

## San Pasqual Education Department

### **Conduct Agreement**

### **SPED Rules**

- · Respect self, others, property, center and program rules
- Keep all body parts and objects to yourself
- Use appropriate language
- · Stay in assigned areas
- · Maintain a healthy mind, body, and spirit

### **Disciplinary Procedures**

Disciplinary procedures may include the following and are determined by staff & director, depending on severity and number of incidents.

Verbal warning, call parent / guardian, notify parent to pick-up student, suspension from program and facilities, parent conference.

### **Zero Tolerance**

The following offenses are zero tolerance offenses and may result in immediate suspension, expulsion, or calling law enforcement.

- Inappropriate or disrespectful language
- Fighting or endangering others
- Possessing or being under the influence of drug or alcohol (including tobacco)
- Possession of weapons
- Bullying and/or participating and/or instigate or as a spectator

### **Vehicle Rules**

- Respect driver at all times
- Seatbelts are to be worn & stay in seat at all times while vehicle is moving
- Use low voices
- Keep all body parts to yourself
- No eating or drinking

I understand the above rules and disciplinary procedures. I have also read the parent / student handbook and understand and agree to adhere to the procedures of the San Pasqual Education Department.

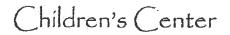
Parent signature	Date	
Student signature	Date	

# Children's Center



### Release Form

Student's Name
Student Arrival and Departure
I understand the Children's Center will provide supervision for registered, "signed-in" students <u>during scheduled times only</u> . Parents are required to sign their child in upor arrival and sign out at the end of the school day.
Please circle YES or NOparent initial
2. Computer Use
The Children's Center allows students to use computers under supervision for educational purposes. I understand that my child may be limited to certain educational and instructional programs provided by staff.
Please circle YES or NO parent initial
3. Screening Permission
I give my permission for personnel to use the appropriate screening tests/surveys to evaluate my child's learning and developmental progress.
Please circle YES or NO parent initial
4. Photograph and Publication Consent
I give consent to the Children's Center to use, publish, circulate and distribute photographs, videos and writings, of myself and/or my family in publications, presentations in order to further the goals and evaluation of the program.
Please circle YES or NO parent initial
Parent signature Date





### Student's Health Information

Child's Name	Birth Date	
	Gender: F / M	

Health History	YES	NO	Please Explain "Yes" Answers
Has your child ever had a serious injury or illness?			
Is your child wearing or supposed to wear glasses?			Date of last exam:
Does your child have problems with ears/hearing?			
4. Has your child ever had convulsions or seizures?			Date of last incident:
5. Is your child taking any medications now?			List medications:
6. Is your child now being treated by a physician, a dentist , or a specialist?			Circle all that apply: physician / dentist / specialist Describe:
7. Has your child been diagnosed with any of the following: asthma, diabetes, epilepsy, heart/blood vessel disease, liver disease or ADHD?			
8. Is your child allergic to any medications?			
Is your child on a special diet or pro- hibited from eating certain foods?			
10. Does your child have any other Allergies (insect bites, animals, plants, dust, pollen)?			
11. Does your child have any food allergies?			
12. Does your child have any allergy problems such as rash, swelling, itching, or seasonal allergies?			
13. Does your child have any physical limitations that may affect his/her everyday activities?			
14. Does your child have any other conditions that have not been mentioned on this form?			

Children's Center

# Student's Health Information Continued

Child's Name

Health History	YES	NO	Please Explain "Yes" Answers
15. Can your child swim?			
16. Does your child have a current IEP (Individual Education Plan)?			Under what disability do th qualify? Example: SLI, SLI OHI etc
17. Are your child's immunization records up to date?			
Please attach a copy of your child's immunization card.			
Please include any information that might help us serve your child better.			
I understand that if my child become and will be responsible to pick up m		the progr	am, I will be notified
*By signing this student health informa enough to participate in classroom and			
Parent /Guardian Signature	-	Date	

\*\*\*I understand that if I do not have a working phone number, my child may not be able to participate in Children's Center programs.

	Children's	Center	Classroom	Rules
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- Be kind
- Be safe
- Be neat

### Disciplinary Procedures

Disciplinary procedures may include the following and are determined by staff and director, depending on severity and number of incidents:

- · Verbal warning
- Call parent/guardian
- Notify parent to pick up student
- Parent conference

The following behaviors may be grounds for sending a student home:

- Inappropriate or disrespectful language
- Fighting or hitting others

I have read and understand the above rules and disciplinary procedures. I have also read the CC handbook and agree to adhere to the procedures of the Children's Center.

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