

Kids Station Discipline Policy

Dear Parents,

In order to provide each child in the Kids Station program a safe and enjoyable school year, we ask that you review this discipline policy with your child and return it to us, signed by you and your child.

We hope this policy will prevent behavior problems and also help us to communicate effectively with parents if behavior problems develop. Please return the bottom of this form with your enrollment forms by the first day of attendance.

Examples of unacceptable behavior include but are not limited to:

- Bad language
- Fighting, pushing, hitting
- Spitting
- Talking back to Kids Station teachers
- Leaving group without permission
- Bad manners
- Mistreatment of other people's belongings
- Mistreatment of other people

Three verbal warnings will be given before step 1:

Step 1 - Note sent home to parents, must be signed and returned the next day your child attends.

Step 2 - Teacher will meet with the parent(s).

Step 3 - Child will be suspended from Kids Station for one day (parent must still pay for this day.)

If the behavior warrants, parents will be informed immediately.

Step 4 – In the event that a behavioral problem persists, and this behavior is deemed harmful to the child, the other children, or the director, the child will be dismissed immediately, upon contacting the parents. The Director of Kids Station has the ability to determine this for the safety of all the children.

We appreciate your support!

The Kids Station Staff and Advisory Board

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Turn in this portion of the Discipline Policy with your registration forms to your Kids Station site facilitator.

I accept the Kids Station Discipline Policy.

Child's Signature _____

Parent's Signature _____

Keep this Parent's Handbook handy as a reference guide to our program. Jot down the following information so it's always at your fingertips!

My child's name is: _____

Parent Name: _____ Mom Cell: _____

Dad Cell: _____

Days registered for the program: _____

Emergency contact persons listed on forms:

1. _____

2. _____

3. _____

Adults authorized to pick up my child as listed on forms:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

AGREEMENT FORM

MUST BE RETURNED BY FIRST DAY OF ATTENDANCE

After reading the parent handbook, please sign the following agreement and return to your program facilitator.

I, _____, have received the Oconto Falls Community Education School Age Child Care Parent's Handbook which includes necessary program information for my child and me. I have read the handbook information and agree to abide by the policies and procedures herein.

Signed _____

Date _____

Oconto Falls Schools Kids Station Program Child Information Sheet

CHILD'S NAME _____ BIRTHDATE _____

We must have parent signature and medical information completed below to process the registration form. The Wisconsin State Department of Health and Social Services requires that every child's immunization history be on file at the program sites in case of emergency.

Immunization History

You must list the MONTH, DAY, and YEAR your child received each of the following immunizations. DO NOT USE an (X). If you do not have an immunization record for this child, contact your doctor to obtain the dates.

Child's Physician _____

Physician's Phone # _____

Will your child require any medication while at Kid's Station?

Yes _____ No _____

Please list any medical concerns of which our staff should be aware: _____

| Type of Vaccine | First Dose Mo/Day/Yr | Second Dose Mo/Day/Yr | Third Dose Mo/Day/Yr | Fourth Dose Mo/Day/Yr |
|------------------------------------|-------------------------|--------------------------|-------------------------|--------------------------|
| DTP (Diphtheria-Tetanus-Pertussis) | | | | |
| Polio | | | | |
| Measles | | | | |
| Rubella | | | | |
| Mumps | | | | |

Health History

1. List any serious illnesses your child has had within the last six months.

2. Does your child have any allergies? Yes ___ No ___ If "yes," please describe them and indicate any special precautions or care needed.

3. Does your child have a history of (please check any/all that apply):

Physical handicaps _____ Asthma _____ Diabetes _____

Heart Problems _____ Seizures _____ Rheumatic Fever _____

Other Problems (describe) _____

If you checked any of these items, please describe any special emergency care instructions or other information needed by the child care staff/provider:

Parent Consent/Authorization

In the even of any emergency I, authorize any medical treatment that may be needed. I understand that in the event of an injury, I will be contacted first, and this waiver will only be necessary if I or my emergency person cannot be reached.

I, understand that all above said information is confidential and is only used as a guide in understanding my child(ren).

Parent/Guardian Signature _____

Date _____

NAME OF CHILD(REN)

The following individuals have permission to pick up my child(ren) from Kids Station Child Care Program. Children may not be released with anyone who is not listed on this form.

| NAME | RELATIONSHIP | PHONE NUMBER |
|------|--------------|--------------|
|------|--------------|--------------|

1. _____
2. _____
3. _____
4. _____
5. _____

PHOTO CONSENT

I (check one) do / do not give my permission for any pictures taken of my child while at Kids Station to be used in any promotional material for Oconto Falls Schools Kids Station.

IN CASE OF EMERGENCY, PLEASE CONTACT THE FOLLOWING

Mother's Information:

Name _____ Cell Phone _____

Workplace _____ Phone _____

Father's Information:

Name _____ Cell Phone _____

Workplace _____ Phone _____

Alternate Contact Name _____ Phone _____

Workplace _____ Phone _____

Relationship to child _____

In case of early release, please provide information as to where your child will go: _____

PARENT'S SIGNATURE _____ **DATE** _____