

**Discipline Policy:**

Parents will be notified when their child is unable to meet student behavior expectations. A pattern of continuous behavior issues may lead to a temporary suspension or a removal from the Extended Day Program; An offense of physical nature, such as biting, punching, kicking, pulling hair, or spitting will immediately lead to a temporary suspension, and any further offenses thereafter will lead to permanent removal from the KES Extended Day Program. Any student who uses physical force with a group leader will immediately and permanently be suspended from the program as well.

Refunds Due to Suspension from Program- All tuition paid prior to your student's temporary or permanent suspension will be forfeited.

I have read and reviewed the *Student Behavior Expectations* section with my child/children.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Verification of Understanding:**

I have read completely and have a full understanding of all rules and policies enclosed in the Parent/Student Policy and Procedure Handbook.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**General Release of Liability:**

The undersigned agrees to release and forever discharge KES Cove Extended Day and St. Johns County School Board, their offices, servants, agents and employees from all claims and demands, rights and causes of action of any kind the undersigned now has or hereafter may have on account of or in any way arising from personal injuries and/or property damage known or unknown to the undersigned at the present time that results from an occurrence which may happen to the below stated child/children during time spent in the KES Cove Extended Day, barring proven supervisory neglect.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Authorization of Emergency Care:**

In the event of an accident or serious illness that requires immediate medical attention, KES Extended Day Program will attempt contact me. If KES is unable to reach me, I hereby authorize them to contact the physician indicated and follow his instructions. If physician cannot be reached, KES is authorized to make necessary arrangements to provide care and treatment for my child. In the event of an accident or illness that does not require immediate medical attention but does require immediate pick-up, KES will contact me to make transportation arrangements for my child. If KES is unable to reach me, I authorize them to contact one of the persons on my alternate pick-up list and request them to transport my child home.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Early Withdrawal Policy:**

In the event of early withdrawal from the KES Cove Extended Day Program, all tuitions paid prior to withdrawal will be forfeited.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_