

Registration Overview

8:00 a.m. – 2:30 p.m. Drop off your packet with payment. A notary will be present to notarize your Emergency Medical Information Form.

Jan. 22th--25th. Register Current Families of PCDS

Jan. 29th--Feb. 1st. Register PCBC Members and staff

Feb. 5th--8th. Register New Families

Registration priority is as follows:

- Currently enrolled students and their siblings
- Children of PCBC members and PCBC Staff
- Community children

Registration Day

Registration packets will be accepted on the above dates. Returning students have to re-register each year and pay the registration fee. If a class is full, you will be given the option of placing your child on the class waiting list. (See information about the waiting list below.) After registration, remaining spots are filled on a first-come, first served basis.

PCDS reserves the right to refuse admittance to the program or to ask for the removal of a child or children from the program at its sole discretion

Student cannot start class until all records/forms are complete and in the PCDS Office.

Waiting List

If your child is placed on a class waiting list, the PCDS Office will notify you as soon as a classroom space becomes available. Historically, we place quite a few children from the waiting list into classes throughout the spring and summer. Waiting list applicants do **not** have to pay the registration fee until they have been offered and have accepted a permanent spot.

Infant Room

Infants must be at least 8 weeks old before attending PCDS. If you plan to enroll a newborn but you want the child to start at a date later than August, you must register and pay all regularly scheduled tuition payments to hold your child's spot. If you elect to be placed on the waiting list and not pay tuition to hold the spot, you will only receive a permanent spot if and when one becomes available.

Medical Restrictions

PCDS is a nut-free environment.

It is your responsibility to check with the PCDS Director prior to registration regarding any allergy or health limitations that could affect your child's classroom placement. This also applies to any changes that occur prior to or during the school year. If your child has such an allergy or

health limitation, PCDS will determine whether it will be able to accommodate your child. Of course, PCDS always reserves the right to determine, in its sole discretion, whether it will accept any child into the program.

Registration Checklist

Please bring the following items to registration. Forms are to be completed in advance. Incomplete packets will not be accepted.

NOTE: Some documents in your packet will require notarization. We do have a notary for your convenience. Please bring your ID in order for us to notarize your documents.

- ☐ **PCDS Application** - Complete in its entirety. Please verify that all driver license numbers and addresses are complete. You must list at least one emergency contact person other than the child's mother or father.
- ☐ **Day/Position form** - Please mark the appropriate days you are requesting for your child to attend. There is also a space to write down a *special request*.
- ☐ **Health History form - Doctor's statement and immunizations** must be complete and attached to the Health form at registration. Please be specific and give details on any information that we may need to know about your child. Please see the medical restrictions section above.
- ☐ **Parent Consent Form** - Review and sign.
- ☐ **Developmental History form** - Complete
- ☐ **Tuition Agreement Form** - Review and sign.
- ☐ **Registration Card** - Complete
- ☐ **Discipline and Guidance Form** - Complete and sign.
- ☐ **Registration Fee** - We accept check or credit card payments online. Please note: The registration fee is **non-refundable**. *A registration fee is collected for each school year that you apply.*

Program Information

Our Purpose

The Park Cities Day School is a ministry of Park Cities Baptist Church.

We are a weekday program for children ages 8 weeks to 5 years (or the year prior to kindergarten). We offer a well-rounded curriculum with a Christian perspective. We strive to provide a safe and nurturing environment that promotes the physical, social, emotional, intellectual, and spiritual development of the child. We are committed to providing biblically based, age-appropriate experiences, which will allow a child to progress in each of these areas at his/her own level of ability while enjoying feelings of accomplishment.

Our Curriculum

Our teaching staff is dedicated to making the Day School program a positive learning experience for preschoolers. Our classrooms for older children are arranged into play-learning centers. Children are able to make choices and participate in small-group activities.

We have a well-planned curriculum, which provides a teaching topic for each month. The activities are organized around these topics using learning centers that could include: art, dramatic play, music, science/nature, fine motor skills, listening skills, cognitive skills, puppets, finger plays, rhymes and group time. The daily schedule also includes both vigorous and quiet indoor activities and playground time. Each age group has a different curriculum that has been designed to meet the child's level of learning. Bible stories and Bible verses are integrated throughout all areas of our program.

Nondiscriminatory Policy Statement

Park Cities Day School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, national and ethnic origin in administration of its educational policies, admission policies and scholarships.

TUITION PAYMENT SCHEDULE

On June 1, 2019, either the annual tuition or the first installment payment is due.

Installment Due Dates:

June 1 (include Supply Fee)

Sept. 1

Nov. 1

Jan. 1

Installment Payments

The 4-month installment plan has been designed to allow you to spread out your tuition payments. **The payment due dates do not correlate with the amount of days the program is in session during the designated month.** For example, the first payment is due in June when there is no school. The tuition has been divided over a 4 month period for convenience. **Please mark your calendar for the payment due in June.** We do *not* mail out billing statements; this will be your only notice. If the payment is not received by the 15th of the month, your child's class assignment may be issued to another child and your child will be placed on the waitlist.

TUITION PAYMENTS

Please make your check payable to PCDS. Tuition payments are due as scheduled above. A late charge of \$25 will be assessed for payments received after the 15th of the month.

You may pay your monthly tuition by:

☐ **Mailing your payment to:**

Attention: Nickie Bartlett

Park Cities Baptist Church

3933 Northwest Parkway

Dallas, TX, 75225

☐ **Drop your check off at the PCDS Office.**

☐ **Online payments at www.my.surviceU.com**

DROP NOTIFICATIONS

PCDS requires a 2 week paid drop notification.

If a parent or guardian finds it necessary for a child to be withdrawn, written notice must be received and on file in the office. The registration fee and supply fees are not refundable. **Any drop notifications received after July 31 will require a written 2 week paid notification.**

AFTER REGISTRATION

Around the first of August, we will mail an information packet which will include a school calendar, Open House information and classroom assignments. **If you do not receive this by the middle of August, please contact the PCDS Office.**

Please keep us updated on any address or phone number changes.

HEALTH RECORDS

All Health records are required at time of registration.
Sorry, we cannot accept faxed copies.

Questions?

If you have any questions, please do not hesitate to call the PCDS Office.

Nickie Bartlett, PCDS Director

214-860-1520

nlbartlett@pcbc.org

Tasia Wilson, PCDS Administrative Assistant

214-860-1521

tvwilson@pcbc.org

**PCDS Registration
2019-2020 School Year
DAY/POSITION FORM**

Child's Name: _____

Child's Birth Date: _____

How did you hear about our program? _____

Please check the day or days you are requesting for your child to attend under both the first and second choices.

First Choice:

- ☐ Tuesday
- ☐ Thursday
- ☐ Two Days (Tuesday & Thursday)
- ☐ All three Days (Tuesday-Thursday)

Second Choice:

- ☐ Tuesday
- ☐ Thursday
- ☐ Two Days (Tuesday & Thursday)
- ☐ All three Days (Tuesday-Thursday)

Note:

Please note that children under 18 months only have the options for Tuesdays and/or Thursdays.

- - - - - Office Use Only - - - - -

Date Received: _____

Received by: _____

Park Cities Baptist Church Day School
Parent Handbook
2019-2020



“Children are a gift of the Lord.”
Psalm 127:3

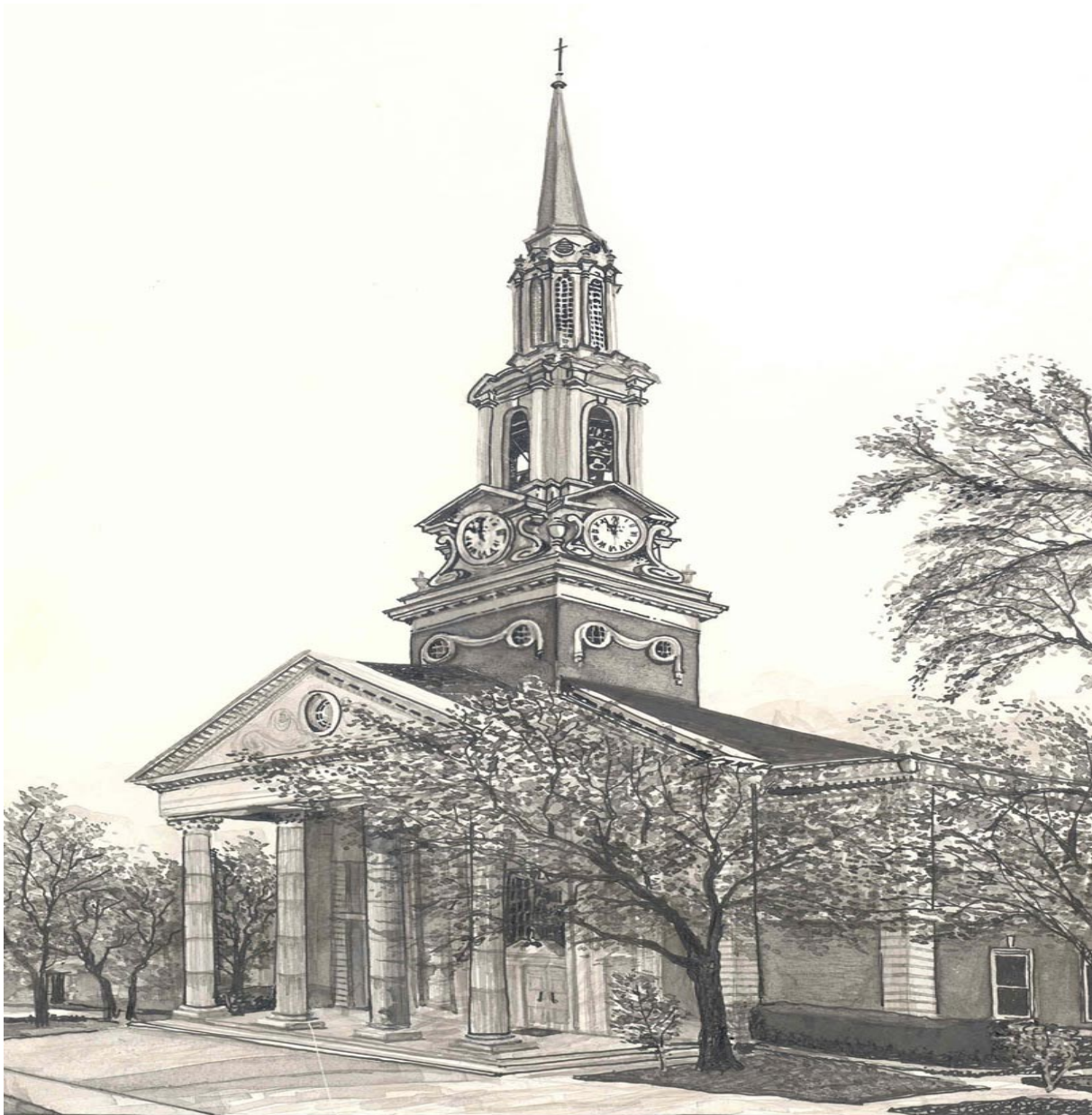
Childhood Education Ministry
3933 Northwest Parkway
Dallas, Texas 75225

Nickie Bartlett
nlbartlett@pcbc.org
Day School Director
214-860-1520

Tasia Wilson
tvwilson@pcdc.org
Administrative Assistant
214-860-1521

PURPOSE OF DAY SCHOOL

It is our goal to provide a safe, happy, Christian learning environment for preschool-age children when they are at our church. We also strive to promote each child's spiritual, emotional, cognitive, physical and social development. Children will be learning foundational language and math concepts that will help prepare them for school.



TEACHER REQUIREMENTS AND QUALIFICATIONS

Our lead teachers not only have experience in early childhood education but also have a degree or certification. Teachers will receive a minimum of 24 hours of training per year in order to remain current with latest research on how children learn best. The registration fee is used to help offset the cost of training provided for our teachers. In addition, each teacher must be CPR/First Aid certified, as well as identifying, preventing, and responding to abuse and neglect of children. Although the church highly recommends that staff review the Centers of Disease Control and Prevention's recommended vaccines, the church does not require staff to obtain vaccinations.

RELATIONSHIP BUILDING WITH YOUR CHILD'S TEACHER

Home visits: It is very important for a young child and their families to build a connection with their teacher in a comfortable familiar setting. Teachers will plan a home visit with families shortly before school begins. This will allow for families to have some time to visit with her about the program and to set collaborative goals for your child and answer any questions about the program. Also, depending on your child's age, plan to have time for your child's teacher to play a favorite game or read a favorite book with your child.

Parent conferences: These will be scheduled twice a year, in the fall and the spring. If you feel the necessity for additional conferences, these can be scheduled through the office.

RELATIONSHIP BUILDING WITH YOUR CHILD'S TEACHER (cont.)

How to contact: Please keep your child's teacher informed of any situations occurring outside of the school that may affect your child. If you have questions concerning classroom issues, we want to be aware of your concerns. Depending on the concern, you can share information on the Parent Comment sheet in your child's portfolio. All information in your child's portfolio is kept strictly confidential. If you need to meet with your child's teacher, please leave a message in the office. The teacher will contact you to set up an appointment. Impromptu conferences at drop-off and pickup time can be disruptive and take the teacher away from her responsibilities with children.

Classroom support: Feel free to sign up to volunteer in your child's classroom. Doing so not only helps you be more aware of classroom activities, but also shows your child your support of the teacher and the program. Children are always proud to have their parents helping in the classroom.

A child feels more secure when an open, friendly relationship exists between home and school. Children will also have more success when parents and teachers work together as partners to support the child's learning.

PROGRAM HOURS

- Preschool hours are 8:30 a.m.—2:00 p.m. Tuesday-Thursday.
- Stay and play is offered on Tuesdays, Wednesdays, and Thursdays for preschool until 3:45p.m. for an additional fee.
- Infant/Toddler hours are 8:30 a.m.—2:00 p.m. on Tuesdays and Thursdays only.
- In case of emergency, when tardiness or absence is absolutely unavoidable, the Day School office must be notified.
- Program year is from September through May
- Days of operation are Tuesday—Thursday
- Teachers will be preparing the classrooms in the morning and will not be able to supervise children until 8:30 am.
- If a parent/guardian is picking up a child early he or she must notify the office prior to doing so.
- There will be a \$7.00 charge for every 5 minutes a child remains after 2:00 p.m. (or after 3:45 p.m., if they are attending stay and play).

CLOSING DAYS

- If the school must close due to bad weather, this information will be posted on the PCBC website. Parents may also call the office and any closing or delayed opening information will be on the voicemail. Closing information will also be posted on our website. Generally speaking, if HPISD closes due to weather, we do as well.
- If the program must close due to building maintenance, the office will be notified and will change their voice mail to state that the program will be closed. The director will call all of the teachers, who will then call their classes. You may reach the director's voice mail by calling (214) 860-1520.

DROP-OFF/PICK-UP & SECURITY PROCEDURES

To help us provide the most secure environment possible, we ask that you do the following each day:

Drop-Off

- Morning drop-off will begin at 8:30 a.m.
- Parents are required to sign their child in at his/her classroom each day.
- Because your schedule may change from day to day, please leave a number on the sign-in sheet where you can be reached that day.

Pick-up

- Afternoon pick-up will begin at 2:00 p.m. unless your child is staying for stay and play.
- Parents must sign their child out each day.
- For your child's safety, if someone other than yourself will be picking up your child, make sure they are on your pick-up list and have proper identification.

NAPPING

Our infants and toddlers nap and your child will be encouraged to sleep or rest quietly on his or her crib/mat. Cribs/mats, sheets, and infant blankets are provided. If your child has a favorite blanket, stuffed animal or security item, they may bring it for nap time. Our 3's-Pre-K will have a rest period of at least 30 minutes where they will be allowed to look at books. According to the Texas State Standards children 18 months and older who are in care for longer than 5 hours require a rest period.

LABELING

Please label everything. Any item that needs to be removed from your child's bag during the day must have a name or initial on it.

CLOTHING

Please dress your child in comfortable washable play clothes. It is recommended that your child wear tennis shoes. Please do not dress your child in open-toe shoes, flip-flops, or boots. Remember they will be going outside to the playground, to the gym, making art projects and eating. Also, please consider that your child will need be changed or able to go to the potty easily. Although we make every effort to keep your child's clothing clean, we cannot guarantee children's clothing will not get dirty. A part of each day will be spent outdoors, so make sure your child is dressed appropriately for the weather. Every child is required to bring a change of clothes each week. Make sure your child's name is on all clothing items. Even if your child is potty trained, accidents may occur.

FOOD

Snacks: Classrooms will use family-style meal service to eat healthy snacks each morning. If your child has a food allergy, make sure we have this information. A snack sign will be posted.

Lunch: If your child will be eating lunch with us, please bring food that is healthy. Keep in mind that for the safety of all children *we are a **peanut free** environment*. Everything is to be brought in non-breakable containers. Since we do not have the facilities to refrigerate food, we suggest insulated containers or "cold packs." We also do not heat food up in a microwave oven. But, you may choose to use an insulated container. Send foods and containers easy for your child to handle on their own. This is a great opportunity for children to work on their fine motor skills. Please put your child's name on his/her lunch box and containers. You can review the nutrition handout for suggested healthy lunch ideas.

CELEBRATIONS

Parents who wish to bring a simple food treat to celebrate a child's birthday must plan with the teacher in advance. If snacks are brought without notice, we will send them home with children, as they are picked up, but cannot serve them for snacks. This is due to our status as a licensed facility. There are certain nutritional and posting guidelines we are required to follow. For the health and safety of the children, candles and balloons may not be brought into a classroom. Additionally, favors often have small parts and are easily broken so they are also not allowed.

SICK POLICY

Per the recommendation of the American Academy of Pediatrics, a child should not be taken from the home when any of the following conditions exist or have existed in the past 24 hours:

- Fever - children with an oral temperature of 100.4 or an armpit temperature of 99.4 or higher are considered contagious
- Vomiting or diarrhea
- Symptom of communicable disease
- Listlessness or undue irritability

If your child is sent home for illness, make sure they are symptom free for 24 or have doctor's statement before returning.

Children who become ill during any session will be isolated in the office and the parent or someone the parent designates must be available to come and take the child from the school.

If your child does contract a childhood disease following a session, please inform the director so that other parents can be informed and take preventive care.

MEDICATION

With the parent completing a medication release form, which is available through the Day School office. Medications are typically limited to emergency medications such as epi pen for food allergies. A food allergy emergency plan will need to be obtained from the child's health care provider. It will need to be signed and dated by both the health care provider and the parent. All medications must include directions from the doctor and must be in the original container. Medications are kept in locked boxes in each classroom. No over-the-counter medications will be given.

IMMUNIZATIONS AND SCREENINGS

Children are required to be current on immunizations according to the Texas Department of State Health Services immunization requirements. Exceptions must meet requirements specified in 25 TAC §97.62. The Dallas County Health Department also recommends a yearly TB screening for all children. Additionally, all 4 year old children will need to have a hearing and vision screening on file.

MEDICAL EMERGENCIES

If a medical emergency occurs, Staff will call emergency services and contact the parent. Make sure you leave a contact number each day.

EMERGENCY PREPAREDNESS PLAN

Evacuation/relocation plans for fire, gas leak, or sheltering are located in each classroom. Evacuation/relocation plans include and secondary exit for fire and the address of the relocation site, the Missions House on the corner of Pickwick and Villanova. Teachers will take special care to ensure the safe evacuation of children who have mental, visual, hearing, or mobility impairments. Office staff will assist with these children as well. Lock-down procedure includes teachers gathering children in the bathrooms and locking the door.

Communication with local authorities during and following the emergency will be handled by our Director of Security. The security staff will be in contact with the school staff via walkie talkies. The Director will contact Child Care Licensing to inform them of the emergency. Teachers will contact parents along with office staff.

During the evacuation/relocation staff will take cell phones and sign in sheets while evacuating. Teachers will take roll when the evacuation/relocation is complete. Office staff will take emergency parent contact information as well as authorization for emergency medical care.

One teacher will continue to engage children with songs, finger plays, games, and storytelling as parents are being contacted. Once the second teacher is free, she will work with the children as well until all are picked up.

EMERGENCY PREPAREDNESS PLAN (cont.)

Parents will arrive at the relocation site at the corner of Pickwick and Villanova and sign their child out from their child's teacher.

Emergency drills are practiced on the following schedule:

Fire drills are done monthly

Sheltering and lock-down drills are done quarterly

GUIDANCE POLICY

Teachers are trained in indirect guidance to anticipate and prevent problems before they occur. Low ratios and small group sizes, appropriate room arrangement and individualized developmentally appropriate activities keep children engaged and challenged without frustrating the child. The classroom schedule is planned for children to have a balance of active/quiet time as well as large/small group activities and adequate transitions. If guidance issues do occur, teachers have received training on appropriate techniques to assist children in learning self-control. Teachers will use encouragement and positive language as well as redirection to address most concerns. If the problem persists, the teacher will work with the child/children to evaluate the situation and support problem-solving skills. Teachers will help children identify and deal with emotions and feelings. Children will also be a part of setting the class rules so that if the problem continues, the consequences will be clear.

GUIDANCE POLICY (cont.)

Teachers will not use:

- Corporal punishment or threat of corporal punishment
- Punishment associated with food, naps, or toileting
- Pinching, shaking, or biting a child
- Hitting a child with a hand or instrument
- Putting anything in or on a child's mouth
- Humiliating, ridiculing, rejecting, or yelling at a child
- Subjecting a child to harsh, abusive or profane language
- Placing a child in a locked or dark room, bathroom or closet
- Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Teachers will work closely with families if behavior concerns persist to ensure consistency between the home and the program.

FIELD TRIPS

Preschool field trips will only consist of places that are within walking distance. Parents will be notified in writing in accordance with the Minimum Standards.

WATER ACTIVITIES

Water table activities will be available in the classrooms on a regular basis. During the warmer weather, teachers may plan outdoor sprinkler play. Parents will be notified in writing and in advance if this is planned.

LICENSING

A copy of the State Minimum Standards are available in the office. You may also review the most recent inspection reports that are posted in the office. The licensing office is located at 8700 N. Stemmons Freeway. The phone number is 214-951-7902 and the website can be accessed at www.dfps.state.tx.us.

CHILD ABUSE AND NEGLECT

Texas law requires that any individual that suspects a child has been abused or neglected must report the abuse or neglect to the proper authorities. Day School employees are required to obey that law by reporting suspected incidences of abuse or neglect. All teachers receive annual child abuse training. The PRS abuse hotline is 1-800-252-5400.

FORMS

- When you register, you will receive a packet of forms to complete.
- When enrolling the completed and notarized forms must be returned to the office as soon as possible, but no later than Tuesday, August 1, 2019.
- Failure to turn in paperwork could result in losing your child's spot. No refunds will be issued.
- Every child must have their forms completed and on file to participate in the program.
- Monies paid when a child is registered for a session are non-refundable and non-transferable.
- Parents must notify the office of any changes in the registration information.
- Parents will be notified immediately in writing if there are changes in policies or procedures.

TUITION

Registration fee:

- Non-refundable and non-transferable enrollment fee of \$500 for classes.

Due dates for tuition:

Tuition can be paid in two payments on June 1 and September 1. Tuition can also be paid in four installments on June 1, September 1, November 1, and January 1. Please note that the June 1 payment is **non-refundable and non-transferable**.

Online payment of tuition is available on our website at <https://www.pcbc.org/article/pcbc-day-school/>. You will need to enter your name, your child's name and the amount listed on your statement. Your statement will be placed in your child's cubby outside his/her classroom or in his/her bag. Please look for these at each payment due date.

For children 8 weeks to 17 months by September 1, 2019:

One Day (Tues or Thurs) tuition is \$2500 annually. Payments can be made in full at the beginning of each semester or in four installments of **\$625** on the previously listed dates.

Two Days (Tues and Thurs) Tuition is \$5000 annually. Payments can be made in full at the beginning of each semester or in four installments of **\$1,250** on the previously listed dates.

TUITION (cont.)

For children 18 months through Pre-K 4's:

Two Days (Tues/Thurs) Tuition is \$4300 annually. Payments can be made in full at the beginning of each semester or in four installments of **\$1,075** on the previously listed dates.

Three Days (Tues-Thurs) Tuition is \$6000 annually. Payments can be made in full at the beginning of each semester or in four installments of **\$1,500** on the previously listed dates.

Pre-K program (Tues-Thurs) Tuition is \$6000 annually. Payments can be made in full at the beginning of each semester or in four installments of **\$1,500** on the previously listed dates.

Stay & Play (Tues/Thurs)

This program is offered on Tuesday, and Thursday. Payments can be made in full at the beginning of each semester or in four installments on the previously listed dates. *Annual* tuition is \$1100 or 4 payments of **\$275 for one day**. If your child is doing **two days**, annual tuition is \$2200 or 4 payments of **\$550**.

Note: The Stay n' Play option is available for all three programs, but only for 3 year olds to pre-k.

TUITION (cont.)

- Tuition checks should be made payable to PCBC Day School.
- Please write your child's name in the lower left corner of the check.
- *A late payment charge of \$25.00 per child will be added after the 15th. If the fees are not paid in the first 30 days, a hold may be placed in the account which will not allow the child to attend until payment is current. All Day School dues must be current before your child can return to his/her class.*
- No refunds will be made if the school is closed due to unavoidable circumstances such as bad weather or building maintenance problems.
- If you withdraw your child from the Day School program, we require a 2 week notice. *Without a notice, you will be responsible for the tuition.*
- If you prefer to mail your check, please send it to:
PCBC Day School
Attn: Nickie Bartlett
3933 Northwest Parkway
Dallas, TX 75225

NEWSLETTER

There will be a monthly newsletter to keep you informed of important procedures, dates, and events. It will also include general articles and information.

PARENT INVOLVEMENT

Volunteering: Parents will have several opportunities to volunteer with the program. Parents can serve as a room parent, coordinating classroom volunteers or special events; assist with the newsletter or other office duties; share talents such as music with the children; serve on committees; or volunteer in older classrooms. Parents are welcome to visit at any time without prior notice. If you are interested in serving in any capacity, please notify your child's teacher.

Parent meetings: These meetings will be held on a regular basis. They will help you stay informed of program activities. Do not hesitate to contact the Day School director if you have suggestions or ideas. Meeting dates: TBD by the school director.

Parent committee meetings: This is an advisory committee that helps with planning for center wide events as well as acting in an advisory capacity to the director. The committee consists of the room parents for each classroom. Meeting dates: TBD by the school director.

PARENT INVOLVEMENT (cont.)

Parent Survey: As a part of our evaluation process, each year a more formal survey is distributed so that all parents can have an opportunity for input. We are able to make adjustments to have an even better year next year based on the information we get from you.

The National Association for the Education of Young Children (NAEYC) is the organization that accredits preschool programs. In an effort to continue to seek this accreditation for our program, we will use their self-assessment family survey. Gathering this information will help us set goals for next year. The survey is completely anonymous. Results are compiled and given to parents before the end of the school year.

GRIEVANCE PROCEDURES

If a concern arises in the classroom or with the operational policies, contact the office requesting a conference with your child's teacher. At the conference, discuss the concern and see if a mutual solution can be reached. If an agreement is not reached, inform the director and a meeting will be scheduled with you, the teacher and the director to discuss the issue. If you are not comfortable with the outcome, you may schedule a conference with the Pre-school Minister for Park Cities Baptist Church.

SUSPENSION/EXPULSION

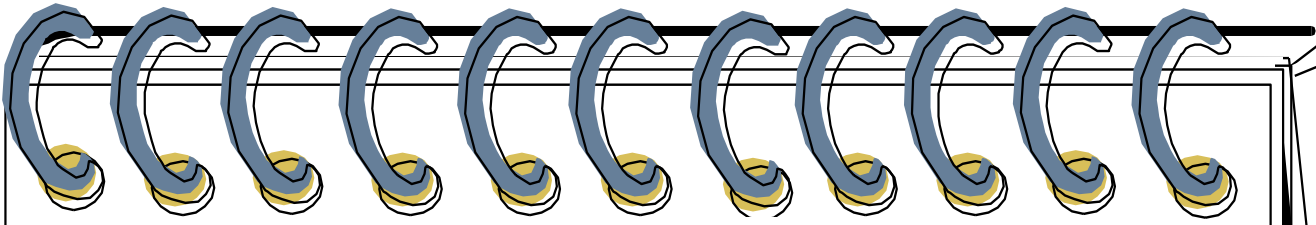
We do not anticipate that we would ever need to exclude a child from our program since we work closely with teachers and families around any behavior issues that might arise. However, if a child consistently over time exhibits aggressive behavior (biting, hitting, etc.) that endangers other children, the child may be suspended for a day. If the behavior continues beyond three incidents of suspension, the child will be suspended for 3 days. Subsequent to the 3 day suspension if the behavior continues, the child may be asked to leave the program.

REFERRAL POLICY

Any families that refer new families to our program will receive a \$100 reduction in their tuition payment! To receive this credit, you must be currently enrolled in the program. Additionally, the family referred must enroll and attend the program for at least 3 months.

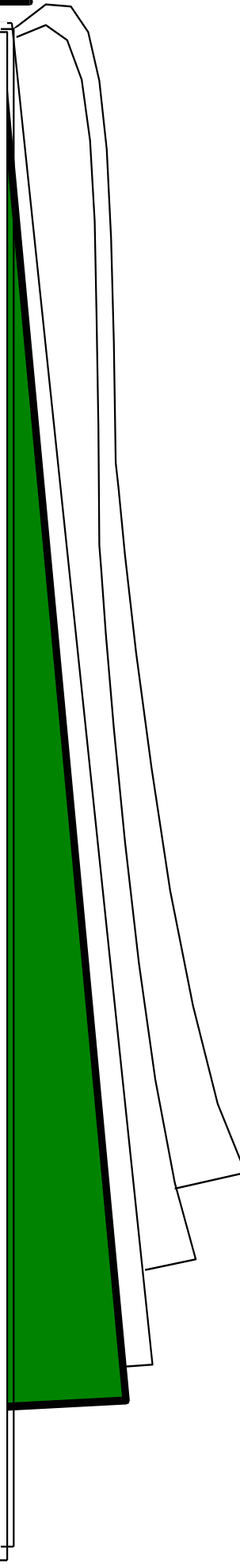
MISCELLANEOUS

- Children should eat breakfast before arriving. They may not bring breakfast into the classrooms.
- Teachers need to be informed of any special circumstances which may contribute to a child's behavior.
- Children cannot bring chewing gum, candy, money, guns, knives or toy weapons to school.



NOTES

Lined area for writing notes, consisting of 20 horizontal lines.



**PCBC Day School Registration & Tuition
School Year 2019-2020**

New Hours: 8:30 a.m.-2:00 p.m.

First Day of School Aug. 27, 2019

Registration Fees:

All programs: \$500 (\$200 will be credited toward June tuition payment.)

Includes all fall and spring supply fees

New Stay & Play Time (extra option from 2:00-3:45)

Registration is NON-REFUNDABLE unless we are unable to provide you with a spot.

Annual Tuition Rate

Infants starting at 8 weeks to 17 months old by Sept. 1, 2019

One day program (Tues. or Thurs.): \$2500

Two day program (Tues. and Thurs.): \$5000

Children 18 months through Pre-K 4's

Two day program (Tues. and Thurs.): \$4300

Three day program (Tues., Wed., Thurs.): \$6000

Pre-K program (Tues., Wed., Thurs): \$6000

(Note: Your child must be 4 by September 1st to attend pre-k program.)

Stay & Play: Tues. and Thurs.

2:00 p.m.-3:45 p.m.

\$1100 (one day) / \$2200 (two days)

Payments can be made in full at the beginning of the year or in 4 equal amounts throughout the year on the following dates: June 1, 2019, September 1, 2019, November 1, 2019 and January 1, 2020. Please note that the June 1 payment is non-refundable.

Tuition checks should be made payable to PCBC Day School. Please write your child's name on the memo line in the lower left corner of the check. NO CASH PLEASE.

Please bring your payment to the drop box outside of the school office instead of leaving it in your child's bag. If you prefer to mail your check, please send it to:

PCBC Day School
Attn: Nickie Bartlett
3933 Northwest Parkway
Dallas, TX 75225

Online payment of tuition is available on our website at <https://www.pcbc.org/article/pcbc-day-school/> on the “Payments” tab.

A late payment charge of \$25 per child will be added after the 15th. If the fees are not paid in the first 30 days, a hold may be placed on the account which will not allow the child to attend until payment is current. After 60 days, all dues must be current before your child can return to his/her class.

No refunds will be made if PCBC Day School is closed due to unavoidable circumstances such as bad weather or building maintenance problems.

Please remember that you are registering for the entire school year and are responsible for all four tuition payments. If you withdraw your child from the program, you must inform the PCBC Day School Office in writing. A two week notice is required. You will be responsible for tuition through the two weeks. A refund will be issued for any tuition that you have paid in advance. Please remember that the registration fee, Stay n’ Play fee, and June tuition are non-refundable.



PCBC Day School Application

Program: ☐ Infant / Toddler (Under 3 years before Sept. 1) ☐ Preschool (Over 3 years before Sept. 1)

GENERAL INFORMATION

Child's Name		Date of Birth	Child's Home Telephone No.
Child's Home Address			
Parent's or Guardian's Name		Address (if different from child's address)	
Parents are: <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> parent deceased		Child lives with: <input type="checkbox"/> both <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> guardian	
List telephone numbers where parents/guardian may be reached while child will be in care:	Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CONSENT INFORMATION

CHECK ALL THAT APPLY	
1. Receipt of Written Operational Policies	
I acknowledge receipt of the facility's operational policies, including those for:	
<input type="checkbox"/> Discipline and guidance	<input type="checkbox"/> Procedures for release of children
<input type="checkbox"/> Suspension and expulsion	<input type="checkbox"/> Illness and exclusion criteria
<input type="checkbox"/> Emergency plans	<input type="checkbox"/> Procedures for dispensing medications
<input type="checkbox"/> Procedure for conducting health checks	<input type="checkbox"/> Immunization requirements for children
<input type="checkbox"/> Safe sleep	<input type="checkbox"/> Meals and food service practices
<input type="checkbox"/> Procedures for parents to discuss concerns with the director	<input type="checkbox"/> Procedures to visit the center without securing prior approval
<input type="checkbox"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website
2. Water Activities	
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:	
<input type="checkbox"/> sprinkler play	
<input type="checkbox"/> water table play	
3. Photo Release	
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent to use images of my child for publications	
4. Meals	
I understand that a morning snack will be served to my child while in care	

HEALTH REQUIREMENTS

Name of Child: _____				Date of Birth: _____	
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
Hepatitis B					
DTP / DTaP / DT					
Hib					
POLIO IPV or OPV					
MEASLES					
MUMPS					
RUBELLA					
Varicella (see below)					
Pneumococcal Conjugate Vaccine					
Hepatitis A					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____		
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.					
_____ Parent's signature			_____ Date		
<input type="checkbox"/>	I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.				
For additional information regarding immunizations contact the Department of State Health Services at http://www.dshs.state.tx.us/immunize/school_info.htm					

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____		DATE _____	

****Please note: hearing/vision screening is done at a child's 4 year old well visit****

ADMISSION REQUIREMENT

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission.

Please check only one option:

1. ☐ HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

Health Care Professional's Signature:

Date Signed:

2. ☐ A signed and dated copy of a health care professional's statement is attached.

3. ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

4. ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name and Address of Health Care Professional:

Signature – Parent or Legal Guardian:

Date Signed:

REQUIREMENTS FOR EXCLUSION

☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Ph.#
Name of Emergency Medical Care Facility	Address	Ph.#

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

Date

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____
(seal, if any, of notary officer)

My commission expires: _____

CHILD'S ADDITIONAL INFORMATION SECTION

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? ☐ Yes ☐ No Plan submitted on:

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature – Parent or Legal Guardian:

Date Signed:

Signature – Parent or Legal Guardian

Date

Center Designee

PLEASE SELECT:

INFANT/TODDLER

Tue ___ Thurs ___ Both ___
8:30 A.M.—2:00 P.M.

PRESCHOOL 3S, 4S, & 5 YR OLD

(Age by Sept 1)

T&TH : _____

T-TH: _____

(PRE-K) T-TH: _____

(CIRCLE DESIRED DAYS)

STAY N' PLAY: T, TH

2:00 P.M.—3:45 P.M.

Park Cities Baptist Church
Day School
School Year 2019-2020

Tues-Thurs
August 27, 2019– May 14, 2020

Registration Fee:

\$500

(\$200 will be credited toward June tuition)

This Fee is NON-REFUNDABLE

Office Use Only

Date: _____

Check #: _____

Conformation # _____

Amount: \$ _____

Room # _____

Entered by: _____

Child's Name: _____ Male/Female

Phone (H or C): (____) _____ - _____ DOB _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

PLEASE SELECT:

INFANT/TODDLER

Tue ___ Thurs ___ Both ___
8:30 A.M.—2:00 P.M.

PRESCHOOL 3S, 4S, & 5 YR OLD

(Age by Sept 1)

T&TH : _____

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(PRE-K) T-TH: _____

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Office Use Only

Date: _____

Check #: _____

Conformation # _____

Amount: \$ _____

Room # _____

Entered by: _____

Child's Name: _____ Male/Female

Phone (H or C): (____) _____ - _____ DOB _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Address: _____

City: _____ Zip Code: _____

Mother's Name _____

Mobile Number: _____

Work Number: _____

Father's Name: _____

Mobile Number: _____

Work Number: _____

Email Address: _____

PCBC Member: YES _____ NO _____

Currently Enrolled in Day School YES _____ NO _____

Registration Deadline January _____

Address: _____

City: _____ Zip Code: _____

Mother's Name _____

Mobile Number: _____

Work Number: _____

Father's Name: _____

Mobile Number: _____

Work Number: _____

Email Address: _____

PCBC Member: YES _____ NO _____

Currently Enrolled in Day School YES _____ NO _____

Registration Deadline January _____



Park Cities Baptist Day School

TUITION AGREEMENT

I, _____, of _____
Parent/Guardian Child Name

Understand the 2019-20 Day School Program registration fee, AND the first installment of tuition is non-refundable and non-transferrable. I understand that a spot cannot be reserved nor will my child be registered until the registration fee is paid.

I understand if I make the decision to leave the Day School Program after paying the fee, I will not receive any money returned from the registration fee.

I understand that tuition payment is due on the first of each month stated in the tuition information form and that a late fee of \$25 is assessed on the fifteenth of each month should I fail to make my payment on time.

I understand that if the fees are not paid within the first 30 days, a hold may be placed on the account for my child and he/she will not be allowed to attend until payment is current.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

Office Signature



YOUR CHILD'S DEVELOPMENTAL HISTORY

Child's full name: _____

Name your child goes by: _____

Date: _____

Pregnancy/Birth/Adoption

Did you experience any special occurrences, or concerns during your pregnancy and/or delivery? ☐ Yes ☐ No

If yes, please explain. _____

Do you consider this to have been an easy pregnancy? ☐ Yes ☐ No

If no, please explain. _____

If you are an adoptive parent, what age was your child when you adopted him/her? _____

Were there any special occurrences, problems or issues with you, your child, or your family around the adoption process? ☐ Yes ☐ No

If yes, please explain. _____

Eating and Weaning

Do/Did you nurse your child? ☐ Yes ☐ No

If yes, for how long? _____

If applicable, how did the weaning process go? _____

Does your child:

Use a ☐ spoon ☐ fork ☐ both ☐ neither

Need assistance when eating ☐ yes ☐ no ☐ some

My child is not allowed to eat _____ for the following reason:

☐ Religious preference ☐ vegetarian ☐ illness

Your child's favorite foods are: _____

Your child's least favorite foods are: _____

My child is allergic to the following foods: _____

Overall, how would you describe your child's feeding experience; is it a happy or a difficult time for you and your child? Please explain. _____

Toilet Training

Is your child toilet trained? ☐ Yes ☐ No ☐ Partially

If yes, at what age did you toilet train your child? _____

If you are currently toilet training your child, please describe how are you training him/her? _

Does your child use the toilet ☐ by him/herself ☐ with assistance?

If applicable, at what age did your child achieve bladder/bowel control?

Day time _____ Night time _____

How does your child let you know when she/he needs to use the toilet? _____

Word used for bowel movement _____

Word used for urination _____

Your child sometimes has an accidents when _____

Sleeping Patterns

What is your child's sleeping patterns:

Bed time _____

Wake up time _____

Naptime _____

Length of nap _____

Does your child sleep in his/her own bed? _____

If not, with whom does your child sleep? _____

Favorite nap/bedtime toy to help your child relax is: _____

Please describe any sleep problems and how they are handled:

Problem(s): _____ How are they handled? _____

Communication/Language Development

Are you concerned about your child's speech? ☐ Yes ☐ No

If yes, please describe _____

Does your child work with a speech therapist or receive speech therapy? ☐ Yes ☐ No

If yes, who is your child's therapist? _____

Your child uses words to tell you what she/he wants. ☐ Yes ☐ No

Most people can understand what your child says. ☐ Yes ☐ No

Health

Have you ever had concerns about your child's physical or emotional development?

☐ Yes ☐ No

If yes, what concerned you? _____

Has your child ever had any serious illnesses, accidents, or surgeries? _____

If yes, please list each occurrence:

<u>What</u>	<u>When</u>	<u>Child's Reaction</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever been a patient in a hospital? ☐ Yes ☐ No

If yes, please describe.

<u>When</u>	<u>How Long</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did she/he react? _____

Who stayed with your child? _____

Was it overnight? ☐ Yes ☐ No

Does your child use any visual, hearing or adaptive aids or equipment? ☐ Yes ☐ No

If yes, does she/he use them all the time? ☐ Yes ☐ No

If no, please specify times _____

What can we do to help your child? _____

How often does your child have upper respiratory infections (sore throat, ear infections, colds, allergies, etc.)? _____

Physical Development

At what age did your child:	<i>earlier than you expected</i>	<i>about when you expected</i>	<i>later than you expected</i>
Roll over			
Sit up			
Crawl			
Walk			
Talk			

Social/Emotional Development

My child likes:

☐ to play alone ☐ in small groups ☐ in large groups
☐ to play with children the same age ☐ older children ☐ younger children

My child makes and keeps friends easily: ☐ Yes ☐ No

If no, please explain: _____

Sometimes she/he has "arguments and/or fights" with his/her friends when playing:

☐ Yes ☐ No

If yes, how are these resolved? What helps? _____

What fears does your child have? _____

What upsets your child and what does she/he do? _____

What comforts your child when she/he is upset? _____

How does your child express happiness? _____

How does your child express the need for attention? _____

When your child is tired, sick or hurt, what does she/he usually like? _____

My child needs some assistance with the following types of play or activities _____

My child's favorite toys and/or activities are: _____

Parent separations from child

Please list times when you (or other parent) have been separated from your child.

	Date:	How long?	Which parent?	Why?	Who cared for your child?	Child's reaction to separation
1.						
2.						
3.						
4.						

Do you feel your child suffers from separation anxiety? ☐ Yes ☐ No

If yes, please explain. _____

Please list the important people in your child's life:

Name

Relationship to Child

Previous Child Care Experiences

Please list all of your child's previous child care experiences.

--	--	--	--

Age of Child	Type of care	How long?	Reason for change

General Information

What do you think is most wonderful about your child? _____

What does your child like to do the most? _____

How do you help your child change undesirable behavior? _____

Do you feel the method you are using works? _____

Is there any other information you would like to share with us about your child?

Health Requirements Information

PCDS Parents,

This information sheet is aimed at answering some frequently asked questions regarding the required health paperwork your child needs to attend PCDS.

Immunizations

- Current immunizations must be turned in at the time of enrollment. You may access the PCDS guidelines for vaccinations at <https://dshs.texas.gov/immunize/school/child-care-requirements.aspx>.
- PCDS can only accept an immunization that has a doctor's signature or doctor's stamp on the document.
- If your child receives an immunization during the school year, or after enrollment and prior to the next school year starting, please submit the updated paperwork at your earliest convenience.
- If you have opted for your child not to receive any immunizations, you will need to provide PCDS with the original **notarized affidavit** that details which specific vaccinations are not being received. This affidavit is valid for two years from the date it is notarized. Information on immunization affidavits: <https://www.dshs.texas.gov/immunize/school/exemptions.aspx#affidavit>.
- Out-of-date or incomplete immunization paperwork can delay or stop PCDS attendance.

Allergies/Medications

- When marking allergies for your child on the Emergency Medical Information form, please include (if known) the severity of the allergy, and/or the signs/symptoms of the allergic reaction. This will help PCDS staff identify potential allergic reactions.
- **The PCDS designated staff are the only staff allowed to administer medication in case of an emergency.** Any other medications, including daily prescriptions, cannot be given. If your child needs medication given during school hours, you are welcome to come to PCDS and give the medication at the appropriate time.
- If your child has a severe allergy or medical condition, and will be providing PCDS with emergency medication (EpiPen Jr, oral Benadryl, rescue inhaler), please be sure to have your child's doctor/pediatrician fill out the appropriate paperwork. This paperwork and the emergency medications must be turned in to PCDS prior to the first day of school. The medication must be in the original pharmacy packaging with the pharmacy label including the doctor's instructions. Medication must not expire during the PCDS school year. Medication will stay at PCDS for the school year.
- Children who have paperwork marked that emergency medications will be provided, but do not have the medication and/or paperwork turned in to PCDS, will be unable to attend school until medication/paperwork is provided.

For all PCDS Parent Policies and Procedures, please visit: <https://www.pcbc.org/article/pcbc-day-school/>. Please contact the PCDS office if you have any questions.



Health History

Name: _____

D.O.B _____

Sex: _____

Parent/Guardian: _____

Date: _____

Pregnancy & Birth				
Pregnancy Complications <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please comment:		
Delivery Complications <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please comment:		
Nursery Course				
Any Health Problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Difficulty Breathing	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Infections	<input type="checkbox"/> Transfusions
<input type="checkbox"/> Jaundice <input type="checkbox"/> Seizures				
Comments:				
Child's Medical History				
<input type="checkbox"/> Trauma/Injuries	<input type="checkbox"/> Visual Problems	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Liver Disease	<u>ALLERGIES:</u>
<input type="checkbox"/> Hospitalization/Surgeries	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Stomach Pain, Vomiting, Diarrhea	<input type="checkbox"/> Rheumatic Fever	Foods:
<input type="checkbox"/> Anemia	<input type="checkbox"/> Seizures	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Sickle Cell Disease	Drugs:
<input type="checkbox"/> Infections (Ear, Throat, Kidneys)	<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart/Blood Vessel Disease	<input type="checkbox"/> Diabetes	Environment:
<input type="checkbox"/> Pneumonia's	<input type="checkbox"/> Eczema	<input type="checkbox"/> Immunizations Current <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Dental concerns
Is your child currently taking medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what condition:				<input type="checkbox"/> Genetic/Birth Defects
Family Medical History (M-Mother, F-Father, S-Siblings)				
Anemia	Seizures	Hearing Impairments	Juvenile Diabetes	Heart Disease
Kidney Problems	Muscle/Bone Disease	Hypertension	Other	

Signature - Parent or Legal Guardian

Date

Child's Name _____ Date of Birth _____

Class Roster Consent

I hereby **give** ☐ **do not give** ☐ my consent to allow my address, phone number and email address to be given to other parents in my child's class.

Parent Agreement

I have received and read (via the PCBC website) the **PCDS Parent Manual** which includes operational procedures and discipline and guidance policies. I agree to abide by all of the policies and procedures. I understand that failure to abide by the policies and procedures may result in my child or children being dismissed from the PCDS program.

By enrolling my child in the PCDS program, I give permission for age-appropriate water play which may include water tables, washing baby dolls and sprinkler/splash play (for older children).

PCDS does not provide transportation.

PCDS does not participate in field trips.

PCDS only provides a snack. Parents are solely responsible for providing their child's meal and for meeting their child's daily nutritional needs.

Payment Policy

Registration - The registration fee is due at the time of registration, this fee is non-refundable and must be made prior to your child starting. If you choose not to participate in our Stay & Play program during initial registration, but would like your child to attend later in the school year please inform the office immediately.

Tuition - PCDS tuition payments are due on the first day of each month from July through April. Those who register after July will have a May payment. A late fee of \$25 is assessed on the 15th of each month. For non-payment accounts, a hold may be placed on the account which will not allow the child to attend until payment is current.

We accept payments by check, and online from your account. If you use electronic bill pay to send a bank check, please make check payable to the PARK CITIES DAY SCHOOL and note your child's name in the memo section. This will ensure proper credit to your account.

Returned checks (NSF or other) will receive a \$35 fee to cover bank costs. After two returned checks, we will require payment by online credit card or money order.

Late pick-up fees will be assessed on the day of the occurrence and are due with the next tuition payment. A statement will be mailed indicating any charges. Please see late pick-up fee policy in the Parent Manual.

PCDS requires a two week **paid** notification to drop. Please submit your drop notification to the PCDS Office in writing. The two week notification starts on the day we receive your notice in the PCDS Office.

Signature of Parent or Legal Guardian

Date

Discipline and Guidance Policy

- ◆ Discipline must be: (1) Individualized and consistent for each child
- (2) Appropriate to the child's level of understanding
- (3) Directed toward teaching the child acceptable behavior and self-control

- ◆ A caregiver may only use positive methods of discipline and guidance that encourages self-esteem, self-control, and self-direction, and includes at least the following: (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior
- (2) Reminding a child of behavior expectations daily by using clear, positive statements
- (3) Redirecting behavior using positive statements
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute for each year of the child's age

- ◆ There must be no harsh, cruel or unusual treatment of any child. The following types of discipline and guidance are prohibited (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps, or toilet training;
- (3) Pinching, shaking, or biting a child;
- (4) Hitting a child with a hand or instrument;
- (5) Putting anything in or on a child's mouth;
- (6) Humiliating, ridiculing, rejecting, or yelling at a child;
- (7) Subjecting a child to harsh, abusive, or profane language;
- (8) Placing a child in a locked or dark room, bathroom, or closet;
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age, including requiring a child to remain in a restrictive device.

My signature verifies I have read and received a copy of this discipline and guidance policy.

Parent Name: _____ Date: _____

Parent Signature 2019-2020: _____