



**United Kidz Academy**  
1211 N. Ellison Dr. San Antonio, Texas 78251  
210.437.2455

Dear Parents,

Welcome to United Kidz Academy! We appreciate your decision to choose us as your childcare provider. We are an early childcare center that opened in August 2014. Our program has been developed with the whole child in mind. At UKA we value education, physical and emotional health, and diversity. Our goal is to provide a Christian-based curriculum simultaneously while providing safety, security, and protection to all our students.

"Train up a child in the way he should go and when he is old, and he will not depart from it."

Tuition is billed weekly and is due every Monday. Failure to pay tuition in full by close of business on Tuesday will result in a \$30 late fee. Payment methods include automatic draft, checks, money orders, and debit/credit cards except American Express. Accounts that reflect a balance on Wednesday will be subject to disenrollment with a fee until your account is brought to current and has a zero balance. Watch Me Grow is a live stream camera system that is available to you for a monthly fee of \$25 per child. The cut off time for breakfast is 8:30am and the cut off for drop off is at 9am for all children. This is necessary so that all students may begin curriculum together without distractions. If your child has an appointment, please call the center to let us know. Your child may return with a doctor's note if it is not during nap time. (12pm-2:30pm)

UKA extends an open-door policy for your convenience. We print a monthly calendar and menu to keep our parents informed. Please park in our designated parking spots and not in our fire lanes. We welcome you to our family.

Thank you,  
Shannon Santiago  
Center Director



## **ADMISSION INFORMATION**

Purpose: Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the childcare facility.

GENERAL INFORMATION				
Operation's Name:		Director's Name:		
Child's Full Name:	Child's Date of Birth:	Child Lives With: Both parents      Mom Dad      Guardian		
Child's Home Address:				
Date of Admission:		Date of Withdrawal:		
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian (if different from the child's):		
List telephone numbers below where parents/guardian may be reached while child is in care.				
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	<input type="checkbox"/> Yes <input type="checkbox"/> No on File:	Custody Documents
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached:				Relationship:
I authorize the childcare operation to release my child to leave the childcare operation ONLY with the following persons. Please list the name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.				
Name and Phone Number:	Name and Phone Number:	Name and Phone Number:		
CONSENT INFORMATION				
CHECK ALL THAT APPLY:				
I. TRANSPORTATION				
I give consent for my child to be transported and supervised by the operation's employees:				
for emergency care Don field trips C] to and from home      to and from school				

## 2.FIELD TRIPS

I give consent for my child to participate in field trips.

I do not give consent for my child to participate in field trips.

Comments:

## 3.WATER ACTIVITIES

I give consent for my child to participate in the following water activities:

water table play                      sprinkler play      splashpad      aquatic playgrounds

J-800-  
2935  
June  
2017

### CONSENT INFORMATION

CHECK ALL THAT APPLY:

## 4.RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt of the facility's operational policies, including those for:

[3 Discipline and guidance	Procedures for release of children
Suspension and expulsion	C] Illness and exclusion criteria
Emergency plans	Procedures for dispensing medications
[3 Procedures for conducting health checks	[3 Immunization requirements for children
Safe sleep	Meals and food service practices
(3 Procedures for parents to discuss concerns with the director	Procedures to visit the center

## 5. MEALS

I understand that the following meals will be served to my child while in care:

[3 Breakfast                      Morning snack                      Lunch                      Afternoon snack

## 6. DAYS AND TIMES IN CARE

My child is normally in care on the following days and times:

Day of the Week		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday	CLOSED	
Sunday	CLOSED	

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone Number:
Name of Emergency Care Facility:	Address:	Phone Number:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		Signature - Parent or Legal Guardian

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June 2017

**CHILD'S ADDITIONAL INFORMATION SECTION**

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for longterm continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? Yes ☐ No ☐ Plan submitted on:

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III( you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature - Parent or Legal Guardian: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**SCHOOL AGE CHILDREN**

My child attends the following school:

Name of School:

School Phone Number:

My child has permission to (check all that apply):

☐ ride a bus

☐ be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address:

### ADMISSION REQUIREMENT

If your child does not attend pre-kindergarten or school away from the childcare operation, one of the following must be presented when your child is admitted to the childcare operation or within one week of admission.

Please check only one option:

1 n HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that he or she is able to take part in the day care program.

\*\*Health Care Professional's Signature:

\*\*Date Signed:

2. A signed and dated copy of a health care professional's statement is attached.
3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional signed statement and submit it to the childcare operation.

Name and Address of Health Care Professional:

Signature - Parent or Legal Guardian:

Date Signed:

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### REQUIREMENTS FOR EXCLUSION

C) I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90<sup>th</sup> day after the affidavit is notarized.

I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

VISION EXAM RESULTS				
R 20/		L 20/		Pass   Fail
Signature:		Date Signed:		
	HEARING EXAM		RESULTS	
Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				

Left				
Signature:			Date Signed;	

<div style="background-color: black; width: 300px; height: 20px; display: inline-block;"></div> <b>VACCINE INFORMATION</b> <div style="background-color: black; width: 300px; height: 20px; display: inline-block;"></div>		
The following vaccines require multiple doses over time. Please provide the date your child received each dose.		
Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose) 1-2 months (second dose) 6-18 months (third dose)	
Rotavirus	2 months (first dose) 4 months (second dose) 6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose) 4 months (second dose) 6 months (third dose) 15— 18 months (fourth dose) 4-6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose) 4 months (second dose) 6 months (third dose) 12-15 months (fourth dose)	

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<div style="background-color: black; width: 300px; height: 20px; display: inline-block;"></div> <b>VACCINE</b>		
<b>INFORMATION</b>		
The following vaccines require multiple doses over time. Please provide the date your child received each dose.		
Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Pneumococcal	2 months (first dose) 4 months (second dose) 6 months (third dose) 12-15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose) 4 months (second dose) 6-18 months (third dose) 4-6 years (fourth dose)	

Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12-15 months (first dose) 4-6 years (second dose)	
Varicella	12-15 months (first dose) 4-6 years (second dose)	
Hepatitis A	12—23 months (first dose) The second dose should be given 6 to 18 months after the first dose.	
<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <b>PHYSICIAN OR PUBLIC HEALTH PERSONNEL VERIFICATION</b> <div style="background-color: black; width: 150px; height: 20px; margin-top: 5px;"></div>		
Signature or stamp of physician or public health personnel verifying immunization information above:		
Signature:		Date Signed:

VARICELLA (CHICKENPOX)	
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine.	
Parent's Signature:	Date Signed:

<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <b>ADDITIONAL INFORMATION REGARDING IMMUNIZATIONS</b> <div style="background-color: black; width: 150px; height: 20px; margin-top: 5px;"></div>
For additional information regarding immunizations, visit the Texas Department of State Health Services' website at <a href="http://www.dshs.state.tx.us/immunize/public.shtm">www.dshs.state.tx.us/immunize/public.shtm</a> .



**TB TEST (IF REQUIRED)**

☐ Positive

☐ Negative

Date:

**GANG FREE ZONE**

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

**PRIVACY STATEMENT**

DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

**SIGNATURES**

Child's Parent or Legal Guardian:

X

Date Signed:

Center Designee:

X

Date Signed:





## Important Information

### Hours of Operation

United Kidz Academy is open 12 months a year, Monday through Friday, from 6:30am-6:30pm. We do offer extended care for the morning for an additional fee. (Must have 5 students enrolled to participate) Please see Director for details. All students must be checked in by a parent or legal guardian by 9:00am. If your child is coming in after 9:00am due to an appointment, please call the center to let us know. Your child may return with a doctor's note if it is not during nap time. (12pm-2:30pm)

### Holidays

United Kidz Academy observes holidays and 2 in service days each year. New Year's Eve, New Year's Day, Martin Luther King Day, President's Day (In-Service), Good Friday, Battle of Flowers, Memorial Day, Independence Day, Labor Day, Columbus Day, Thanksgiving Day, Friday after Thanksgiving Day, Christmas Eve, Christmas Day, Day after Christmas.

### Tuition Payment

Your tuition payment reserves your child's place in their assigned classroom. To ensure quality programming and a high-quality staff, tuition is paid even when your child is absent. The tuition rate is based on the classroom in which the child is enrolled and not the child's actual birthdate. Tuition is due weekly, but you may pay ahead and have a credit that will deplete over time. For the parents that pay weekly, the tuition is due on Monday. Late fees will apply thereafter.

For your convenience, tuition payments can be scheduled through automatic draft, on a credit card, or debit card. We do not except American Express. All payments will be posted Monday morning and processed in-house. For the safety of our students and staff, United Kidz Academy will not accept cash payments. We are a NO CASH facility.

A \$30 late fee will be added at the close of business on Tuesday to all accounts that still have a balance. An additional \$25 late fee will be assessed on Friday to any unpaid accounts thereafter. Any accounts past due for more than three consecutive days will deactivated. Your account and the child's place in their classroom cannot be guaranteed until tuition is paid in full. All accounts which remain past due longer than 15 days will be turned over to collections. There are no refunds on tuition payments. NO Exceptions!!!

### Late Pick Up

All students must be picked up by 6:30pm. A \$25 fee will be applied to your account at 6:31pm and it will be \$1 a minute thereafter.

### Illness and Exclusion

If your child is ill or has a fever of 99 or higher, they will not be permitted inside at drop off and /or will be required for pick up. You are required to pick up your child from the center immediately. If your child is not picked up in a timely manner and their fever continues to rise, we will then have to call proper authorities to avoid the possibility of seizures and such. In addition, if your child has 2 loose stools or vomits 1 time during the day, you will be required to pick them up. Your child will need to be kept out of school the following day, fever free without medication and symptom free.

A child will not be allowed to attend if any of the following exist:

1. Temperature of 99 and higher
2. Signs and symptoms of possible severe illness: lethargy, excessive coughing, excessive drainage(mucus) abnormal breathing, uncontrolled diarrhea, 2 or more vomiting episodes in 24 hours, rash, mouth sores, behavior changes, or other symptoms showing that a child may be severely ill.
3. Any communicable disease or Covid like symptoms are defined by the Texas Department of Health.
4. Any illness that prevents a child from participating in childcare activities including outdoor play.

### Dismissal

Occasionally, at the discretion of the Program Director and Management, a child can be asked to withdraw due to adjustment or excessive behavior issues. When these circumstances occur, we will meet with the child, parents, and educator to accommodate the needs and safety of each child. United Kidz Academy reserves the right to dismiss any student, should it be deemed necessary, after a reasonable adjustment period or anytime, for any reason, during the child's enrollment.

I hereby acknowledge that I have read and agree to the above Terms and Conditions:

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Parent Signature

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Director Signature

DFPS

Texas Department of  
Family and Protective Services

Form J-800-1099  
New January 2018

## OPERATIONAL DISCIPLINE AND GUIDANCE POLICY

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Purpose: This form provides the required information per minimum standards 5744.501(7), §746.501(a)(7), and 5747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

### DISCIPLINE AND GUIDANCE POLICY

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 or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

### ADDITIONAL DISCIPLINE AND GUIDANCE MEASURES (ONLY APPLIES TO BAP/SAP PROGRAMS THAT OPERATE UNDER CHAPTER 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

Ensure that the measures are considered commonly accepted teaching or training techniques.

Describe the training and disciplinary measures in writing to parents and employees and include the following information:

- o (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs; o (B) What behaviors would warrant the use of these measures; and o (C) The maximum amount of time the measures would be imposed.

Inform parents that they have the right to ask for additional information; and

Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code 5261.001 and Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

## SIGNATURE

This policy is effective on the following date:

Signed by:

X

Role:

- ☐ Parent ☐ Caregiver/Employee  
☐ Household Member (Ch. 747 only)

## MINIMUM STANDARDS RELATED TO DISCIPLINE

Title 40, Chapter 746 Subchapter L:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tacview=5&ti=40&pt=19&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tacview=5&ti=40&pt=19&ch=746&sch=L&rl=Y)

Title 40, Chapter 747 Subchapter L [http://texreg.sos.state.tx.us/public/readtac\\$ext.NiewTAC?tacview=5&ti=40&pt=19&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.NiewTAC?tacview=5&ti=40&pt=19&ch=747&sch=L&rl=Y)

Title 40, Chapter 744 Subchapter G:

[http://texrea.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tacview=5&ti=40&pt=19&ch=744&sch=G&rl=Y](http://texrea.sos.state.tx.us/public/readtac$ext.ViewTAC?tacview=5&ti=40&pt=19&ch=744&sch=G&rl=Y)

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## United Kidz Academy

### Discipline and Guidance Policy for

\_\_\_\_\_  
Name of Operation

◆ 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 is 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 and received a copy of this discipline and guidance policy,	
_____	_____
Signature	Date
Check one please:	
parent	Cl employee/caregiver
household member of child-care home	

TDPRS-CCL 06/02/03

# UNITED KIDZ ACADEMY SAN ANTONIO

Child's name:

\_\_\_\_\_

## Parent Operational Policies Acknowledgement

I have received and read the following for United Kidz Academy Parent Operational Policies.

If you have any questions or concerns regarding the Parent Operational Policies, please feel free to discuss them with the Program Director at any time. We look forward to building a strong relationship with you and your child and a solid foundation of Early Education.

Parents Name:\_\_\_\_\_ Parents Signature: \_\_\_\_\_Date: \_\_\_\_\_



## Tuition Agreement

### Registration:

Your child will be registered in the United Kidz Academy Program after the enrollment application and Tuition Agreement has been completed and submitted to the Director/ Assistant Director along with a NON-REFUNDABLE Registration, Supply and Weekly Tuition fees. In the amount of \$\_\_\_\_\_.

Applicant understands the importance of and assumes responsibility for notifying the United Kidz Academy of any significant changes in enrollment information such as work or home phone numbers, work location, emergency contact, authorized pick up persons, medical information, etc.

### Supply Fee:

An annual supply fee in the amount of \_\_\_\_\_ \$ is due at the time of enrollment and annually thereafter. Supply fees include all curriculum books and supplies needed for your child to participate in the program curriculum.

### Tuition:

Your tuition payment reserves your child's space in their assigned classroom. To ensure quality programming and a high-quality staff, **tuition is paid even when your child is absent.** Tuition is billed weekly and is due on Monday. On Wednesday morning a late fee of \$30 will be added to your account if your tuition is not paid by end of business Tuesday. An additional \$25 late fee will be assessed on any unpaid accounts thereafter. Any accounts past due for more than three consecutive days will be deactivated. Your account and child's place in their classroom cannot be guaranteed until tuition is paid in full. All accounts which remain past due longer than 15 days will be turned over to collections. **There are no refunds on tuition payments. NO Exceptions!!!** These fees are non-negotiable.

For your convenience we can process automated payments through Tuition Express, which drafts out weekly. You are also able to pay with credit, debit, check or money order. We do not accept American Express or cash.

The tuition is based on the classroom in which your child is enrolled and not on the child's actual birthdate. The tuition rate for your child's program is \$\_\_\_\_\_.

Only one discount will be offered. We do not honor double discounts.

Corporate% \_\_\_\_\_ Family/Siblings% \_\_\_\_\_ Active Military% \_\_\_\_\_

Parent Printed name \_\_\_\_\_

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



### Photo Authorization/ Social Media Form

I understand that United Kidz Academy staff will take my child's photo for crafts and classroom activities. My child's image may appear on Facebook or our UKA website which is available to parents/guardians of children currently enrolled at United Kidz Academy.

#### Website use

\_\_\_\_\_ I grant United Kidz Academy permission to use my child's photo on their website and in marketing materials. I understand the website has a large audience and my child's photo will be available to the public. (Photos only, names will not be used).

\_\_\_\_\_ I do NOT grant United Kidz Academy permission to use my child's photo on their website or in marketing materials.

Child's name\_\_\_\_\_

Parent or Legal Guardian's printed name\_\_\_\_\_

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

Date\_\_\_\_\_



# Tuition@ Automated Payment Processing Safe Convenient Easy Express

We are excited to offer the safety\* convenience and ease of Tuition Express —a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) to initiate credit card charges to the below-referenced credit card account (Section A) OR to initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments check with the center for accepted credit card types,

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	Checking	Savings	
Authorized Signature	Date			

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## **Behavior Notice**

We here at United Kidz Academy, believe in altering the way we teach, not how a child learns. However, sometimes behavior and choices play a big part in their success and the success of their peers. **Our goal is to ensure that every child may learn self-discipline along with our guidance.** We want children to make good choices and eventually correct themselves when they make not so good choices. We focus on age-appropriate positive reinforcement and constant redirecting in our center.

From the date of January 1, 2020, if your child receives more than three serious behavior reports within a short period of time, they will be placed on a behavior plan. We will then, along with a parent or guardian, discuss the severity of the situation and a solution. As Director, I will decide the extent of this plan. **In any situation where rough horseplay, defiance, consistent biting, bullying, disrespect to peers or staff, verbal confrontation, profanity, physical aggressive behavior or attacking another individual is displayed your child will be required for immediate pick up and suspension for 24 hours. If hostile behavior towards staff is expressed from a child or parent, you will also be asked to leave our center permanently.** This is our **NO TOLERANCE POLICY!**

**Safety will always be a very important priority at United Kidz Academy.** You entrust us to care, guide, teach and protect your children while they are in our center, and we will always do just that. Our staff must also feel safe while they are here. Any form of inappropriate behavior towards a staff member of United Kidz Academy will not be tolerated. **This form must be signed before enrollment and will be placed in your child's file.**

**Thank you,**

**Shannon Santiago (UKA Director)**

**Student's name**\_\_\_\_\_

**Parent's signature**\_\_\_\_\_

**Director signature**\_\_\_\_\_