

Discipline and Guidance Policy for A Time & A Season Christian DaySchool

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

- ❖ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include 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 and
 - (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 per 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 with the door closed; and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

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

X_____

Signature

Date

- ☐ Parent
- ☐ Employee/Caregiver
- ☐ Household member of child-care home



A Time & A Season Christian Day School

TO ALL PARENTS/STAFF:

This child care facility follows in every way a strict NON-DISCRIMINATION POLICY and CIVIL RIGHTS LAWS.

“In the operation of the Special Nutrition Programs participants are not and will not be discriminated against because of race, sex, color, nationality, age, political or religious beliefs.”

“In compliance with the state and federal laws, this facility does not discriminate against any handicaps of any kind and has reasonable accommodations to the known physical or mental limitations of an otherwise qualified handicapped applicant or employee.”

IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST IN ANY WAY, PLEASE INFORM THE DIRECTOR OF THIS FACILITY OR WRITE IMMEDIATELY TO:

**DIRECTOR: Civil Rights Department (M. C W-105)
Texas Department of Human Services
P.O. Box 149030
Austin, TX 78714-9030**

-OR-

**Secretary of Agriculture
Washington, D.C. 20250**

We ask that you sign for acknowledgement of and receiving this statement:

X _____

ATAAS Christian DaySchool



Release of Visual Media Consent Form

Dear Parents,

This form has been formulated to give **A Time & A Season Christian DaySchool** authorization to post pictures of your child(ren) via **ATAAS website, Facebook**, etc. These pictures are intended for various uses (marketing, information, etc.). The images will NOT be used for exploitation in any shape or form. Please follow the instructions below, to allow your child(ren)'s pictures to be displayed.

Please Print Names of Child(ren) released for Media Usage:

1. _____
2. _____
3. _____
4. _____
5. _____

Please Print, Sign, & Date Below:

| | |
|-------------------|---------------------------|
| _____ | _____ |
| Print Name | Date |
| _____ | _____ |
| Signature | Director Signature |

I, Do not give permission for my child to be photographed

_____ **Signature**

A TIME & A SEASON CHRISTIAN DAYSCHOOL
EMERGENCY AUTHORIZATION FORM
PICK UP/DROP OFF

My child has permission to ride the DaySchool bus/van/car during their time of enrollment, starting **January 1, 2023**. I give authorization for the ATAAS staff and drivers to transport my child (Mon-Fri) to & from _____.

In the event of an accident occurring to my child while on said trip(s), I also give the ATAAS staff and driver permission to contact emergency medical assistance, and have them transported to a local hospital.

Date: _____ Signature: _____

Emergency Authorization

Child's Name: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

At least two (2) numbers required

Emergency Contact Person: _____

Hospital Preference: _____

(this is in case of emergency and child needs to be transported)

Child's Doctor & Phone #: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician cannot be contacted immediately.

Parent(s) Signature: _____

Date: _____