licensing requirement and we will not be able to accommodate children who are not fully trained. Please call the Day School office if you anticipate that your child will not be potty training by the beginning of the school year.

VPK Funding (All VPK Students)

The State-Funded VPK (Voluntary Pre-Kindergarten) registration is done online (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 March deadline.

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

Parent/Guardian Signature: _____

Date: _____