

Union United Methodist Church Preschool/Kindergarten

Child Discipline Policy

Union United Methodist Church Preschool/Kindergarten is committed to providing children and families with quality learning in a safe and loving environment. A major part of the obligation is to use a system of discipline that will provide a positive learning experience leading each child to develop a strong sense of individual worth and responsibility. The following are guidelines for handling discipline:

1. No corporal or physical punishment.
2. No limits on behavioral expectations that are not developmentally appropriate.
3. Use of consistency, fairness and patience.
4. Use of encouragement for positive behavior.
5. Use of logical consequences instead of punishment. Acceptable consequences are: removing the child from one play area to another, limiting play privileges and using "time out".
6. The Director will involve a child's parents in the disciplinary process only when uncontrollable behavior and/or behavior that is potentially harmful to the child or others persists.

CHILDREN ARE SUPERVISED BY SIGHT AS WELL AS SOUND AT ALL TIMES.

I have read and understand the Union United Methodist Church Preschool/Kindergarten's Discipline Policy.

Print Child's Name here

Parent's Signature

Date

Pick-up Authorization and Expectations

Name(s), address(es), and verification of identification, such as driver's license, other picture identification and/or carpool number of person(s) authorized to pick up the child from Union United Methodist Church Preschool/Kindergarten is required on the Department of Social Services form 2900. Your child can only be released to those persons designated by written request or those on your emergency pickup card.

It is expected that when you are called to come pick up your child for whatever reason, that you come promptly and within a reasonable amount of time.

I have read and understand the Union United Methodist Church Preschool/Kindergarten policy on authorization and expectations of pick-up.

Print Child's Name here

Parent's Signature

Date

Media Consent Form

Child's Name _____

Dear Parent or Guardian,

Throughout the year, our staff takes pictures of our students for various projects they are doing with their classes. We would like to share some of these pictures by posting them on the Union United Methodist Church website. We also have the opportunity to have pictures and/or stories about our school featured in area newspapers.

Please indicate below whether you **do or do not** grant permission for the release of your child's name and/or picture for the purposes stated above, and return this form to your child's teacher by your child's first day of school. If the form is not returned by the specified date, your child's name and/or photo will be released for the purposes stated above.

_____ **YES, I DO** grant permission for the release of my child's name and/or picture for the purposes stated above. My child's name and/or photo **may be used**.

_____ **NO, I DO NOT** grant permission for the release of my child's name and/or picture for the purposes stated above. My child's name and/or photo may not be used **except for church and classroom publications**.

Parent or Guardian Signature _____ Date _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Parent(s) Name: _____

Student(s) Name/Classroom _____

I (we) hereby authorize **UNION UNITED METHODIST CHURCH PRESCHOOL** to initiate debit entries to my (our) bank account listed below. The frequency and amount of these transactions is also listed below. *A voided check is attached.*

Account Name: _____

Routing Number: _____

Account Number: _____

Frequency: **Circle Only One**

Monthly (The 15th of every month or the following business day should the fifteenth fall on a weekend.)

Bi-Monthly (Total monthly payment will be divided in half to debit on the 1st and the 15th of each month or the following business day should those dates fall on a weekend.)

Monthly Amount: \$ _____

Bi-Monthly Amount: \$ _____ (1st)
\$ _____ (15th)

This authorization is to remain in full force and effect while enrolled at **UNION UNITED METHODIST CHURCH PRESCHOOL**. If I need to cancel this authorization I will send written notification from me (or either of us) of its termination in such time and in such a manner as to afford **UNION UNITED METHODIST CHURCH PRESCHOOL** and **DEPOSITORY** a reasonable opportunity to act on it.

Name(s): _____
(Please Print)

Signature(s): _____

Date: _____

Office Use _____

Tuition _____

EB _____(M) _____(T) _____(W) _____(TH) _____(F)

LB _____(M) _____(T) _____(W)

Enr _____(M) _____(T) _____(W)