



East Liverpool Christian School

46682 FLORENCE STREET EAST LIVERPOOL, OHIO 43920

PHONE: [330]385.5588 FAX: [330]385.1267

Dear Parents/Guardians,

It is registration time! We are excited about what the Lord is doing in our school and in the lives of our students, our families, our faculty and staff. It is our goal to walk with you educationally as you grow your children in the Lord.

Ed Choice scholarships are available to students entering kindergarten through sixth grades, for families that qualify, and students currently enrolled in public schools on the 2019-2020 designated schools list (LaCroft Elementary). Please tell your friends and neighbors about this amazing opportunity for a Christian education!! Ed Choice applications are available in the office. Other financial aid and scholarships are available; you can pick up an application in the office.

The Service scholarship program has been very beneficial to East Liverpool Christian School and our families, so we are pleased to continue the program. It helps make the parent/school/community connection stronger when we work together as a school family. Please read the pages outlining the program in our handbook and see where you might best serve the needs of our school. The handbook can be accessed online at elchristian.org.

All attached paperwork must be filled out completely, signed and returned along with the registration/application fees in order to hold a place for your child. The registration process will be complete following the transfer of your child's school records and placement testing. Please use the checklist to assist you in making sure your registration packet is complete.

1. ___ Parent Commitment Form
2. ___ New Student Application Fee \$75.00 (one time only for new students)
3. ___ Yearly Registration Fee (March-April \$75.00)(May-June \$100.00)(July and after \$125.00)
4. ___ New Student Application Form (one time only for new students)
5. ___ Copy of Birth Certificate (one time only for new students)
6. ___ Copy of Social Security Card (one time only for new students)
7. ___ Immunization Record and Physical Form
8. ___ Custody papers (if applicable)
9. ___ Emergency/Transportation Authorization
10. ___ Mediation/Arbitration Agreement
11. ___ Race/Ethnicity Designation form
12. ___ Pastor Reference Form
13. ___ Nuclear Incident Form
14. ___ Parental/Guardian Photo Consent Form
15. ___ Roster Inclusion and Authorization for Student Pick-Up
16. ___ One Call Update
17. ___ Volunteer Driver Form(with copy of driver's license and insurance)



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PARENT COMMITMENT FORM

As parents/guardians, we know we have the privilege and responsibility for the education of our children. With God's guidance, we also partner with East Liverpool Christian School to provide for our child(ren)'s education. Together, we believe this is the best plan for our family. We have read and understand the Student Handbook. Although every situation cannot be covered by a specific rule, we agree to stand with the decisions made by teacher/administration in the implementation of the policies set forth.

A crucial part of East Liverpool Christian School's mission is to promote spiritual development and a Biblical world view in the lives of their students. This includes teaching a Biblical understanding of morality and to pursue a life that is governed by this Biblical code. Both the school and the home come under the authority of God for the benefit of our students. The school board and the employees of the school are in agreement with these policies. Therefore, the school reserves the right, as a faith based institution, to refuse admission of an applicant or discontinue enrollment of a student if the atmosphere or conduct within a particular home or the activities of a student are in opposition to the Biblical lifestyle the school teaches. This includes, but is not limited to sexual immorality, disregard for/breaking civil laws, disrespect for human life at any stage (Genesis 2:18-23, Genesis 2:20-24, Romans 13:1-5, Leviticus 18:22-23, Romans 1:20-32, Psalm 139:13-16, Romans 12:17-21), promoting such practices, or being unable to support the moral principles of the school. Your signature below does not require or indicate agreement with the policy, but signifies awareness and compliance with said policies.

We also agree to take an active role in our child(ren)'s education, setting time aside each day for homework or helping them memorize Bible verses, math facts, review for tests, etc. Checking grades regularly and attending parent/teacher conferences will be ways we support our student's efforts to succeed in school. We commit to the Matthew 18 principle if there should be a conflict. We will not malign the school or its employees verbally or through any form of social media so that the name of Jesus does not suffer.

_____ Date _____
Parent signature

_____ Date _____
Parent signature

East Liverpool Christian School
46682 Florence St.
E. Liverpool, Oh 43920
Phone: 1-330-385-5588
Fax: 1-330-385-1267
E-Mail: elcsoffice@elchristian.org
Website: www.elchristian.org App

For School Use Only:
Year____ Grade____
Received____ Ref. Forms P__ F__
Interview____ Grade Card____ Imm. ____
B.C.____ Auth.____ Custody Papers____
App. Fee____ Acc.____ Rej.____

NEW STUDENT APPLICATION FORM

Student's Full Name _____
Last Name First Middle Nickname

Street Address _____

City _____ State _____ Zip Code _____ Phone (____) _____
unlisted yes or no

Birthdate _____ Birthplace _____ Sex _____

E-Mail Address _____

School District in which you live _____ Present Grade _____

Name & Address of last school attended _____

Grade for which admission is being sought _____

Is applicant in good health? _____ Please explain any physical disabilities _____

Has the student repeated any grade? _____ If yes, explain what grade and the reason for retention _____

Was the student ever suspended or dismissed from any school for academic or disciplinary reasons?
Yes ___ No ___ If yes, please explain _____

Explain any scholastic or disciplinary difficulties the student has had in school _____

Does the student have an IEP or receive special services? _____

Father's Name _____ Employment _____

Occupation _____

Mother's Name _____ Employment _____

Occupation _____

Guardian's Name _____ Employment _____

Occupation _____

Church Family Attends _____

Church Address _____

Church Phone (____) _____

Pastor's Name _____

Give names of other children in the family

Name Age Attend ELCS? Why, if not?

How has the student done in school thus far? _____
Tell about your child. _____

Has the student had any difficulties with civil authorities? Yes ___ No ___
If yes, please explain.

State your reason for wanting to change schools _____

Give a concise statement of each parent's personal relationship with Christ.

Father: _____

Mother: _____

Give detailed reasons as to why you are interested in sending your child to ELCS.

Please attach the following: 1) \$75.00 non-refundable application fee 2) social security card 3) birth certificate 4) custody papers, if applicable 5) immunization records 6) current physical exam form from pediatrician.

By signing this application you agree that those in charge of the school shall have full discretion in the grade placement and discipline of your child, and that the school reserves the right to dismiss any child who hinders the educational process of the school. Your signature also verifies that you have read the *Student-Parent Handbook* and agree to partner with us regarding its implementation.

By signing this application you also agree to make prompt financial payments.

Signatures: Father _____
 Mother _____
 Date _____

Statement of Non-Discrimination

East Liverpool Christian School admits the students of all races, color, ethnic or national origins, and gender to all the rights, privileges, programs and activities generally accorded or made available to the students of the school. East Liverpool Christian School does not discriminate on the basis of race, color, gender, or ethnic or national origin in the administration of its educational policies, admission policies, scholarship and loan programs, athletic and other school-administered programs. Romans 2:11- "God does not show favoritism."

**Ohio Department of Education
Division of Educational Services
Early Childhood Education Section
Child's Medical Statement**

This is to certify that I have examined (Child's Name) _____
on the (Date) _____ and have found that he/she:

1) has had the immunizations required by Section 3313.671 of the Ohio Revised Code for admission to school, or has had the immunizations required by the Ohio Department of Health for infants and toddlers, or _____ is to be exempted from these requirements for medical or religious reasons.

Immunization Record. Enter month/day/year of each immunization.

DPT:

1 _____ 2 _____ 3 _____ 4 _____ *5 _____

POLIO:

1 _____ 2 _____ 3 _____ *4 _____

HIB. VAC.

1 _____ 2 _____ 3 _____ 4 _____

Hepatitis B

1 _____ 2 _____ 3 _____

VARICELLA _____ (if received)

Measles, mumps, rubella--usually combined as MMR 1 _____ *2 _____

If separate, measles _____, mumps _____, rubella _____

***The 5th DTP, 4th polio, and 2nd MMR should be administered just prior to kindergarten or school entrance.**

2) is free from apparent communicable disease and is in suitable condition to attend a preschool program, based on his/her medical history and physical condition at the time of this examination.

Physician's Signature

Physician's Name

Address

City, State, Zip

Phone

Parent Name

Child's Birth Date



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EMERGENCY TRANSPORTATION AUTHORIZATION

Name of Child	Grade	Age
Child's Home Address		
Mother's Name	Mother's Home Address	
Mother's Phone	Mother's Email	
Mother's Employer's Name	Mother's Employer's Address	Mother's Employer's Phone
Father's Name	Father's Home Address	
Father's Phone	Father's Email	
Father's Employer's Name	Father's Employer's Address	Father's Employer's Phone

People to be contacted in the event of an emergency if the parent cannot be reached:

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Relationship to Child Phone	Relationship to Child Phone

Name of Physician or Clinic	Name of Dentist or Clinic
Address	Address
City, State, Zip Phone	City, State, Zip Phone

Date of last physical exam: _____

Medications (prescriptions or over the counter) child is currently receiving. Please list the dosage, times of day medication is usually given and the reason for the medication.

Any known allergies _____

Special precautions and/or treatments for allergies _____

Chronic physical problems affecting child: _____

Any other information the school should be aware of: _____

This Information was provided by (please print): _____

Signature of parent or guardian: _____ Date: _____

Complete either Part I or Part II below. Do not complete both.

Part I. Permission to transport child

I give ELCS permission to transport my child to _____ (hospital or clinic) for emergency care or to _____ (dentist) for emergency dental care, or to the nearest available source of assistance.

Parent's Signature

Date

Part II. Refusal to grant permission

I do not give permission to ELCS to transport my child emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the following action to be taken:

Parent's Signature

Date



Mediation Arbitration Agreement

The parties to this agreement believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the Biblical injunctions of I Corinthians 6: 1-8, Matthew 5:23-34, and Matthew 18:15-20. Therefore, the parties agree that any claim or dispute arising out of, or related to, this agreement or to any aspect of the school relationship, including claims under federal, state, and local statutory or common law, the law of contract, and law of court, shall be settled by biblically based mediation.

If resolution of the dispute and reconciliation do not result from mediation, the matter shall then be submitted to an independent and objective arbitrator for binding arbitration. The parties agree that the mediation and arbitration process will be conducted in accordance with the "Rules of Procedure for Christian Conciliation" ("Rules") contained in the Peacemaker Ministries booklet *Guidelines for Christian Conciliation*. Consistent with these "Rules," each party to the agreement shall agree to the selection of the arbitrator. The parties agree that if there is an impasse in the selection of the arbitrator, the Institute for Christian Conciliation division of Peacemaker Ministries in Billings, Montana (406-256-1583), shall be asked to provide the name of a qualified person who will serve in that capacity. Consistent with the "Rules," the arbitrator shall issue a written opinion within a reasonable time.

The parties to this contract agree that these methods shall be the sole remedy for any controversy or claim arising out of the school relationship or this agreement, and they expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision. The parties to this agreement have had an opportunity to consult legal counsel before signing this agreement.

I/We the parent(s) or legal guardian(s) of _____
 agree to abide by the above statement. (A copy of the Guidelines for Christian Conciliation Handbook is kept in the school office for anyone's perusal.)

Signature: Father _____
 Mother _____
 Guardian _____
 Guardian _____
 Date _____



Race/Ethnicity Designation Form

To accurately complete the state-mandated Report of Nonpublic Schools, you as a parent or employee must be given the option to self-designate the category of race/ethnicity. If you decline the school administration will designate it for you.

Please check one box only.

- | | | |
|--------------------------|------------------------------------|---|
| <input type="checkbox"/> | White/Non-Hispanic | Persons having origins in any of the original peoples of Europe, North Africa of the Middle East |
| <input type="checkbox"/> | Black/Non-Hispanic | Persons having origins in any of the black racial groups in Africa |
| <input type="checkbox"/> | Hispanic | Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race |
| <input type="checkbox"/> | Asian/Pacific Islanders | Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent. This area includes, for example, China, India, Japan, Korea, and the Philippine Islands and Samoa |
| <input type="checkbox"/> | American Indian/
Alaskan Native | Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition |
| <input type="checkbox"/> | Muti-racial | Persons having origins in two or more of the above categories |
| <input type="checkbox"/> | I/We decline to self-designate. | |

STATEMENT OF NON-DISCRIMINATION

The East Liverpool Christian School admits students of all races, ethnic or national origins, and gender to all the rights, privileges, programs, and activities generally accorded or made available to the students of the school. The school does not discriminate on the basis of race, gender, or ethnic or national origin in the administration of its educational policies, admission policies, scholarship and loan programs, athletic and other school-administered programs. Romans 2:11, "For God does not show favoritism."

Student's Name

Parent Signature

Date



PASTOR REFERENCE FORM

Dear Pastor,

We believe it is vital for the home, church, and school to work together in the development of children. Thank you so much for helping us get to know this family better. The family has signed an "Authorization to Release Reference."

Name of Applicant: _____
 Father's Name: _____
 Mother's Name: _____

Church Attendance Practice :
(circle one)

Father: Regular Seldom Never
 Mother: Regular Seldom Never
 Applicant: Regular Seldom Never

Active Participation in church program:
(circle one)

Father: Yes No
 Mother: Yes No
 Applicant: Yes No

With the knowledge you have of the East Liverpool Christian School explain how you feel this student and family will co-operate with our school program?

Student: _____

Parents: _____

Other information you feel will be helpful in evaluating this family:

Pastor's Signature _____

Phone(____)_____

Church _____

Date _____

Please mail or fax this form to the school.



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Nuclear Incident Form

Dear Parents/Guardians:

In the event of a nuclear incident, students will remain in our building and under our care until you or your designee arrive, because our Glenmoor location is outside the 10-mile Plume Exposure Pathway Zone (EPZ).

If a nuclear incident at the Beaver Valley Power Station requires the evacuation of our students during the school day, you or someone designated by you will be required to come directly to ELCS and pick up your child. Any students remaining in our building after 8:00 PM will be bused to Columbiana County Career and Technical Center/David Anderson High School, Lisbon, OH. These are the host schools; students will be accompanied by school personnel. Parents and legal guardians will be requested to pick up their children at the host school. Emergency cancellations and host school will be announced by the same method we use on snow days. The stations to listen to are WKBN TV 27 in Youngstown, and WTOV Channel 9 in Steubenville; the One Call system will also be utilized. These arrangements have been set-up by the Emergency Management Agency of Columbiana County.

We are concerned that any evacuation be safe and orderly, that accurate attendance be maintained, and that parents/guardians are reunited with students as quickly as possible. Do not rush. Keep school driveways and roads accessible. Drive safely. Your child will be waiting for you under our supervision. In order to insure their safety, children may only be released to parents or their designee. Please complete the attached checklist and potassium iodide form below.

My child (ren), _____, may be picked up by the following people:

Myself only: _____ (name)

My spouse: _____ (name)

Other: _____ (name and relationship)

School officials should not release my child to anyone else unless proper authorization is received from me. I can be reached at the numbers provided below.

Home phone _____ Work phone _____

Parent signature _____ Date _____



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Parental/Guardian Photo Consent Form

We are sending you a parental consent form to inform you and to request permission for your child's Photo/Image to be included in our website and/or other promotional material.

As pursuant to law, we will not release any personally identifiable information without prior written consent from you as a parent or guardian.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Headmaster. Such rescission will take effect upon receipt by the school.

Check one of the following choices:

_____ I/we Grant permission for a Photo/image to be published by East Liverpool Christian School on their website or other promotional material.

_____ I/we do not Grant Permission for a Photo/image to be published by East Liverpool Christian School on their website or other promotional material.

Students Name (Please Print) _____

Student's Grade _____

Print Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Relation to Student _____ Date: _____



Roster Inclusion and Authorization for Student Pick-Up

Dear Preschool Parents,

Our preschool is licensed by the Ohio Department of Education. One of the requirements for licensure is a class roster and permission slips giving parental consent for inclusion on the roster. The roster would list parent(s) and child(ren) names, address, and phone number.

Copies of the roster are to be available to any parent that requests one. Please mark and sign the form.

Thank you,

Preschool Department

East Liverpool Christian School

Roster Inclusion Permission

Check one:

- I/We give permission for inclusion in the class roster.
- I/We give permission for inclusion in the class roster, but my/our phone number is unlisted; therefore, please do not publish the phone number.
- I/We do not give permission for inclusion in the roster.

Child's Name

Parent's Signature

Parents,

Please list the names of 5 people we can release your child to:

- 1.
- 2.
- 3.
- 4.
- 5.



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One Call Update

To receive school notifications via ONE CALL, please complete the information below.

Name of Student(s) _____

Preferred One Call Phone # _____

Any Additional numbers you would like added:

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

Any number that you want removed:

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



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Volunteer Driver Form

School Year: _____

Note: We must have this information on file for all drivers of school sponsored events prior to the event.

 Student Name

 Parent/Driver Name

DECLARATION OF PARENT/VOLUNTEER DRIVER OF ELCS STUDENTS

The undersigned acknowledges that the purpose of this Declaration is to establish the primary liability and responsibility of the driver for any and all claims arising out of the driver's transport of ELCS students to and from school-sponsored and supervised activities. In pursuance of the purpose of this Declaration, the driver assures ELCS as follows:

1. The undersigned driver holds a current valid driver's license and car insurance (copies are attached).
2. Permission to transport ELCS students must be granted by the school administrator or her designee (teachers).
3. Only licensed, insured drivers for which we have this form will be permitted to transport ELCS students.
4. The undersigned recognizes and agrees that the driver's insurance coverage is primarily responsible for any and all incidents that may occur while transporting ELCS students.
5. The undersigned driver has checked the safety of the vehicle, tires, brakes, lights, horn, suspension, seat belts, etc.
6. The undersigned driver agrees to carry only the number of passengers for which the vehicle was designed and for which there are functioning safety belts. Each driver and passenger must use a safety belt. All front seat passengers must meet Ohio requirements for front seat passengers.

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE AND INSURANCE CARD FOR OUR RECORDS

 Driver's Name (Print)

 Driver's Signature

 Driver's Name (Print)

 Driver's Signature

 Date

 Phone



PRESCHOOL MANAGEMENT OF COMMUNICABLE DISEASE

1. A person trained to recognize the common signs of communicable disease or other illness shall observe each child daily as he enters a group. A "person trained to recognize the common signs of communicable disease" means any person trained in prevention, recognition and management of communicable diseases as required by paragraph (D) of Rule 3301-37-07 of the Administrative Code.
2. The following precautions shall be taken for children suspected of having a communicable disease:
 - A. The program shall immediately notify the parent or guardian of the child's condition when a child has been observed with signs or symptoms of illness.
 - B. A child with any of the following signs or symptoms of illness shall be immediately isolated and discharged to his parent or guardian:
 - a) Diarrhea (more than one abnormally loose stool within a twenty-four-hour period);
 - b) Severe coughing, causing the child to become red or blue in the face or to make a whooping sound;
 - c) Difficult or rapid breathing;
 - d) Yellowish skin or eyes;
 - e) Conjunctivitis;
 - f) Temperature of one hundred degrees Fahrenheit taken under the arm when in combination with other signs of illness;
 - g) Untreated infected skin patch(es);
 - h) Unusually dark urine and/or gray or white stool;
 - i) Stiff neck; or
 - j) Evidence of lice, scabies or other parasitic infestation.
 - C. A child with any of the following signs or symptoms of illness shall be immediately isolated from other children. Decisions regarding whether the child should be discharged immediately or at some other time during the day shall be determined by the director and the parent or guardian. The child, while isolated at the program, shall be carefully watched for symptoms listed in paragraph (B)(2) of this Rule as well as the following:
 - a) Unusual spots or rashes;
 - b) Sore throat or difficulty in swallowing;
 - c) Elevated temperature;
 - d) Vomiting.

- D. Programs shall follow the Department of Health "child day care communicable disease chart" for appropriate management of suspected illnesses.

A child isolated due to suspected communicable disease shall be:

- a) Cared for in a room or portion of a room not being used in the preschool program;
- b) Within sight and hearing of an adult at all times. No child shall ever be left alone or unsupervised;
- c) Made comfortable and provided with a cot. All linens and blankets used by the ill child will be laundered before being used by another child. After use, the cots shall be disinfected with an appropriate germicidal agent, or, if soiled with blood, feces, vomit or other body fluids, the cots shall be cleaned with soap and water and then disinfected with an appropriate germicidal agent;
- d) Observed carefully for worsening condition; and
- e) Discharged to parent, guardian, or person designated by the parent or guardian as soon as practical.

3. Each program shall have a written policy concerning the management of communicable disease. The policy shall include, at a minimum:

- A. The program's means of training all preschool staff in signs and symptoms of illness and in hand washing and disinfections procedures;
- B. Procedures for isolating and discharging an ill child and policy for readmitting such child;
- C. Procedures for notifying the parent or guardian immediately when a child is exhibiting signs or symptoms of illness or has been exposed to a communicable disease; and
- D. Procedures regarding the care of a mildly ill child. "Mildly ill child" means a child who is experiencing minor common cold symptoms, but who is not exhibiting any of the symptoms specified in paragraph (B) of this Rule or a child who does not feel well enough to participate in activities, but who is not exhibiting any of the symptoms specified in paragraph (B) of this Rule.
- E. Procedures for notifying all parents of enrolled children when children are exposed to a diagnosed communicable disease such as pink eye, ringworm, chicken pox or lice.

Preschool parents are welcome in our school and may have unlimited access to the preschool classroom, provided that permission from administration is obtained first. Parents **MUST** check in/sign in at the office and wear a visitor's badge while on our campus. You are also welcome in the school during hours of operation, Monday-Friday, from 8:30-3:30. Tours of the building, appointments with the Principal, or other concerns may be addressed at this time. If you wish to see the preschool policy handbook for any reason, it can be made readily available for your perusal here at school. Please see the Preschool teacher or the office to schedule a time slot. The preschool teacher and office staff can also provide the latest inspection report from the Ohio Department of Education should you wish to see it. For further questions or concerns, we ask you to follow the Matthew 18 principle explained in the Student/Parent Handbook, but other information can be obtained by contacting the OELSR (Office of Early Learning and School Readiness) at 614.466.0224 or the Department Ombudsperson at 877.644.6338, divisions of the Ohio Department of Education.



BEHAVIOR MANAGEMENT/DISCIPLINE

For the purpose of the following pages dealing with the Preschool, the term “center” or “program” will refer to East Liverpool Christian School. The term “director” will refer to the teacher(s).

1. A preschool staff member in charge of a child or a group of children shall be responsible for their discipline.
2. The center shall have a written discipline policy describing the center's philosophy of discipline and the specific methods of discipline used at the center. This written policy shall be on file at the center for review. Constructive, developmentally appropriate child guidance and management techniques are to be used at all times and shall include such measures as redirection, separation from problem situations, talking with the child about the situation and praise for appropriate behavior.
3. The center's actual methods of discipline shall apply to all persons on the premises and shall be restricted as follows:
 - A. There shall be no cruel, harsh, corporal punishment or any unusual punishments such as, but not limited to, punching, pinching, shaking, spanking or biting.
 - B. No discipline shall be delegated to any other child.
 - C. No physical restraints shall be used to confine a child by any means other than holding a child for a short period of time, such as in a protective hug, so the child may regain control.
 - D. No child shall be placed in a locked room or confined in an enclosed area such as a closet, a box or as similar cubicle.
 - E. No child shall be subjected to profane language, threats, derogatory remarks about himself or his family or other verbal abuse.
 - F. Discipline shall not be imposed on a child for failure to eat, failure to sleep, or for toileting accidents.
 - G. Techniques of discipline shall not humiliate, shame or frighten a child.
 - H. Discipline shall not include withholding food, rest or toilet use.
 - I. Separation, when used as discipline shall be brief in duration and appropriate to the child's age and developmental ability and the child shall be within sight and hearing of a preschool staff member in a safe, lighted and well-ventilated space.
 - J. The center shall not abuse or neglect children and shall protect children from abuse and neglect while in attendance in the preschool program.
4. The parent of a child enrolled in a center shall receive the center's written discipline policy.
5. All preschool staff members shall receive a copy of the center's discipline policy for review upon employment.