

**Discipline Policy**

Discipline is a vital component to the learning process of a student. By setting rules and clearly communicating expectations; misbehaviors can be avoided and students can develop self-discipline and self-control.

We expect all employees to treat the students in a respectful manner and for the students in turn to respond in the same manner. We also expect the students to show this same respect to each other and to use all equipment and facilities in an appropriate manner.

Fidelis Academy will not use any physical or degrading disciplinary actions. Students who are demonstrating inappropriate behavior will be redirected as a first intervention. For more serious infractions such as biting, fighting, improper language or for repeated infractions, the student will receive a verbal warning, and a disciplinary report will be placed in the student’s file. If the action continues, a parent conference will be scheduled with the teacher and a member of administration. Chronic misbehavior will result in dismissal from the program.

**Media Release**

**AUTHORIZATION FOR MEDIA RELEASE:** I understand that Fidelis Academy, or designees, may use photographs and/or digital videos for use in local publications, advertisings, or any other related promotional medium. I waive the right to inspect or approve any photographs or digital video images before they are published and any use to which they may be put.

I have read the above and hereby give my consent.

**Authorization for Emergency Medical Treatment**

In case of any emergency, Fidelis Academy will attempt to reach either parent based on the information on file for the student or the Emergency Number given by the parent.

If for any reason none of these parties are available to provide assistance, I authorize Fidelis Academy to use and transport my child via EMR vehicle to, the closest medical facility (i.e. hospital) and grant permission to perform any emergency procedure at the discretion of that medical facility’s procedures and protocols.

**CHILD RELEASE AGREEMENT**

Release of child

1. No student shall be released to any person (s) other than the person (s) authorized by the parent or guardian and listed on the emergency pickup form or its equivalent. Any person (s) authorized to take a child from the school, other than the child’s parent or guardian must present picture I.D. to the office “before” a child is released.
2. In the event that a student’s parent (s) or guardian (s) did not authorize a person to remove the child on the emergency or pickup contact list, the student’s parent or guardian must contact the school office and authorize a person to remove the student. The authorized individual must present positive picture I.D. to the camp office.
3. Fidelis Academy’s hours of operation are 7:30 AM to 3:00 PM. In accordance to the Broward County Child Care Ordinance, we MUST notify DCF and the Fort Lauderdale Police Department immediately in the event a child is not picked up by an authorized person within one (1) hour after the scheduled closing time. **LATE PICK-UP CHARGE:** A $1.00 per minute charge per child will be assessed after closing time. After 3 late pick-ups, we reserve the right to remove your child from our school enrollment.

**I have read the above and hereby give my consent.**

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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



**What We Need to Know About Your Child**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Allergies***?  NO  YES If Yes, Please List:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child currently in an ***ESE program*** or receiving any special services during the school day?  NO  YES

***Medical Conditions***?  NO  YES If Yes, Please List:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any other important information we should know concerning your child. EXAMPLES: Medications needed? If administered, when (*at home*)? Medical equipment needed (*such as* EpiPen®, *inhaler, blood sugar monitors and/or insulin*). PLEASE BE SPECIFIC: (Mark N/A if Not Applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for Medication**

*MEDICATION (Prescribed or Over the Counter)*

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medication and Prescription Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Medication is to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bug Spray/Sunscreen (*MUST BE SUPPLIED BY PARENT/GUARDIAN) -* All sunscreen must be labeled with the child’s name.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_