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
<table>
<thead>
<tr>
<th>Health History</th>
<th>YES</th>
<th>NO</th>
<th>Please Explain “Yes” Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has your child ever had a serious injury or illness?</td>
<td></td>
<td></td>
<td>Date of last exam:</td>
</tr>
<tr>
<td>2. Is your child wearing or supposed to wear glasses?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. Does your child have problems with ears/hearing?</td>
<td></td>
<td></td>
<td>Date of last incident:</td>
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<tr>
<td>4. Has your child ever had convulsions or seizures?</td>
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<td></td>
<td></td>
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<tr>
<td>5. Is your child taking any <strong>medications</strong> now?</td>
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<td></td>
<td>List medications:</td>
</tr>
<tr>
<td>6. Is your child now being treated by a physician, a dentist, or a specialist?</td>
<td></td>
<td></td>
<td>Circle all that apply: physician / dentist / specialist Describe:</td>
</tr>
<tr>
<td>7. Has your child been diagnosed with any of the following: asthma, diabetes, epilepsy, heart/blood vessel disease, liver disease or ADHD?</td>
<td></td>
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<tr>
<td>8. Is your child allergic to any medications?</td>
<td></td>
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<tr>
<td>9. Is your child on a special diet or prohibited from eating certain foods?</td>
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<tr>
<td>10. Does your child have any other Allergies (insect bites, animals, plants, dust, pollen)?</td>
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<td>11. Does your child have any food allergies?</td>
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<tr>
<td>12. Does your child have any allergy problems such as rash, swelling, itching, or seasonal allergies?</td>
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<tr>
<td>13. Does your child have any <strong>physical limitations</strong> that may affect his/her everyday activities?</td>
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<tr>
<td>14. Does your child have any other conditions that have not been mentioned on this form?</td>
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</tr>
</tbody>
</table>
# Children's Center

## Student's Health Information

**Continued**

Child's Name

<table>
<thead>
<tr>
<th>Health History</th>
<th>YES</th>
<th>NO</th>
<th>Please Explain “Yes” Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Can your child swim?</td>
<td></td>
<td></td>
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<tr>
<td>16. Does your child have a current IEP (Individual Education Plan)?</td>
<td></td>
<td></td>
<td>Under what disability do they qualify? Example: SLI, SLD, OHI etc..</td>
</tr>
<tr>
<td>17. Are your child’s immunization records up to date?</td>
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<td></td>
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<tr>
<td><em>Please attach a copy of your child’s immunization card.</em></td>
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</tbody>
</table>

Please include any information that might help us serve your child better.

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*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.*

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Parent /Guardian Signature

Date

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***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__________