

Treatment in case of emergency In the event of an emergency, the staff of Mary Help of Christians School will attempt to reach the parents first, emergency contact persons named herein next, the child's doctor or the school's on-call pediatrician, or Emergency Medical Services, whichever is deemed most appropriate

I understand and give permission to the staff at Mary Help of Christian's School to act in the best interest of my child(ren). I will be responsible for payment of services.

Signature of parent/guardian _____ Date _____

1. I understand that Mary Help of Christians is a ministry of Mary Help of Christians Catholic Church. I understand that religious songs and activities are part of the program.
2. I understand that tuition is due the first class day of the month, with a grace period extending to the 10th of the month, and that a \$10 late fee is assessed if tuition is not paid at that time.
3. I understand that the registration fee is non-refundable.
4. I understand that the school office must be notified, in writing, in advance of my child's withdrawal from school during the school year. Failure to do so will make me responsible for any and all fees accrued during that time, and tuition in the full amount will be charged.

Discipline Policy

The discipline policy at Mary Help of Christians is one of preventive discipline. Children who are challenged and involved in their environment are less apt to experience behavioral difficulties. For children who do experience behavior problems our policy is to first redirect them to other activities. Logical consequences of their behavior will be discussed. If further intervention is necessary parents will be notified. Physical punishment will not be used and no form of punishment where a child is hurt or humiliated will ever be tolerated. Food will not be withheld as a form of punishment.

I hereby grant my permission for my child to take part in all activities that may be incorporated into his/her school day while attending MHOC School.

A class list of names and addresses is distributed to each family in your child's classroom. I grant MHOC school permission to include my name and address on that class list. ____ Yes ____ No

Occasionally teachers are asked to provide pictures/video of their class when attending continuing education classes. These photos/video will not be used for commercial or other purposes. I grant MHOC School permission to include my child in photos/video for educational use only.

_____ Yes _____ No

Signature of parent/guardian _____ Date _____