



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 _____

1. Student Arrival and Departure

I understand the Children's Center will provide supervision for registered, "signed-in" students during scheduled times only. Parents are required to sign their child in upon arrival and sign out at the end of the school day.

Please circle YES or NO ____ parent 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

Children's Center



Student's Health Information

Child's Name _____

Birth Date _____

Gender: F / M

Health History	YES	NO	Please Explain "Yes" Answers
1. Has your child ever had a serious injury or illness?			
2. Is your child wearing or supposed to wear glasses?			Date of last exam:
3. 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?			
9. Is your child on a special diet or prohibited 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 <i>any other conditions</i> 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 they qualify? Example: SLI, SLD, OHI etc.. _____
17. Are your child's immunization records up to date? <i>Please attach a copy of your child's immunization card.</i>			
Please include any information that might help us serve your child better.			

***I understand that if my child becomes ill during the program, I will be notified
and will be responsible to pick up my child.***

*By signing this student health information form I agree that my child is healthy
enough to participate in classroom and outdoor physical activities.

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

- 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.***

Signature_____

Date_____