

**ST. JOSEPH PRESCHOOL
DISCIPLINE POLICY
MINIMUM LICENSING REQUIREMENTS
FOR CHILD CARE FACILITIES**

St. Joseph Preschool uses the following methods of discipline:

A period of time out for child not following rules or the teacher’s directions.

A short separation of children involved in a disagreement. (Example: Having students play in different centers from one another.)

Talk with student about the behavior that is not acceptable. Help them to better understand the classroom rules and expectations.

Advise the principal of the behavior, if necessary.

Send a child home if the behavior warrants it.

Communicate with parents concerning child’s behavior – both good and that needing correcting – to help the child develop the skills and behavior needed in a classroom or group setting. Working with parents in a team approach should assure success for the child. Corporal punishment is not a part of St. Joseph School or Preschool.

“I have read and understand the discipline policy of the child care facility. I give my permission to the use of all methods set out above.”

Parent/Guardian Signature Date

Parent/Guardian Signature Date

If the parent/guardian disagrees with any disciplinary method above, please list method preferred.

Parent/Guardian Signature Date

PLEASE NOTE: Physical punishment shall not be administered to children.
(Minimum Licensing Requirements for Child Care Center 500.2)
(Minimum Licensing Requirements for Day Care Family Homes 501.1)

ST. JOSEPH PRESCHOOL: EMERGENCY & ILLNESS INFORMATION

Student Name _____ Grade _____ Date of Birth _____

DOES YOUR CHILD HAVE ANY UNUSUAL HEALTH CONDITIONS? PLEASE BE SPECIFIC YES _____ NO _____
IF YES, PLEASE INDICATE:

_____ Asthma	_____ Bee Sting (Allergy)	_____ Internal Irregularities	_____ Deafness
_____ Kidney/Bladder	_____ Other Allergy (list)	_____ Convulsive Seizures	_____ Surgical
_____ Arthritis	_____ mild _____ severe	_____ Sight Impairment	_____ Fractures
_____ Diabetes		_____ Wears Glasses	_____ Heart

Food Allergy _____

Physical Handicap (Describe) _____

Other _____

Physician _____ Office Phone _____

Address _____

Dentist _____ Office Phone _____

Address _____

RELEASE: If medical attention is required, and the parent/legal guardian cannot be reached immediately, your signature in the space provided below empowers the school to use judgment in calling the physician indicated above, or if not available to transport the child to a hospital emergency room.

School St. Joseph School Address 25 South Spruce Street, Paris AR 72855

In case of emergency, if the undersigned parent(s) or guardian cannot be reached at the telephone numbers shown, consent is given to take any of my children _____

Health Clinic and/or Hospital

The aforementioned doctor, or, in the event of his unavailability, any doctor on the staff of said hospital, is authorized to utilize whatever medical techniques are deemed necessary, including surgery. The undersigned acknowledge their responsibility for all reasonable medical expenses so incurred.

Signature _____

Day time Phone Numbers _____

ST. JOSEPH PRESCHOOL INFORMATION ONLY

Disease History: List the dates of each:

Measles_____ Mumps_____ German Measles_____ Chicken Pox_____ Whooping Cough_____

Contracted Tuberculosis: Yes_____ No_____ Frequent Ear Infections: Yes_____ No_____

Frequent Throat Infection: Yes_____ No_____ Defective Heart: Yes_____ No_____

Other Conditions or Comments_____

Child's Developmental Needs:

Physical or emotional problems the child might have: _____

Child's special food needs: Diabetic diet_____ Allergies_____

Special problems: All Meds that child takes (Please be specific) _____

Allergies_____ Temper Tantrums_____ Diabetes_____ Frequent colds_____ Biting_____

Sun Sensitivity_____ Seizures_____ Fainting Spells_____ Bed wetting _____ Other_____

Requires help in: Dressing_____ Undressing_____ Toileting_____ Eating_____ Washing hands_____

Is Child toilet trained? Yes_____ No_____ Words used in toileting_____

Favorite: Games_____ Toys_____ Foods_____

Siblings? Yes_____ No_____ Names(s) of siblings: _____