

*Seminole United Methodist Academy*

5400 Seminole Blvd Seminole, FL 33772

[seminoleunitedmethodistacademy@gmail.com](mailto:seminoleunitedmethodistacademy@gmail.com)

(727)391-0657

## Registration Packet

Welcome to Our School!

Our Mission at Seminole United Methodist Academy is to help children develop socially, emotionally, physically, cognitively and spiritually through active participation and play.

The staff works together as a team to provide a warm and loving atmosphere for children and their families. Our school environment is designed to be relaxed, accepting, positive, and a fun place. We enjoy children and offer experiences that will enrich their lives, help them feel successful and prepare them for Voluntary Pre-Kindergarten (VPK).

Each form in this packet must be filled out completely and signed, there can be no lines left blank. **NO WHITE OUT CAN BE USED!!** If you need to make corrections, please just cross out the incorrect information and write the correct information near the space.

**Please note that the tuition is based on annual program and salary commitments therefore, there is no reduction in tuition due to absences or holidays.** Full tuition is

Due each week or month for the duration of your child's enrollment.

We truly look forward to a close relationship with your family.



# CHILD'S ENROLLMENT RECORD

**DIRECTOR'S USE ONLY**

Date enrolled \_\_\_\_\_

Child's full legal name \_\_\_\_\_  
*First Middle Last Nickname*

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Primary Hours of Care From \_\_\_\_\_ To \_\_\_\_\_ Days of Week in Care \_\_\_\_\_

Child's Physical Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

**Family Information:**

Child Lives with \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address: \_\_\_\_\_ Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_ Name \_\_\_\_\_

**Emergency Contacts:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

**Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.**





# EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

### Please Print Information

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medicines Routinely Taken: \_\_\_\_\_

Name of Custodial Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Family Physician's Name/Health Care Resource: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_  
Name City

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency Contact (if custodial parent/guardian cannot be reached): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_



### Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

(Child's Full Name)

### Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ 20\_\_\_\_\_  
(Month) (Day) (Year)

by means of  physical presence or  online notarization by \_\_\_\_\_ who is personally known  
(Name of Affiant)

to me or has produced \_\_\_\_\_ as identification.  
(Type of identification)

SEAL OF NOTARY

Signed: \_\_\_\_\_ (Signature of Notary)



## Food Experience Permission Form

I give permission for my child \_\_\_\_\_ to participate in food related activities.

Please check one of the following:

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction.

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

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

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

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

\_\_\_\_\_  
Date

## SEMINOLE UNITED METHODIST ACADEMY POLICY ON DISCIPLINE

Believing that children are a gift from the Lord, our Academy will nurture each child with Christian love. We are concerned with the development of the whole child - mind, body and spirit. Therefore, we will handle discipline from a positive standpoint where loving limits are set.

We have adopted the recommended discipline rules from the Pinellas County License Board:

- a. The children in our program must be disciplined in a constructive manner.
- b. They must not be subjected to discipline, which is severe, humiliating, or frightening.
- c. Discipline must not be associated with food, rest, or toileting.
- d. Spanking or any other form of physical punishment is prohibited.

In addition to the above guidelines, we follow the procedure below:

1st... talk to the child, stating in a positive manner, things he/she might do.

2nd ... re-direct the child into another activity or area of the room.

3rd ... if necessary, separate the child from the situation by having him/her sit in quiet.  
reflection.

4th ... give the child the opportunity to re-join the activity when he/she is ready.

+Teachers and staff use positive reinforcement principles as they interact with the children such as:

- a. Tell a child what to do, rather than what not to do.
- b. Praises a child's good efforts and accomplishments.
- c. Accept a child for where he/she is by providing appropriate learning experiences.
- d. Help a child to feel successful and important.
- e. Maintain an enthusiastic and flexible attitude toward each child and the group as a whole.

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

Revised 4/2021

## **Seminole United Methodist Academy**

### **Contact Phone Number and Email for Parents**

**OFFICE PHONE: 727-391-0657**

**EMAIL: [seminoleunitedmethodistacademy@gmail.com](mailto:seminoleunitedmethodistacademy@gmail.com)**

**We ask that you add our phone number and email address to your phone contacts. Please keep in mind any changes in a pick up person not currently on your pickup list must be done in writing and should be sent to the above email address.**

# GENERAL POLICIES

**Age Requirements-** Infant program: 8 weeks-12 months

Toddler Program:12 Months-24 months

Preschool Program:2 years-4 years (until VPK)

**Medical Papers-**Your child will need a Health Exam form and Immunization form filled out and signed by a doctor. **SUMA DOES NOT ACCEPT ANY MEDICAL/RELIGIOUS EXEMPTIONS.**

**Attendance-**” Through punctuality and regular attendance, children learn responsibility.”

## **Hours: Monday-Friday:**

Infant/Toddler Program: 7:00 AM-5:00 PM

Preschool Program: 7:00 AM-5:00 PM

All children should be in the center in their classrooms by 9:00AM as classroom doors will be locked promptly at 9:00AM. If your child has a doctor's appointment or will be late for any reason, please contact the office. If a child has a doctor's appointment or any other appointment, the latest we will accept them is 11:00AM.

**Absence-** Please notify the school by phone or email if your child is unable to attend.

Phone: (727)391-0657

Email: [seminoleunitedmethodistacademy@gmail.com](mailto:seminoleunitedmethodistacademy@gmail.com)

**Illness-**Please keep your child home if they have any of the following symptoms, if they start to present symptoms while they are at the center they will be sent home and not be allowed to return for 24 hours symptom free **WITHOUT MEDICATION.**

- Temperature of 100.5 or higher.
- Unidentified rash
- Sore throat or colored discharge from nose, eyes or any other orifice.
- Vomiting or Diarrhea

Please be aware that if your child is unable to manage their day at school and is experiencing significant difficulties, we may need to contact you to arrange for them to be picked up and taken home. This may include refusing to eat or drink, the inability to calm or not being as active as their normal selves.



**Medication** -SUMA **DOES NOT** administer medication. Parents are welcome to come to school to administer the medication themselves if needed.

**Toys**-No toys from home will be allowed unless told otherwise by your child's teacher. Some teachers have share days at which time they will instruct their own policy on what can be brought in.

**BIRTHDAYS**- A Birthday is always a time to celebrate. You are welcome to provide a special snack and drink for your child's class on their special day. Please note that it must be a sealed store-bought treat. Please confirm your arrangements with your child's teacher to make sure there are no special allergies. For the safety of the children, we do not allow balloons at school.

**NO SMOKING** – **ABSOLUTELY NO SMOKING WILL BE ALLOWED ON CAMPUS. THIS INCLUDES THE PARKING LOT.** If you are found to be smoking on campus you will be asked to leave immediately. This is for the safety of all of our children and their families.

**NO IDLEING**-Per PCSO this is an idle free zone. Please make sure you shut your car off when dropping off your child. If we notice your car still running when you get out you will be asked to go back and shut it off.

**CELL PHONES**- We kindly request your cooperation in refraining from using your cell phones during pick-up and drop-off times. This will ensure that your child's teacher as well as your child has your full attention in case there are any important matters to discuss. Your attention is greatly appreciated in helping us maintain open communication and ensuring the best experience for your child.

**PICK UP**-Per PCLB SUMA cannot accept phone calls when adding a new person to the pick-up list. We understand emergencies happen however we must have the name of the person picking up in writing. It can be sent via email, or by writing it for your child's teacher at drop off.

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Parent/Guardian signature

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Date

SEMINOLE UNITED METHODIST ACADEMY

FINANCIAL POLICY

2024-2025

*Academy Full day hours of availability are 7:00 AM until 5:00 PM*

**A nonrefundable Registration fee of \$150.00 is required to reserve a spot.**

Academy begins at 9:00 AM for students on all schedules. All students need to arrive by 9:00 AM

The following weekly fees are effective August 10,2022.

<u>Age 3 and 4</u>		<u>Age 3 and 4 Part Time**</u>
5 Day	\$195.00	3 Day \$135
<u>Age 2</u>		<u>Age 2 Part time**</u>
5 Days	\$200.00	3 Day \$150
<u>Toddler Room</u>		<u>Toddler Room Part Time**</u>
5 days	\$255.00	3 Day \$195
<u>Infant Room</u>		<u>Infant Room</u>
5 Days	\$335.00	Not available

**\*\*Part time days are chosen at enrollment and must remain the same.**

**Tuition for School closure because of Hurricane or catastrophic event will be ½ weekly tuition**

**A late fee of \$2.00 per minute begins at 5:00 PM for all students.**

**\*A FEE OF \$35.00 FOR ALL RETURNED CHECKS PAYABLE IN CASH ONLY**

**Tuition is subject to change at the beginning of each academic year.**

**Tuition:** Tuition is due each Monday-if not received by Wednesday a late fee of \$10.00 will automatically be charged to your account. Tuition paid monthly is due by the 5<sup>th</sup> of the month to avoid being charged the late fee of \$10.00.

**If the tuition is not paid current we regret that your child will not be allowed to attend the following Monday.**

Children with a School Readiness Scholarship are charged a set fee according to age group. A School Readiness student must have a doctor's excuse if not in attendance for 3 days. If no excuse is received in our Office, you will be charged regular tuition for days absent.

**VACATION FEE:** All full time private pay students are allowed **one week** during the school year (August to August) at ½ of your regular tuition. **School Readinessstudents :Please keep in mind that vacation days are not covered by ELC so you will be charged full tuition for any vacation time.**

**DISCOUNTS:** a 10% tuition discount is available for the second child of a family enrolled at SUMA. This excludes those children on School Readiness.

Parent/Guardian\_\_\_\_\_Date\_\_\_\_\_

2024/2025

FINANCIAL AGREEMENT WITH  
SEMINOLE UNITED METHODIST ACADEMY

Start date\_\_\_\_\_

The undersigned parent (or guardian) hereby registers their child for the 2024/2025 school year and agrees to pay the following:

1. Tuition of \$\_\_\_\_\_ weekly or monthly (please circle).
2. Registration Fee of \$150.00 at the time of registration (non-refundable).
3. Vacation Credit of \$\_\_\_\_\_ (half your regular weekly tuition) may be applied to the account once in a school year. Five consecutive days (M-F only).
4. **Tuition for school closure because of Hurricane or catastrophic event will be ½ of your weekly tuition.**
5. A late pick-up fee of \$2.00 per minute if your child is picked up late on any schedule. After one warning has been given, your account will automatically be charged if a late pick up occurs.
6. Tuition is due in full for the weeks including Holidays and Teacher Prep days.

Note: FULL TUITION is due for all weeks including weeks with holidays.

**PARENTS: ALL TUITION PAYMENTS SHOULD BE PLACED IN THE RED MAILBOX LOCATED IN ROOM 10. ALL CASH PAYMENTS SHOULD BE PLACED IN A SEALED ENVELOPE WITH YOUR CHILD'S NAME. DO NOT PUT IN LUNCH BOX OR HAND TO THE TEACHER. DO NOT INCLUDE PAYMENT FOR FRIDAY PIZZA IN THE TUITION PAYMENT.**

Parent/Guardian\_\_\_\_\_Date\_\_\_\_\_

## LUNCH PLAN AGREEMENT

### SEMINOLE UNITED METHODIST ACADEMY

Parent/Guardian: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**We ask that parents furnish a nutritious lunch and afternoon snack. The center will furnish a nutritious morning snack.**

A nutritious lunch is composed of:

- 1 serving of milk (liquid milk)
- 2 servings of fruit/vegetable (juice, fruit and/or vegetable)
- 1 serving of grains/bread
- 1 serving of meat/meat alternative (cheese, egg, cooked dry beans or peas, peanut butter or yogurt)

A nutritious snack is composed of 2 of the 4 components listed above.

Even though the center does not provide your child's lunch, our school is still subject to random assessments by PCLB in which we are held responsible for the children having nutritious lunches. Therefore, parents are asked to pack lunches with the servings listed above.

Nutrition is a very important element in the health of children. It directly affects the total growth and learning ability of a child.

**Lunchtime routines are different in each classroom so please check with your child's teacher.**

**Please note: Lunches can be reheated in the classrooms NOT COOKED (NO UNCOOKED MAC AND CHEESE AND NO CANS). Please cook food at home and send it to school in a microwaveable container. NO GLASS CONTAINERS. We are unable to provide refrigeration so please include ice packs in your child's lunch box when needed.**

## Permission To Photograph

Name of Provider: Seminole United Methodist Academy

Name of Child: \_\_\_\_\_

The undersigned, grants permission for photographs or videos of their child to be taken. These photos/videos shall be part of the general program activities. They can be used by the provider to document the child's growth while attending SUMA. These photos/videos will not be used or sold for profit or used for social media by SUMA or anyone employed by SUMA.

Parent/Guardian: \_\_\_\_\_

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

**SEMINOLE UNITED METHODIST ACADEMY**

**Emergency Preparedness**

In compliance with the Pinellas County License Board requirements, we have posted emergency plans and procedures in each classroom. These plans include on-site emergency procedures for a hurricane, tornado, fire or lockdown.

In the event that SUMA was ordered to evacuate the campus, our off-site evacuation location would be **The church Parsonage**. The children would be transported in staff vehicles if necessary. All parents would be called ASAP with further instructions.

**Church Parsonage**

**11603 Pinedale Av**

**Seminole, FL 33772**

**PHONE: 727-391-9781**

By signing below, the parent or guardian acknowledges the off-site evacuation location and gives permission to transport in such an event.

Parent or Guardian\_\_\_\_\_

Date\_\_\_\_\_

## Attention Parents

The following will be your child's emergency card. Please complete the information section below.

**Be sure to use ink, print clearly and keep all writing inside the box.** If any of the information changes during the school year, please notify the school promptly.

Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Father \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_

Phone \_\_\_\_\_

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Seminole United Methodist Academy  
5400 Seminole Blvd., Seminole, FL 33772  
Phone: 727-391-0657



# TELL US ABOUT YOUR CHILD

Special attachments \_\_\_\_\_

Likes \_\_\_\_\_

Dislikes \_\_\_\_\_

Toileting Names \_\_\_\_\_

Special instructions for toileting \_\_\_\_\_

Habits \_\_\_\_\_

Particular fears \_\_\_\_\_

How is child's anger expressed? \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

Does he/she prefer to play alone or with others? \_\_\_\_\_

Does he/she play with neighboring children? \_\_\_\_\_

If so, what are their ages? \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_

Any special medical problems? \_\_\_\_\_

Special needs of your child \_\_\_\_\_

Any additional information about your child \_\_\_\_\_

Previous preschool or group experiences \_\_\_\_\_

Who else lives in the household with the child \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Parent's Email address \_\_\_\_\_

## PINELLAS COUNTY CHILDREN'S CENTERS LICENSING STANDARDS

This children's center has met regulations found in Licensing Regulations Governing Pinellas County Children's Centers.

A valid temporary permit or license, which bears the distinctive seals of Pinellas County and the Florida Department of Children and Family Services, is posted in a conspicuous place within the center. A valid temporary permit or license will also include: effective and expiration dates, a license number, capacity and ages of children in care.

### A LICENSED CHILDREN'S CENTER MUST:

- ❖ Adhere to its licensed capacity at all times.
- ❖ Post a schedule of daily activities.
- ❖ Have first aid and emergency procedures, and post evacuation diagrams in each room.
- ❖ Keep accurate, current daily attendance records and document a visual sweep of the entire premises at the end of each day.
- ❖ Provide parent(s) or legal guardian(s) access to the children's center during normal hours of operation.
- ❖ Report suspected child abuse to the statewide toll-free telephone number.
- ❖ Provide a permission form for parent(s) or legal guardian(s) to allow the center to administer medication as necessary.
- ❖ Document required information when administering medication.
- ❖ Document accidents and incidents and obtain parent's, legal guardian's or authorized pick-up person's signature(s).
- ❖ Maintain vehicles in safe condition if transportation is provided.
- ❖ Obtain parent's or legal guardian's permission before transporting children.
- ❖ Maintain contact information for children in vehicles being used for transport and emergency care plans for children with chronic medical conditions.

## CHILDREN'S RECORDS REQUIREMENTS

The following documentation is required to be maintained in the children's center for each child in care:

- ❖ A signed statement that parent or legal guardian received a copy of this brochure.
- ❖ A statement signed by parent or legal guardian that enrollment information is complete and accurate.
- ❖ A signed statement that the children's center has provided parent(s) or legal guardian(s) a copy of the written disciplinary practices.
- ❖ A current health examination record (not required for school age children).
- ❖ A current Florida Certificate of Immunization (not required for school age children).
- ❖ A notarized Emergency Medical Release.
- ❖ Medical records that include special medical or dietary needs and a list of allergies, if applicable.
- ❖ Primary hours of care and days of week in care.
- ❖ Telephone numbers or instructions as to how to reach parent(s) or legal guardian(s) when children are in care.
- ❖ Hospital preference.
- ❖ Child's full, legal name, birth date, date of enrollment, current address and preferred name/nick name.
- ❖ Name, address, and telephone number of parent or legal guardian.
- ❖ Name, address and telephone number of emergency person(s), other than parent or legal guardian.
- ❖ Name, address and telephone number of physician and dentist.
- ❖ Proof of receipt by parent(s) or legal guardian(s) every August and September of information regarding causes, symptoms, and transmission of the influenza virus.

## PERSONNEL REQUIREMENTS

- ❖ Director has a Director Credential with the certificate posted.
- ❖ Documentation that staff meets the staff credentialing requirement (not required for school age centers).
- ❖ Completion of background screening.
- ❖ Completion of 40-Hour Introductory Child Care training.
- ❖ Completion of 10 hours training annually.
- ❖ Completion of early literacy training (not required for school age centers).
- ❖ Documentation of educational requirements.
- ❖ Meet minimum age requirements.
- ❖ Signed statements that employees understand the statutory requirement of reporting child abuse/neglect.
- ❖ Staff trained in first aid and CPR on the premises at all times and on field trips
- ❖ Staff maintain direct supervision including minimum adult-child ratios:
 

2 months-1 year	1 adult for 3 children
1 year-2 years	1 adult for 5 children
2 year olds	1 adult for 10 children
3 year olds	1 adult for 15 children
4 year olds	1 adult for 20 children
5 years and up	1 adult for 25 children

## NUTRITIONAL REQUIREMENTS

- ❖ Parent(s) or legal guardian(s) notified of meals provided that are of quality and quantity to assure child's nutritional needs are met or arrangements made for parent(s) or legal guardian(s) to provide nutritional food.
  - o Posted meal and snack menus.
  - o Safe drinking water is available.

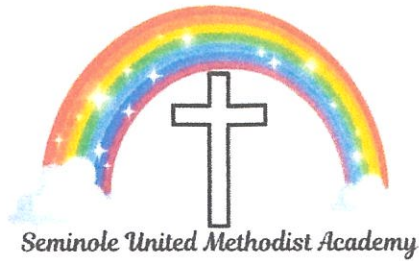
## PHYSICAL ENVIRONMENT

- ❖ Has sufficient indoor space for playing and napping that is kept clean, adequately lighted, vented and in good repair.

- ❖ Has indoor and outdoor space that is clean and free of litter and other hazards.
- ❖ Has toys, equipment and furnishings that are age and developmentally appropriate, and are maintained in an operable, safe, and sanitary condition.
- ❖ Has appropriate bathroom facilities that are operable, clean and sanitized (daily).
- ❖ Has isolation area for ill children.
- ❖ Has equipment for proper sanitary hand washing, toileting, and diapering activities.
- ❖ Has at least one corded, operable telephone available to staff.

## HEALTH RELATED ENVIRONMENTAL REQUIREMENTS

- ❖ Annual approved fire inspections conducted.
- ❖ Monthly checks to ensure all areas of the children's center are free from fire hazards.
- ❖ Smoking is prohibited on premises.
- ❖ Storage of toxic and hazardous materials in areas inaccessible to children.
- ❖ Fire and emergency drills conducted as required.
- ❖ A labeled, fully stocked first aid kit.
- ❖ Parent(s) or legal guardian(s) notified of all animals on site.
- ❖ Records of immunizations for animals/fowl.
- ❖ Prohibit fire arms or weapons on premises (excluding federal, state and local law enforcement officers).
- ❖ Prohibit narcotics, alcohol or other impairing drugs on the premises.
- ❖ Bimonthly outdoor equipment maintenance checks.



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(727)391-0657

## **Polices for Impending Tropical Storms**

If there should be a Tropical Storm Warning or a Hurricane Warning, the center will be closed. If we are under a watch and it becomes a warning while we are in session, we will call you and ask you to come pick up your child. This policy is being implemented to ensure the safety and well-being of our children, their families, and our staff.

Childs Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Parent Email: \_\_\_\_\_

# Seminole United Methodist Academy

## Expulsion Policy

Staff at Seminole United Methodist Academy will do everything possible to work with families and their children to prevent this policy to be enforced. Unfortunately, there are circumstances a student may need to be expelled from our program.

The following are reasons a student may need to be expelled from our center:

### **Immediate causes for expulsion**

The student is a risk of causing serious injury to other students or themselves.

Parent/Guardian threatens physical or intimidating actions towards staff members.

Parent/Guardian exhibits verbal abuse or disrespect.

### **Parental Actions for Student's Expulsion**

Failure to pay/habitual lateness in payments.

Failure to comply with completing/returning required forms including health and immunization records.

Habitual tardiness when picking up your child.

### **Student's Actions for expulsion**

Failure of student to adjust after 90 days.

Uncontrollable tantrums or angry outbursts.

Continuous physical or verbal abuse to other students or staff.

Excessive biting.

A letter or email will be sent home to parents advising them what the problem is and requesting a conference so that together we can work to correct the problem. If, behavior has not improved after a week, Seminole United Methodist Academy will no longer be able to accommodate the student and the parent will be asked to remove the student from our Academy. Parents will be given one week's notice to find alternative care for their child.

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

Revised 12/4/24 sr

## SUMA HOLIDAY SCHEDULE 2024-2025\*

August 7, 2024 -----Last day of Summer Session

August 8 and 9, 2024-----Teacher Preparation Days

August 12, 2024-----First Day of Fall Session

September 2, 2024-----Labor Day

October 14, 2024-----Columbus Day

November 28 and 29, 2024-----Thanksgiving

December 23, 24,25 2024-----Christmas Break

December 31,2024 1:00 early dismissal-----New Year's Eve

January 1, 2025-----New Year's Day

January 2, 2025-----Winter Session begins.

January 20, 2025-----Martin Luther King Day

February 17, 2025-----President's Day

April 18, 2025-----Good Friday

May 26, 2025-----Memorial Day

July 4, 2025----- Independence Day

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

**\*Dates subject to change**