WELCOME TO BAYFIELD FAMILY CENTER
Afterschool Academic School Year 2019-20

We are excited to share the afterschool academic school year with you and your child(ren). A great adventure awaits your child, with many fun activities, all while they make good memories.

Afterschool Program

The Bayfield Family Center Afterschool programs offer high-quality childcare for Bayfield children age 5 to 12. BFC is a program of the La Plata Family Centers Coalition based in Durango, Colorado.

Our Afterschool program utilizes the Coordinated Approach to Child Health (CATCH) curriculum, which encourages healthy eating habits and promotes the importance of engaging in physical activity and self-regulation exercises through mindfulness transitions. We also provide educational afterschool homework tutoring time.

We would like to thank the sponsors who support our program and help keep our childcare costs affordable for Bayfield families: AV Hunter Trust, Family Resource Center Association, Durango Motor Company, LPEA, FCI Contractors, Mercy Family Medicine, Payroll Dept., Town of Bayfield, and Lewis Merc True Value. South West AG, Hamer and Sons Construction and many more.
Bayfield Family Center  
A La Plata Family Centers Coalition Program  
511 Mustang St. Bayfield, Colorado 81122  
(970) 759-2148  
bayfieldafterschool@lpfcc.org or Contact@lpfcc.org

**Operating Hours**
Afterschool Hours are Monday through Friday 3:00 pm – 6:00pm
Full Day Care 7:00am – 6:00pm
(When school is closed except Holidays)

**Fees for Afterschool Academic School Year 2019-20**

We are committed to remaining one of the most affordable programs in La Plata County while simultaneously growing and improving the quality of our program each year. This commitment entails a focused fundraising campaign, including contributions from foundations, corporations, and local businesses, as well as the responsible and timely collection of tuition dues. BFC operates on a pre-payment system for all programs.

- **Registration fee**  $100.00 Per Child or $150.00 per family
- Smart Care Tech Fee  $3.00 per child per month
- Afterschool Regular Rate / Reduced Rate  $11.00 per child per day/$9.00 per child per day
- Afterschool drop in rate  $16 per child per day / reduced drop in rate is $14.00
- Full day Care / Full Day Reduced Rate  $32 per day, per child / $30.00 per child per day
- Full day Drop in Rate / Reduced Drop in Rate  $37.00 per day per child / $32 Reduced Drop in Rate

**Important notes on Fees**
- The BFC Afterschool Program operates on a pre-payment schedule either by Autopay through Smart Care or advanced prepayment. All enrolled families must be set up in the Smart Care system. If you choose Autopay, you will be automatically charged the first of the following month. All payments are made electronically through Smart Care website. This electronic payment system accepts electronic checks, debit, and credit cards (2.75 sur-charge for credit cards). The Smart Care payment portal will keep track of payment history so that you can then use for tax purposes at the end of the year. **We do not accept check or cash for our Afterschool program.**

- The **Smart Care App** charges $3 per child on the first of the month once they are enrolled. We DO NOT provide a credit if your child does not attend for that month. If you are not planning for your child on attending for an extended amount of time, please contact bayfieldafterschool@lpfcc.org or billing@lpfcc.org to inform them and your child can be unenrolled.

- You must maintain a valid email address for billing and communication purposes. In order to keep our costs down and avoid mailing and office supply fees, we utilize the Smart Care app. If you are having trouble paying please let the director know.
• The **Drop-In** rate for the afterschool program is $16.00 per child per day. $37 per child per day for when there is a full day program.

• If you do not have access to a computer, we have a payment computer available on-site at BFC Afterschool program at all times. Please let Director or assistant know you need to make a payment. All payments are made on Smart Care app.

• **If you pick up after 6pm during the Afterschool Program you will be charged a $15 late fee.**

• **No refunds or credits will be issued for sick, vacation, or days otherwise unused.**

**Dates of the 2019-2020 Afterschool Program**

**BFC Dates for Providing Open for Full Day Care**

| September 23 |
| October 18 (No school for K-5) |
| October 21, October 25 (No school for K-5) |
| November 4, 11, 25, 26, 27 |
| December 23, 24, 26, 27, 30, 31 |
| January 2, 3, 6 |
| February 14 |
| March 2 |
| March 6 (No school for K-5) |
| March 16, 17, 18, 19, 20 |
| March 30 |
| April 17 (Snowflake Day Contingent to Dist. Calendar) |
| April 20 |
| May 1 |

**BFC Afterschool will be closed on the following dates:**

| September 2, Closed Labor Day |
| November 28 & 29, Closed Thursday Thanksgiving and Friday |
| December 25, Closed Christmas |
| January 1, Closed New Year |
| January 20, Closed Martin Luther King Jr Day |
| February 17, Closed Presidents Day |
| May 25, Closed Memorial Day |
**First day of Afterschool is August 20**
**Last day of Afterschool is May 21**

**Parent Communication**
BFC staff communicates program updates, field trip schedules, CATCH activities etc. via emails, on Facebook or LPFCC website. Please ensure BFC has an active email address for each household in which your child resides. You can find us on Facebook by searching Bayfield Family Center Afterschool Enrichment Program. Additionally, the “Parent Table” table is located as you enter the Bayfield Primary School cafeteria and will display pertinent information in hardcopy.

**In and Out Log**
Our Afterschool program maintains an In/Out Log (Swipe In/Out) listing all children present daily. A parental/guardian signature is required each time a child arrives or departs.

It is your responsibility to locate a staff member and sign the In/Out Log at pick-up and/or drop-off. We will bill your account by using the In/Out (Swipe In/Out) Log. If it is not accurately completed, your bill will not be accurate at month’s end.

**Drop-Off**
Each child must be signed-in by a parent with a signature and the time. Please escort your child into the drop off area each time. **Do not drop your child off at the door without signing in.**

**Pick-Up**
Children will be released to a parent or authorized person only. Authorized pick-up persons must be listed on this registration form. Authorized persons are required to show a government issued ID when picking up a child if they are unknown to program staff.

**Late Pick-Up**
A late charge of $15 will be assessed for children not picked up by 6pm. This late charge will appear on your invoice. **If we do not hear from you by 6:15pm, the Bayfield Marshall will be notified and CPS.**

**CCAP**
BFC is proud to serve Colorado Child Care Assistance Program recipients. If you are a CCAP recipient, you are responsible signing In/Out each day on the new ATS system.

**Children with a Disability, Medical Condition or Special Needs**
Pediatric Partners of the Southwest’s Nurse Practitioner oversees all medical consulting, medication delegation, and advises on all aspects of child health at BFC. The Nurse Practitioner reviews all care plans and conducts Medication Administration training and Universal Precautions training for BFC employees. BFC is limited in its provision of service to special needs children. Our goal is to never turn a child away from our program and we pledge to do the best we can within our means.
**Lost, Stolen or Broken Belongings**
BFC and/or staff cannot take responsibility for items lost, stolen or broken. However, we do our best to ensure children keep track of their belongings.

**Electronic Equipment**
BFC Afterschool program will not take responsibility for damage or loss of electronic or other equipment. Please do not send electronic equipment with your child(ren).

**Immunization Records**
All child(ren) need to have the immunization records or exemptions of immunizations records on file when starting the Afterschool program. BFC program can access the CIIS state website with a signed parents’ permission. If your child is, exempt from immunizations please be prepared to sign an exemption form. **All children must have immunization record or exempt forms for records signed in child(ren) files before any care is given.**

**Illness**
Please keep your child at home if they have vomited, had diarrhea, run a fever, are being treated for pink eye, or have experienced any other significant health event in the past 24 hours. If a child arrives at BFC Afterschool ill with multiple symptoms, a parent or emergency contact will be required to pick up the child. Sick children will be isolated until parents arrive. Parent needs to pick up their child ASAP.

**Medication**
Administration of any prescription medication to a child must be pre-approved in writing by the parent and doctor. Medications must be in their original container with the child’s name and instructions on the label. Medications are stored in a secured box. Only staff members with Medical Administration Certification will administer medications. Authorized staff will record administrations of medicines in a medical logbook and all medications are delegated under the supervision of the Nurse Practitioner of Pediatric Partners of Southwest.

**Over the counter products** (cold medication, fever/pain medication, burn cream, first aid cream) cannot be given without written permission from a parent and physician. Again, the medication must be in the original container with child’s name on it.

*There is an onsite medication form in the following paperwork.*

**Sunscreen**
The parents of BFC Afterschool program are to provide the sunscreen for their child(ren). Please label the bottle. It is a good idea to apply the sunscreen at home. BFC Afterschool staff will reapply sunscreen before each field trip. BFC Afterschool staff will have sunscreen (generic Wal-Mart brand 50 SPF equate) that can be used, after filling out sunscreen permission form.

**Emergencies**
All BFC Afterschool staff are CPR/First Aid certified. In case of a medical emergency, BFC Afterschool staff will administer CPR/First Aid, contact parents, and contact Pediatric Partners of the Southwest Nurse Practitioner. If parents cannot be reached, staff will begin calling emergency contacts. If efforts to reach the parent have failed, the child will be transported via emergency ambulance to the closest medical facility. It is imperative to keep your emergency contact information current, as well as notify BFC of an address or phone number change.
Lost Child Protocol

In the event of a lost child, it is the responsibility of BFC Afterschool staff to contact Bayfield School District, Bus Barn, School Offices at BPS and BIS or the Bayfield Marshall or Local agency immediately. Staff will then contact the child’s parents and/or emergency contacts. In the event a child runs away from the school site, flees during a field trip, or is otherwise unable to follow directions from BFC Afterschool staff, the Bayfield Marshall will be contacted and the authorities will be asked to retrieve the child.

Emergency Procedures (Natural Disasters, Lock out, Lock down, Active shooter, Shelter in place and Evacuation we follow SRP (I love u guys) here at Bayfield School District.

In the event of a natural disaster while on a field trip, BFC Afterschool staff will call the Bayfield Marshal’s Office or Local agency. We will let them know location, and plans to return to school if on a field trip. Please call the Bayfield Marshal’s Office at (970) 884-9639 or (970) 247-7755 for information if you are unable to reach us. In the event of a natural disaster while at school, we follow all Bayfield School District procedures as far as Lockout, Lockdown, Evacuate, and Shelter.

If BFC need to move to an alternate site, we will be able to relocate to Old Primary School 110 East S. St. Bayfield or Bayfield Admin Office 24 Clover Drive, Bayfield, CO 81122Phone: (970) 884-2496.

BFC follows the SRP here at Bayfield School District. Please see and review the SRP Sheet.

1. Lock Down (Secure the Perimeter) / Lock out (Locks, Lights, Out of Site) / Active Shooter: This is used if there is an immediate threat within the building or without the building.
   “Locks, Lights, Out of Site” “Code Blue” (Active Intruder)
   Procedure for release: Never answer your door if someone knocks, if an announcement is made to release students DON’T! A law enforcement officer, administrator or office personnel will open your door and come in and tell you it is ok.
2. Shelter in Place: This is used if there is a threat outside the building that could possibly affect us. Make sure the students and staff are in the classrooms and doors are locked. You may proceed as normal within the classroom until further notice. We call this a Procedure for release: Never answer your door if someone knocks, if an announcement is made to release students DON’T! A law enforcement officer, administrator or office personnel will open your door and come in and tell you it is ok.
3. Evacuation: This will be used if students and staff need to be removed from the building. You will be notified by the fire alarm or in person depending on the threat.

   Procedure: Exit the building, line up by classes take roll and notify office personally (director and or assistant director) immediacy of any missing or absent students or staff. If evacuation needs to occur off campus (secondary site for Elementary school is the Primary school and the Primary is the Elementary). All child contact information will be taken with the children to new site and patents will be contacted for instructions where to pick up at.

*All Staff have been trained with FEMA and in Emergency Procedures set up by BFC.*
**Child Abuse**
BFC staff are mandated reporters trained by State of Colorado. It is the law to report any suspicion of child abuse. Reports are filed by the site director with the Department of Human Services.

**Video Viewing**
BFC provides movies occasionally on Full-Day childcare days, but never during the regular Afterschool Program. If you have concerns, please discuss them with the director. We show movies with a G or PG rating only.

**Snacks**
Afterschool program will provide a small minimum healthy breakfast and a small minimum afternoon snack. Please provide a sack lunch for your child during the Afterschool full day program. Please indicate any food allergies and preferences on this Registration Form. If your child(ren) have any food preference or on a food plan the food must be provided by the parent.

**Visitors**
All visitors are required to check in with the BFC director or assistant director and provide one form of government issued identification. Visitors are required to sign the visitor log book.

**Field Trips (Only on some Full Days)**
Families will receive updates regarding field trips by email, and on the “Parent Table”. We will always keep an up to date schedule on the “Parent Table” at all times. We will also have a white board displayed with current events and things for that week. Field trips are subject to change at any time. Please check your email and the “Parent Table” every day. Also “like” us on the Facebook page La Plata Family Center Coalition.

Children will be transported on field trips via school bus. Each child must have a signed emergency waiver form (page 13) before being permitted to attend the field trip. Each child will be assigned to a BFC staff group leader. Federal law requires no more than fifteen children per staff member. On field trips, BFC staff run a ratio of 1:5.

If the child(ren) is not signed in and present 20 minutes prior to the departure time of a field trip the child(ren) will remain behind if staff is present and within ratio. If no staff is present or it places the staff out of ratio the parent must provide their own childcare. Parents must contact the site director if they are planning to take the child(ren) to the location of where the field trip is located. The site director has the right to refuse the child(ren) at location if staffing is not in ratio.

On field trip days we have the sign in and out sheets with each staff. We perform check-ins before we leave the building, then on the bus and then again at arrival of the destination. This check in process will be performed numerous times throughout the day to ensure safety.

Before leaving on field trips, each child will be asked to put on sunscreen and a plastic ID bracelet with the BFC contact information on them. Each child must have one on their arm at all time to go on the field trips.
**Daily Activities for Afterschool**

BFC does a variety of activities each day during the Afterschool program including healthy nutritious snacks, organized physical activity and free play activities. We also offer homework/tutoring assistance. Please check your email and the “Parent Table” each day for any up to date information. Our schedule is subject to change at any time.

No child is left unattended at any time. The 1:5 ratio ensures that eyes are on each child at all times on field trips, In town park (walking ) we are a ratio 1:7 and on site we are a ratio 1:15.

**Discipline Policy**

BFC recognizes the individuality of each child. This philosophy carries over to our discipline policy. When a discipline problem arises, staff will discuss the situation with the parents and will document in a behavior notebook. In this notebook is a 3 strikes rule description. If a child has had three strikes of the following: If a child’s behavior jeopardizes the safety and well-being of children, staff, equipment, school property, or the continuation of the program, dismissal from the program is considered but is a last resort. However, we reserve the right to dismiss any student at any time.

**Bigs and Littles**

Groups will be split up into Bigs 3-6 and littles K-2 They will be separated until we are below a head count of 30 kids on site then they will be put together in one group.

**Bullying**

Bullying is not tolerated at BFC. In the event a child is behaving in a threatening, violent, or disrespectful manner to another child they will be sent home from the program. It is our responsibility to keep every child safe.

**The Colorado Division of Human Services**

If you would like to file a complaint about this facility, please contact: The Colorado Division of Human Services: Division of Childcare, 1575 Sherman Street, Denver, CO 80203-1714, 303-866-5958 or 970-564-4275

**Expectations of all Afterschool Program children:**

*Be respectful ~ Be responsible ~ Be safe*

*Kind Hearts~Kind Hands~Kind Words*
Afterschool Academic School Year 2019-2020 Authorization/Agreement

Please initial that you have read to the following:

_______Emergency Procedure: I give permission to BFC Afterschool Program staff to take any necessary actions for the health and welfare of my child(ren) during any emergency. BFC Afterschool staff are trained to administer CPR/First aid. Parents will be contacted as well as Emergency service, and Pediatric Partners Nurse Practitioner. If parents cannot be reached, staff will begin calling emergency contacts. If efforts to reach the parent have failed, the child(ren) will be transported via emergency ambulance to the nearest medical facility.

_______Parent Agreement: BY INITIALIZING I ACKNOWLEGDE THAT I HAVE READ THE AGREEMENT AND AM RESPONSIBLE FOR ABIDING BY BFC POLICIES. I understand that when I register my child(ren) in BFC Afterschool Program, I must abide by policies and procedures stated in the Parent agreement. I further understand and agree that, upon repeat notice for failure to comply with the policies and procedures, I will be required to find alternative childcare services and my child(ren) will be withdrawn from the program.

_______Refunds/Credits/Transfers: I understand that I will NOT receive a credit or refund for the unused days and I will not be allowed to transfer one registered day to another if my schedule changes. The exceptions will be if I have been asked to find alternative childcare and my child(ren) has been withdrawn from program for disciplinary reasons or due to failure to comply with the policies and procedures.

_______Sign In and Out Procedure: I understand that it is state law that I am to sign my child(ren) in and out of BFC Afterschool Program everyday they attend. I agree to do so every time. No Initial MUST be full Signatures.

_______Student Information: I agree to update my child(ren) information and all contact information when changes occur.

_______Immunization Records: All child(ren) need to have the immunization records or exemptions of immunizations records on file when starting the BFC Afterschool Program. BFC Afterschool Program can access the CIIS state website with a signed parents’ permission. If your child is exempt from immunizations, please be prepared to sign and exemption form. All children before start of care must have a copy of immunization or exemption forms in their files before any care is given.

_______Drop–In: I am aware that the rate for Drop In is $16.00 per child per day for the Afterschool Program. $37 a day per child per day for full day care when dates permit. You will automatically be charged through Smart Care.

_______Calendars: I understand that a completed calendar is to be accompanied with proof of payment for days participating. Your request and payment must be submitted by the 10th of the preceding month to the site director. If calendars are not submitted on or by the 10th, we cannot guarantee you will have a spot in the BFC Afterschool Program.

_______Payment agreement: All payments MUST be made electronically through Smart Care website. The electronic payment system accepts electronic checks, debit, and credit cards. No Checks, money orders, or cash will not be accepted at the program site. All payment must be paid prior to service or Auto Pay must be set up on Smart Care account to attend. All calendars (regular or drop in calendars) must be accompanied by a receipt of payment for days requested to guarantee your spot. Calendars are due by 10th of prior month of service.

_______Smart Care Tech Fee: Smart Care will charge me $3 a child per month once I enroll with the BFC. A credit will not be issued if my child did not attend that month. I may notify the BFC program director in advance if my child will not be attending for an extended period of time.

Signature of Parent/Legal Guardian: _______________________________ Date: ______________________

Name of signer (Print)______________________________________________

BFC/Afterschool Program/LPFCC Registration Packet: Revised July 23rd 2019
Bayfield Family Center  
Afterschool Program  
Academic School Year 2019- 2020  
Child Care Agreement

MOTHER or Legal Guardian:

I, ________________________________, have read and understand all BFC Afterschool program /LPFCC policies and procedures. These policies and procedures were provided in written format to my family on the date below. I have discussed the expectations with my child(ren) and family, and we agree to abide by BFC Afterschool program/ LPFCC policies.

__________________________________________________________          ____________________
Mother’s Signature                                              Mother’s Date of Birth

__________________________________________________________          ____________________
Mother’s Email Address                                          Today’s Date

__________________________________________________________
Mother’s Mailing Address


FATHER or Legal Guardian:

I, ________________________________, have read and understand all BFC Afterschool program /LPFCC policies and procedures. These policies and procedures were provided in written format to my family on the date below. I have discussed the expectations with my child(ren) and family, and we agree to abide by BFC Afterschool program /LPFCC policies.

__________________________________________________________          ____________________
Father’s Signature                                              Father’s Date of Birth

__________________________________________________________          ____________________
Father’s Email Address                                          Today’s Date

__________________________________________________________
Father’s Mailing Address
Bayfield Family Center  
Afterschool Academic School Year 2019-2020  
Child Care Enrollment Form

Enrollment Date__________________________________________

Child’s Name__________________________________________ DOB __________ Grade _____
Child’s Name__________________________________________ DOB __________ Grade _____
Child’s Name__________________________________________ DOB __________ Grade _____

Child(ren)’s Physical Address__________________________________________________________
Child(ren)’s Mailing Address ____________________________________________________________

Mother’s Name ____________________________________________
Address __________________________________________________
Cell Phone ________________________________________________
Work Phone ________________________________________________
Home Phone ________________________________________________
Email Address ______________________________________________

Father’s Name ____________________________________________
Address __________________________________________________
Cell Phone ________________________________________________
Work Phone ________________________________________________
Home Phone ________________________________________________
Email Address ______________________________________________

Pick-Up Authorization/Emergency Contacts (other than parent)
Name __________________________ Relationship __________________________
Phone __________________________
Name __________________________ Relationship __________________________
Phone __________________________
Name __________________________ Relationship __________________________
Phone __________________________

Authorized persons not familiar to BFC Afterschool program staff will be asked to provide a government issued ID. The name on the government issued ID should match the name provided above. Please inform BFC ahead of time if a child is to be picked up by someone other than a parent.

Is there anyone that the child(ren) cannot be released to? ____________________________________________
Please provide any court documents that correspond to this request.
Bayfield Family Center  
Afterschool Academic School Year 2019-2020  
Application

Child’s Name ___________________________ DOB _______________________

Height ______ Weight _____ Eye Color ___________________________ Hair Color ______

Ethnicity (please circle) African-American  Asian  Native American  White/Caucasian  Hispanic  Other:

Child’s Name ___________________________ DOB _______________________

Height ______ Weight _____ Eye Color ___________________________ Hair Color ______

Ethnicity (please circle) African-American  Asian  Native American  White/Caucasian  Hispanic  Other:

Child’s Name ___________________________ DOB _______________________

Height ______ Weight _____ Eye Color ___________________________ Hair Color ______

Ethnicity (please circle) African-American  Asian  Native American  White/Caucasian  Hispanic  Other:

Allergies

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Please list allergies, medical conditions, or any pertinent information BFC Afterschool Program staff might require to keep your child safe:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Family Physician Name __________________________________ Phone _______________________________________

Emergency Contact Name __________________________________ Phone _______________________________________

Dentist Name _____________________________________ Phone _______________________________________

Is your child presently taking medication?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________
Waiver for Participation / Bayfield Family Center  
Afterschool Academic School Year 2019-2020

In consideration of my approval for my child(ren):

Child’s Name ________________________________

Child’s Name ________________________________

Child’s Name ________________________________

. . . to participate in all activities sponsored by the Bayfield Family Center Afterschool, I hereby, for myself/my child(ren), waive and release any and all rights and claims for damages, costs, liabilities, or expenses associated with injury, loss, or damages, directly or indirectly suffered by myself or my children while on the premises of, in the care, custody, or company of the Bayfield Family Center Afterschool, the La Plata Family Centers Coalition, its representatives, employees, and successors.

My child(ren) has permission to attend all field trips in and engage in all activities offered by the Bayfield Family Center Afterschool / the La Plata Family Centers Coalition in 2019-20. My child(ren) is/are in good health and will not have a problem attending field trips or participating in activities.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the BFC Afterschool staff to hospitalize and secure proper treatment for my child(ren).

I give my permission for basic information shared to be entered into our data system for program evaluation and improvements.

_________________________________________  __________________________
Signature of MOTHER or Legal Guardian          Date

_________________________________________
Printed Name of MOTHER or Legal Guardian

_________________________________________  __________________________
Signature of FATHER or Legal Guardian          Date

_________________________________________
Printed Name of FATHER or Legal Guardian
Sunscreen Permission

I, ________________________________, grant permission for the Bayfield Family Center to put sunscreen, on my child(ren): generic Wal-Mart brand 50 SPF equate.

Child’s Name __________________________
Child’s Name __________________________
Child’s Name __________________________

______________________________________
Signature of Parent or Legal Guardian

Date

On Site Medications

Administration of any prescription or over the counter medication to a child must be pre-approved in writing by the parent and doctor. Medications must be in their original container with the child’s name and instructions on the label. Medications are stored in a secured box. Only staff members with Medical Administration Certification will administer medications. Authorized staff will record administrations of medicines in a medical logbook and all medications are delegated under the supervision of the Nurse Practitioner of Pediatric Partners of Southwest.

By signing I understanding the regulations on medication.

______________________________________
Signature of Parent or Legal Guardian

Date
Bayfield Family Center
Afterschool Academic School Year 2019-2020

Photo Permission

I, __________________________, grant __________________ do not grant _______________.
. . . the Bayfield Family Center/La Plata Family Center Coalitions permission to take photographs of my child(ren):

Child’s Name ___________________________
Child’s Name ___________________________
Child’s Name ___________________________

. . . in connection with the above-identified organization.

If granted, I agree BFC/LPFCC may use such photographs or videos of my child with or without his/her name for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content. BFC/LPFCC has a Facebook Page and occasionally posts pictures of the children doing various activities.

If granted, I agree that no monetary funds will be granted regardless of designation, size or allocation.

___________________________________________________
Signature of Parent or Legal Guardian

Date

Immunization Record Release Permission

I, __________________________, ask that the Bayfield School District share a copy of my child’s immunization record or exemption of immunizations records form with the Bayfield Family Center Afterschool. The program may also access my child’s records through the CIIS program online.

Child’s Name:_____________________________
Child’s Date of Birth:_________________________
Child’s Name:_____________________________
Child’s Date of Birth:_________________________
Child’s Name:_____________________________
Child’s Date of Birth:_________________________
Child’s Name:_____________________________
Child’s Date of Birth:_________________________

Parent’s Name(Print):_________________________
Parent’s Signature:_________________________Date:_________________________
Media Release

Video Viewing
BFC Afterschool Program provides movies occasionally on Full-Day childcare days, but never during the regular Afterschool Program. If you have concerns, please discuss them with the director. We show movies with a G or PG rating only.

I, __________________________, grant ____________________ do not grant ____________________

. . . the Bayfield Family Center/La Plata Family Center Coalitions permission for my child(ren) to take part of the above stated activities and or work on their own electronic devices.

Child’s Name ______________________________
Child’s Name ______________________________
Child’s Name ______________________________

________________________________________
Signature of Parent or Legal Guardian Date

Free and Reduced Lunch

Families qualifying for Free/Reduced Lunch will receive a reduced rate equaling $9 per day, per child for the Afterschool program at $30 per day. The family must provide an authorization letter from Julie Whitmore at the Bayfield School District to BFC with an effective date. The deadline to submit this letter to BFC is by October 1st, 2019. The reduced rate cannot be applied until verification from the school district is received. The authorization letter must be acquired during the school year and cannot be acquired during summer months. Please plan ahead.

I, __________________________ ask that the Bayfield School District share a copy of my child(ren)’s free or reduced lunch information with the Bayfield Family Center Afterschool program for following.

Child’s Name ______________________________
Child’s Name ______________________________
Child’s Name ______________________________

________________________________________
Signature of Parent or Legal Guardian Date
BFC Afterschool and Summer Camp programs rely on grant funding to stay financially sustainable. Gathering demographic detail about our families assists in acquiring outside funds to support our efforts and helps keep our costs low for Bayfield families.

Please consider sharing the following information. This information is kept secure and confidential. We have offered annual household income ranges in an effort to preserve your privacy.

When calculating, please include gross annual income of all family members in 2018. Sources of gross income (before taxes) should include wages, retirement pensions, welfare, child support, alimony, and public assistance. Please indicate your annual income range with an X.

I understand that OMNI Institute, a non-profit evaluation firm based in Denver, will have access to my family information for the purpose of overall program evaluation and program improvement. OMNI will never share my individual information with anyone. My name or any identifying information will never appear in any reports. If I decline to share my information with OMNI I will not be denied any services offered by the Bayfield Family Center or LPFCC or any other agency affiliated with the Family Resource Center.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Income Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Person</td>
<td>Below $16,460</td>
</tr>
<tr>
<td></td>
<td>Above $16,460 AND below $21,398</td>
</tr>
<tr>
<td></td>
<td>Above $21,398 AND below $32,920</td>
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<tr>
<td></td>
<td>Above $32,920</td>
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<tr>
<td>3 Person</td>
<td>Below $20,780</td>
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<tr>
<td></td>
<td>Above $20,780 AND below $27,014</td>
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<tr>
<td></td>
<td>Above $27,014 AND below $41,560</td>
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<tr>
<td></td>
<td>Above $41,560</td>
</tr>
<tr>
<td>4 Person</td>
<td>Below $25,100</td>
</tr>
<tr>
<td></td>
<td>Above $25,100 AND below $32,630</td>
</tr>
<tr>
<td></td>
<td>Above $32,630 AND below $50,200</td>
</tr>
<tr>
<td></td>
<td>Above $50,200</td>
</tr>
<tr>
<td>5 Person</td>
<td>Below $29,420</td>
</tr>
<tr>
<td></td>
<td>Above $29,420 AND below $38,246</td>
</tr>
<tr>
<td></td>
<td>Above $38,246 AND below $58,840</td>
</tr>
<tr>
<td></td>
<td>Above $58,840</td>
</tr>
<tr>
<td>6 Person</td>
<td>Below $33,740</td>
</tr>
<tr>
<td></td>
<td>Above $33,740 AND below $43,862</td>
</tr>
<tr>
<td></td>
<td>Above $43,862 AND below $67,480</td>
</tr>
<tr>
<td></td>
<td>Above $67,480</td>
</tr>
</tbody>
</table>