

The DAY Program Enrollment Contract

Student Name: _____

Grade: _____

Birth Date: _____

Address: _____

Home School: _____

Sex: (M) _____

(F) _____

Congratulations for being accepted into the DAY Program. This accelerated program is not available in every public school system, so it is a privilege to have this opportunity to participate in this program. The goal of this program is to assist in recovering credits necessary to graduate and to provide therapeutic services to address individual and family needs.

As a student given this opportunity to be enrolled in the DAY Program, I understand and agree to the following guidelines:

1. In order to maintain my placement, I will attend ten (10) consecutive school days (two weeks), and be on time each day. My inability to fulfill this expectation will result in being placed on an attendance contract, which if not fulfilled could result in dismissal from the program.
2. My commitment to this program will be consistently demonstrated by my school attendance. In order to receive credit for attendance I will be at school from 8:00a.m. – 2:30p.m. I understand that excessive absences, late arrivals, or early check outs, which warrant school disciplinary conferences and consequences, may result in being terminated from the program.
3. Because this is an accelerated program, I understand that academic achievement must be at a faster pace than at my home school. Failure to stay on the appropriate pace to meet my individual academic goals may result in being dismissed from the program.
4. I understand that my poor choices and individual decisions that result in out of school as well as in school consequences may serve as the basis for being terminated from the program. Concerns that can be deemed as negative behavior by any public school system will not be tolerated and can be cause for termination.
5. With participation in the DAY Program being a privilege, transportation to and from campus each day is ultimately a responsibility of the parent. Bus transportation is available at designated locations within the county.

Student Signature _____

Parent/Guardian Signature _____

Mother's Place of Employment with work phone number

Father's Place of Employment with work phone number

Social History Questionnaire

Student's Name: _____ Birthdate: _____ Age: _____
Home Street Address: _____ Home/Cell Phone: _____
City/State/Zip: _____ Student Phone#: _____
Race: _____ Sex: _____ Social Security#: _____

Lives with: _____ Relationship: _____
Parents: Father's Name: _____ Mother' Name: _____
Address if different than above: _____
Custodial Parent or Guardian Employer: _____ Phone: _____
Emergency Contact: _____ Phone: _____ Cell: _____

List persons living in home with student:

Name	Date of Birth	School/Grade
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

History of behaviors: _____

What has been tried to correct problem(s)? _____

Please tell us about the following:

Habits: _____
Interest: _____
Sleep: Disturbance: _____
Strengths: _____
Weaknesses/ Challenges: _____

FAMILY EVENTS which may have especially influenced the child negatively or positively.

Deaths: _____
Moving: _____
Sibling relationships: _____
Accidents: _____
Divorce: _____
Peers/ Bullying: _____
Finances: _____
Family Conflict: _____
Caregivers Health _____
Other: _____

Indicate biological family history of the following (Circle all that apply):

Mental Illness/ Poor Mental Health:	Mother	Father	Child	Sibling
Alcoholism:	Mother	Father	Child	Sibling
Drug Abuse:	Mother	Father	Child	Sibling
Physical/ Sexual/ Emotional/Abuse:	Mother	Father	Child	Sibling
Neglect	Mother	Father	Child	Sibling

Has your child ever received psychological counseling? (YES / NO)

If so, by whom (professional/agency) and when: _____

Has your child ever participated in therapy services from a private entity? (i.e., speech, occupational, physical, vision therapy, etc)? (YES / NO)

If so, by whom (professional/agency) and when: _____

Has your child ever participated in educational services from a private entity (i.e., private tutor, Sylvan Learning Center)? (YES / NO)

If so, by whom (professional/agency) and when: _____

Person answering this questionnaire _____
Relationship to child _____

Date: _____

Counselor receiving this questionnaire _____

Date: _____



ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year:

To Parent or Guardian: The purpose of this form is to provide the school with additional information regarding your child's health needs. The school may contact you for further information. The information requested is essential for the school to meet the health needs of your child.

This information will be kept confidential.

PLEASE complete both sides of this form (Return to the School)

Name of Student (Last, First, Middle) | Birth Date | Sex | School

Address (Street)

Home Telephone Number: | Cell Phone Number: | Additional Phone Number: | Grade | Teacher/Homeroom

Name of Parent/Guardian (Last, First Middle) | Work Phone Number:

Transportation
 Bus Rider Bus Number: Car Rider Special Needs Bus After School

Part I - Health Information

Place your child receives health care: Physician's Name: Address: Phone:
 Community Health Center
 Health Department
 Hospital Clinic
 No Regular Place
 Private Doctor /HMO
Preferred Hospital:
Your child's Insurance Information:
 ALL KIDS
 Medicaid
 No Insurance
 Other
 Private Insurance
Place your child receives dental care: Dentist's Name: Address: Phone:
 Community Health Center
 Health Department
 Hospital Clinic
 No Regular Place
 Private Dentist /HMO

Part II - Medical History Medical Equipment /Procedures Required at School

Catheter Gastric Tube Nebulizer Treatments Oxygen Supplement Tracheostomy
 Vagal Nerve Stimulator (VNS) Ventilator Wheelchair Walker
 Other Please explain:

Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

Please Complete Back of Form (Signature Required)





ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: _____

Name of Student _____

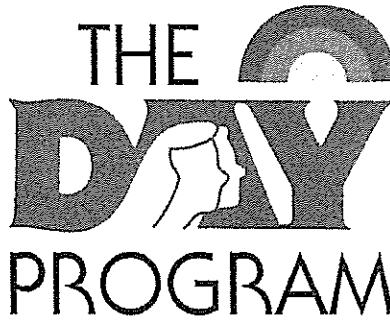
Part III – Medical History

<input type="checkbox"/> YES <input type="checkbox"/> NO	KNOWN HEALTH PROBLEMS If NO, go directly to the bottom of the page and provide parent/guardian signature If YES, and diagnosed by a physician, answer each question below.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD) Requires medication <input type="checkbox"/> At school <input type="checkbox"/> At Home
<input type="checkbox"/> YES <input type="checkbox"/> NO	Allergies: <input type="checkbox"/> Food _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Medications _____ <input type="checkbox"/> Hives/rash <input type="checkbox"/> Medications <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Epi-pen <input type="checkbox"/> Other: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Asthma <input type="checkbox"/> Uses an inhaler at school <input type="checkbox"/> Uses an inhaler at home
<input type="checkbox"/> YES <input type="checkbox"/> NO	Blood/Bleeding Problems: <input type="checkbox"/> Hemophilia, <input type="checkbox"/> Von Willebrand's, <input type="checkbox"/> Other <input type="checkbox"/> Requires medication <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Frequent Nose Bleeds: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cancer/Leukemia: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cerebral Palsy: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cystic Fibrosis: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Dental Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Diabetes <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Monitors Blood Sugars at school <input type="checkbox"/> Requires Insulin at school <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Managed with diet <input type="checkbox"/> Insulin pump <input type="checkbox"/> Oral medication <input type="checkbox"/> Glucagon order
<input type="checkbox"/> YES <input type="checkbox"/> NO	Emotional/Behavioral/Psychological: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Gastrointestinal/Stomach Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Genetic / Rare Disorders: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Headaches: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hearing Problems: <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Hearing loss <input type="checkbox"/> Hearing aid <input type="checkbox"/> Tubos <input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> YES <input type="checkbox"/> NO	Heart Condition: <input type="checkbox"/> Activity restrictions: <input type="checkbox"/> Medications taken at home: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hypertension (High Blood Pressure): <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Juvenile Arthritis/Bone-Joint Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Kidney/ Bladder/ Urinary Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Scoliosis: <input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery <input type="checkbox"/> Family History
<input type="checkbox"/> YES <input type="checkbox"/> NO	Seizures/Convulsions: Type of seizure: _____ Medications: <input type="checkbox"/> Diastat <input type="checkbox"/> Klonopin <input type="checkbox"/> Versed <input type="checkbox"/> Medication taken at home <input type="checkbox"/> Other _____ <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Sickle Cell: <input type="checkbox"/> Anemia <input type="checkbox"/> Trait
<input type="checkbox"/> YES <input type="checkbox"/> NO	Shunt: <input type="checkbox"/> VP shunt <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Spina Bifida:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Special Diet: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Vision Problems: <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other
<input type="checkbox"/> YES <input type="checkbox"/> NO	Other Medical Conditions: <i>Please include any medications taken at home only.</i>

Required Signatures

(Electronic or Written) Parent(s) or Guardian Signature: _____	Date: _____
(Electronic or Written) School Nurse Signature: _____	Date: _____

117 Plaza Circle
Post Office Box 1811
Alabaster, AL 35007



Phone: 205-664-1600
Fax: 205-664-2306
www.thedayprogram.com

Dear Parents and/or Guardians:

Attached please find the 2018-2019 lunch application for the DAY Program. Every family is asked to complete an application. If you need help completing the application, your child's counselor can help you do that.

It is very important that every family returns an application even if they do not wish to be considered for the lunch program. For questions or immediate further assistance, please call Christy Hayes, Director, at 664-1600 or 664-1602.

Thank you for your co-operation in this matter.

Christy Hayes
Executive Director



INSTRUCTIONS Sources of Income

Sources of Income for Children		Sources of Income for Adults		
Sources of Child Income	Examples	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses - Net income from self-employment (farm or business) - If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits			
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money			
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust			

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Program or Food Distribution Program on Indian Reservations (FDPRI) case number or other FDIPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9892. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410

fax: (202) 690-7442, or
 email: program.intake@usda.gov

This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income

How often?
 Weekly Bi-Weekly 2x Month Monthly

Household Size

Categorical Eligibility

Eligibility:

Free Reduced Deaf

Determining Official's Signature

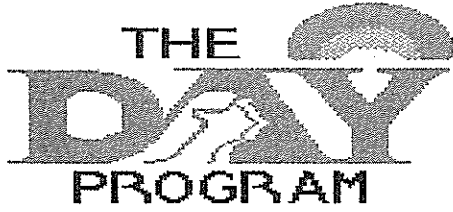
Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date



Student Name _____

United Way requests the following information from our clients.

Please answer to the best of your ability and know that the information will be kept confidential.

Please check one of the following:

3 or less in household

4 or more in household

a. 0-\$15,782

a. 0-\$32,630

b. \$15,782-\$21,398

b. \$32,630-\$38,246

c. \$21,398-\$27,014

c. \$38,246-\$43,862

d. \$27,014+

d. \$43,862+

Signature: _____

Date: _____

School Lunch and Wellness

Lunch:

 Student Name

Policy: The DAY Program will provide a reimbursable meal at no cost to each student participating in the school lunch program (Montevallo High School); all others will be charged a-la-carte prices as determined by the Montevallo Lunch Program Manager.

A reimbursable meal must contain items as posted in the lunchroom and/or at the DAY Program.

I understand that if my child does not select a (reimbursable) full meal that he or she must pay for the individual items out of pocket.

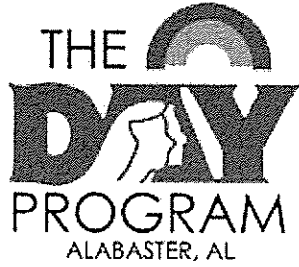
 Parent Signature

 Date

My child does _____ does not have _____ **food allergies or need
for food exceptions.**

Please explain if does have:

If yes, counselor please place copy in Diet File in the office.



Emergency Treatment/Fieldtrip Permission

Medical Information

Student's Name _____
Home address _____
Father's/Guardian's Name _____
Mobile/Home Number _____
Mother's/Guardian's Name _____
Mobile/Home Number _____

Emergency and Medical Information

Emergency Contact (must be at least 18 years old) _____
Emergency contact's phone _____
Doctor's name/Address _____
Doctor's phone _____
Medical Insurance Carrier/Policy Number _____
Known medical conditions _____
Known allergies _____
Current medications _____

____ The DAY Program Staff has the authority to act in loco (in place of parent) and take my child for emergency treatment to a physician or hospital

____ I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish for the school authorities to take the following action _____

DAY Program's Fieldtrip Permit

The student has my permission to participate in trips to various locations as part of the instructional/co-curriculum activities during the school year.

Parent Guardian Signature _____

Date _____

The DAY Program

Medication Policy

Dear Parents/Guardians,

On July 13, 1998 the Shelby County Board of Education approved a medication policy for all students in the Shelby County School System. The DAY Program will follow this policy. This letter is to inform you of the requirements of this medication policy, should your child require prescription or over-the-counter (OTC) medication during school hours.

1. All medications, whether Prescription or Over-the-Counter, must be turned into the school office by the student's parent/guardian or other responsible adult.
2. Medications cannot be transported on the bus.
3. No student will be permitted to carry or possess any type of medications, whether Prescription or Over-the-Counter, on his/her person at any time (except inhalers-which require a physician's authorization form).
4. The parent/guardian must sign a School Medication Physician/Prescriber/Parent Authorization Form (Form A) before any medication, Prescription or Over-the-Counter, can be administered at school.
5. Prescription or Over-the-Counter medications given 2 weeks or less will require the parent/guardian signature only on the medication authorization form (Form A).
6. Parent/Guardian authorization for Over-the-Counter medications is valid for 1 semester only. Parent has the option of submitting a new form as needed and should renew every semester. If a parent wants the OTC authorization to be valid for the entire school year, then a physician/prescriber must sign the medication authorization form (Form A) also.
7. Any Prescription medication will require the physician/prescriber signature of the authorization form (Form A) as well as the parent/guardian signature.
8. If the Prescription medication order is changed during the school year, a new authorization form (Form A) is required. Both physician/prescriber and parent/guardian must sign the form.
9. For Prescription medications, a current pharmacy labeled container is required which includes the student's name, physician name, name of medication, strength, dosage, time interval, route and date of drug's discontinuation when appropriate.
10. For Over-the-Counter medications, an unexpired original container is required and all manufacturers' labeling must be clearly legible. The student's name must be written on the container. All Over-the-Counter medication must be supplied by the parent/guardian. The school will not supply any medications. NOTE – Over-the-Counter medications can be given for 1 semester period only, unless authorized by a physician/prescriber. The container must be unopened and the medication age appropriate.
11. All unused medications not picked up by the parents/guardians by the end of the school year will be destroyed.

This policy was adopted with your child's safety in mind. If you have any questions concerning this medication policy, please don't hesitate to call at 664-1600. ****Note: Please contact the school if there are changes in your child's medication needs. Over-the-Counter medications are generally given for 2 weeks only unless otherwise instructed by the parent.

DAY PROGRAM

Student Code of Conduct

(July 13, 2016)

INTRODUCTION: It is a privilege to attend the DAY Program. It affords the opportunity to be successful and reach goals that otherwise would not be possible to achieve in such a timely manner. It is the desire of the DAY Program staff to insure success and to provide a safe and nurturing environment suitable for learning so that success may be achieved. With these goals in mind the Student Code of Conduct was implemented.

The purpose of the Student Code of Conduct is to assist students, parents, and program staff in maintaining a positive learning environment at the DAY Program. The Code of Conduct also guides students in developing the personal skills which can help them achieve appropriate goals in relationships, education, employment, and life away from the DAY Program. Students are expected to follow these rules, to successfully complete the DAY Program, and to earn privileges such as breaks, extra breaks, and special activities or events at the Program. Students at the DAY Program are subject to this Code of Conduct during the school day, at school sponsored events or trips, and while being transported on school buses. Unless otherwise stated, DAY Program students are also subject to the same code of conduct as other Shelby County students. A point system is utilized to modify student behavior and determine privileges and consequences.

ATTENDANCE:

Students are expected to come to the DAY Program every day on which classes are scheduled. **If a student cannot come to school when he or she should, his/her parent or guardian must call the DAY Program (664-1600) before 8:30 a.m., and explain why the student is not coming that day.** If a staff member is unavailable, then a message should be left with the answering service. Follow-up telephone calls will be made to verify the absence. Upon returning to school the student is expected to bring a written note to be filed explaining the reason for the absence due no later than the second day back. Students out for three or more days in a row for illness are expected to bring a written doctor's excuse upon their return to the program. Doctor's excuses may not be accepted if more than two days from the date of the student's return to school. After the 3rd unexcused absence, a letter will be sent home. The DAY Program follows all Early Warning procedures established by the Shelby County Board of Education and the Juvenile Court System. The legitimacy of any excuse presented for an absence will be determined at the discretion of the Director.

INCLEMENT WEATHER:

The DAY Program will follow the Shelby County School inclement weather and dismissal procedures. Students/families should watch the local news stations for announcements or may view the Shelby County School website for weather related announcements.

ANY absence without a WRITTEN parent, doctor, or court note will be unexcused.

For action on attendance problems the DAY Program follows the guidelines established by the Shelby County Board of Education in cooperation with the Juvenile Court System. The DAY Program notifies the Juvenile Court Services daily concerning probationers' absences and tardiness.

PUNCTUALITY:

The DAY Program school day starts each scheduled day at 8:00 a.m. Students who arrive any time after 8:00 a.m. are considered tardy. The DAY Program building is open at 7:00 a.m. Wanding of students occurs upon entry into the 2nd floor main lobby.

Students arriving at the DAY Program site are expected to enter the building immediately if staff is present. No loitering outside is allowed. Once inside the DAY Program building, no one may leave the building without permission. Students are expected to return to classes immediately after breaks according to the daily schedule. Students who enter the classrooms after the “tardy” bell has rung are considered late to class.

APPROPRIATE INTERACTION WITH ADULTS:

Adults, working with students, shall be treated with respect. All persons associated with the DAY Program - students and staff- are expected to treat each other with respect. Students are expected to follow the instructions of adults and to allow adults to assist them when problems occur. Adults are expected to instruct students regarding their expectations in a courteous and respectful manner. Staff is encouraged to consider reasonable student suggestions presented in an appropriately respectful and courteous manner; however, the responsibility for a final decision rests with the adult.

APPROPRIATE INTERACTION WITH PEERS:

Students are expected to get along with each other. When conflicts among students occur, students are expected to try to work out a solution without resorting to verbal or physical hostility. If students are unable to work out conflicts on their own, they are expected to allow staff to help or even to take control if necessary. Fighting is not considered an acceptable way to work out conflicts. Racial/ethnic slurs, bullying, and sexual harassment will not be tolerated. **Touching of any kind is prohibited.** This includes any outward signs of affection; such as kissing, hugging, shaking hands, etc. It also includes outward signs of aggression: such as jabbing, pushing, shoving, kicking, etc. General rule: KEEP YOUR HANDS AND FEET TO YOURSELF. Students are expected to treat each other with respect.

ACADEMIC/COUNSELING RESPONSIBILITY:

During academic or counseling work periods, students are expected to start their work, pay attention to their own work, bring necessary supplies (i.e. pencils, pens, paper, etc.), and complete work assigned during the time allowed. Students are not to distract classmates by talking, making noise, disruptions, etc. Students are expected to show satisfactory progress toward reaching set goals.

APPROPRIATE LANGUAGE:

Students are expected to show respect for themselves and adults by speaking in words that are considered acceptable in other school settings. Profanity, disrespectful, or vulgar language, expressions, signs, gestures, drawings, or writings are not considered acceptable ways of communication and will not be tolerated.

RESPECT FOR PROPERTY:

Students are expected to show their respect for others by respecting others' property and belongings. This includes other students' personal possessions and work materials; adults' personal items and work materials; and the furniture, equipment, and materials of the DAY Program. Such respect is shown by getting others' permission to use their things and using those things correctly so they aren't broken, marred, destroyed, or lost. Furthermore, students are expected to put their materials away at the close of each period or program event in a neat and orderly manner.

ACADEMIC HONESTY:

Students are expected to be honest and trustworthy. They are expected to do their own work with their own skills. Cheating or copying another's work will not be tolerated. Students are expected to accept the consequences of their choices and actions.

DRESS CODE:

Students are expected to make an acceptable physical appearance by dressing neatly and meeting basic personal hygiene and grooming standards. Clothing items are to be worn in the manner in which they were designed. Clothing should be neat and clean with no holes in the garments. The DAY Program adheres to the Shelby County Schools dress code which reads as follows:

Dress Code Guidelines:

A. All students must wear shirts, blouses, or dresses with a collar or with a non-revealing neckline, such as crew neck, jewel neck, or boat neck. Low cut, open back, bare midriff or clothing that allows the midriff to be exposed, are not permitted.

B. Male students must wear sleeved garments. Female students may wear sleeveless garments which adequately cover undergarments. Spaghetti and/or thin-strapped shirts may be worn only if over another T-shirt or if covered by a blouse with sleeves. Only sleeveless blouses or dresses in which the shoulder is fully covered from the base of the neck to top of arm will be considered acceptable.

C. No obscene language and/or illegal substance advertisements (to include alcoholic and tobacco advertisements) may be worn on clothing or accessories.

D. No hats, caps, head coverings, hair curlers, picks, or sunglasses will be worn in school.

E. Skirts, shorts and dresses must be mid-thigh or longer in front and back. No slits or leg openings may be above mid-thigh. Leggings, or other similar garment (i.e. jeggings), should be worn with the appropriate outer garment (i.e. shorts, dress, or skirt) and must be of proper length. Excessively tight leggings or jeggings will not be allowed.

F. Belts must be worn at the waist with pants, shorts, and skirts that have belt loops. Pants, shorts, and skirts without belt loops must be worn at the waist and should fit properly. Articles of clothing worn too low, too long, too large, too tight, or too loose are not permitted. Pajama style pants, snap aways, and sweatpants are prohibited. Athletic type pants may be worn only during physical education classes. (Including but not limited to, wind suit pants and soccer shorts.)

G. Jackets and coats are to be worn in good taste. Generally, these are inappropriate to be worn in the classroom.

H. Students are required to wear appropriate shoes at all times. Shoes with wheels are not appropriate for the school environment.

I. Students' clothing should be neat and clean and should not be in noticeable disrepair. Unhemmed (cut-off) shorts, skirts, shirts, pants, and garments with inappropriate holes or inappropriate slits above mid-thigh are not allowed.

J. Ear piercings are allowed. All other visible piercings are prohibited. Students are prohibited from wearing body jewelry and visible tattoos. Earrings, hairstyles, and other adornments that draw attention to oneself in a manner that may be disruptive to the educational process are also prohibited.

K. Appropriate undergarments must be worn and not visible.

L. Students are prohibited from wearing any metal chains, metal spiked apparel, over-sized belt buckles, or accessories.

M. Students are to wear clothing in the manner it is designed to be worn, i.e., clothing worn backwards or inside out is not allowed. No excessively tight or revealing clothing, such as fishnet or see-through garments, may be worn.

N. Students are prohibited from wearing any sign, symbol, logo, or garment, which has become synonymous with any gang, cult, Satanism, or unauthorized club or organizational activity. This also includes any avenue for the promotion of products or activities prohibited by school policy or that is inflammatory and may generate negative feelings among the student body. The above items serve as a minimum guide. The executive director shall have the discretion to outline other appropriate guidelines for special occasions.

TRANSPORTATION:

Students who ride the school bus to and from the DAY Program will be expected to meet the bus at the time and place set by the bus schedule and get off the bus at the scheduled stop only. Students must be at the stop 10 minutes before and after designated times. Students are expected to follow the bus driver's instructions. They are expected to remain seated while riding the school bus. **All other Sections of the Code of Conduct apply to students while riding the bus.** Refusal to comply with bus driver's instructions may result in permanent removal from the bus. **Any changes in transportation arrangements must be accompanied by written permission of the parent/guardian of each student involved. Proposed changes must also receive the approval of the Director.** Students who have a valid driver's license and proof of insurance are allowed to drive to school with parental permission. Copies of the driver's license and insurance coverage must be presented to the school office before driving.

TELEPHONE USE:

Students may use a DAY Program phone only in the event of an emergency situation and/or with verbal or written permission from their counselor or the Director.

RESTROOM USE:

Students are expected to use the student restrooms in a sanitary way. Students are not to use staff restrooms.

LUNCHTIME RULES:

On the bus to and from lunch, students are expected to follow the transportation rules. Students are to remain seated and speak quietly. All students are to be silent at all Railroad Crossings. No talking from the bus to the lunchroom and no talking from the lunchroom to the bus is allowed. Students are to get their lunch –be seated and remain seated until it is time to prepare to leave. Students are to clean up after themselves and leave the area free of any mess.

SNACK BREAKS:

Students may eat snacks and drink water during designated breaks times. Snacks and drinks may be bought at the program during these times and consumed in the designated area or an area approved by a staff member. With the exception of no-break or I.S.S. students, students may buy snacks and drinks before and after school. Students may not bring snacks/drinks (including water) from home without written permission from their physician.

PROHIBITED MATERIALS AND ACTIVITIES:

Students are not to have certain items in their personal possession within the school-zone. The following items are not allowed: weapons of any kind, alcohol, tobacco products, lighters, matches, drugs, including medication, drug paraphernalia, or cellular phones, CD/DVD players, or CD's, laser pointers. Also not allowed are: chewing gum, candy, food, or drink from home (except for lunch), book bags, zippered binders, hats, caps, head coverings, hair curlers, picks, combs, sunglasses, or purses. Any and all prohibited materials and items are subject to seizure by the staff. The disposal or return of such items is at the discretion of the Director. Properly documented prescription and non-prescription medication is to be turned in to the front office. Students are prohibited from fighting, from sexual and/or criminal activity, or talking about such. Violation of these rules may result in required parent conferences, referral to Juvenile Court Services, pressing of charges, and drug/alcohol screens as appropriate. This rule does not apply to individual or group discussions conducted under the authority of staff and following staff guidelines for that discussion.

NO-BREAK and AFTER SCHOOL STATUS:

Any student who loses **35 points** or more in one day is a **no-breaker**. The rules for **no-breakers** are on an attached sheet.

After School Detention results from no-break status for three out of five days in school. The loss of 100 points two or more times in a single week will also result in **ASD**. **ASD** time is served on designated Thursday afternoons for one hour after regularly scheduled school time (2:45p.m.-3:45p.m.) or before school (7:00a.m.-8:00a.m.). Assignment of **ASD** will be posted on the point board. It is the student's responsibility to check the board and make arrangements for transportation. **ASD** is a stern consequence for seriously non-compliant behavior and therefore must not be taken lightly. When a student skips **ASD** it indicates his/her behavior is blatantly defiant. In this case, additional consequences will be applied. Those consequences are: three days in ISS and making up the time skipped. Parents may be required to come to the school for a conference if **ASD** is skipped by the student. A contract may be implemented (at the discretion of the Director) in order to assure that the missed time is made up.

It is the desire of the DAY Program staff to insure success and to provide the opportunity for success to be achieved, but ultimately success or failure is the student's responsibility. To assist students as they strive to reach their goals, the DAY Program utilizes behavior modification techniques based on the following point system:

POINT SYSTEM:

Each student begins the day with 100 points. The following indicate points taken for specified infractions:

- 10
 - a. off task
 - b. abuse of phone
 - c. abuse of bathroom use
 - d. putting feet on furniture, tilting chair
 - e. inappropriate language or gesture/sign
 - f. snacks in class
 - g. tardy to class
 - h. not prepared for class
 - i. misuse of materials
 - j. showing lack of respect or courtesy
 - k. not following instructions
 - l. failure to turn in assignment/classwork
 - m. _____ other

- 15
 - a. violating dress code
 - b. out of class without permission
 - c. _____ other

- 20
 - a. horse play
 - b. inappropriate touching/display of affection
 - c. disruptive behavior
 - d. _____ other

- 30
 - a. non-compliance with lunchtime rules
 - b. arguing with classmates
 - c. loitering outside of the school building a.m./p.m.
 - d. racial or ethnic slurs
 - e. not following bus regulations
 - f. bringing chewing gum, candy, food, or drink from home, book bags, hats, caps, head coverings, hair curlers, picks, combs, make-up, sunglasses, purses, hats, CD players, or CD's to school
 - g. transporting a student without permission or being transported by an unauthorized person
 - h. use of inappropriate language with staff or arguing with staff
 - i. dishonesty
 - j. _____ other

- 35
- a. breaking no-break rules
 - b. tardy to school
 - c. communication with a no-breaker, ISS student, or students from New Direction
 - d. failure to bring a note for absence (applies for 2 days)
 - e. dress code major or repeated offense
 - f. failure to do required academic work – multiple days
 - g. _____ other

IN SCHOOL SUSPENSION:

Any student will AUTOMATICALLY be placed IN SCHOOL Suspension for

- 100
- a. scratching or marring furniture, pictures, walls, etc.
 - b. touching/tampering with video cameras
 - c. unexcused absence
 - d. leaving building unexcused
 - e. possession of beeper, cell phone, or laser pointer
 - f. sexual harassment, bullying, possession of pornography
 - g. being in unsupervised area
 - h. total noncompliance
 - i. fighting (police will be called)
 - j. possession of or passing to another student alcohol or drugs; any type of pill, tablet, capsule or paraphernalia, etc. (Illegal/Narcotics – law enforcement will be notified.)
 - k. possession of weapons (law enforcement will be notified)
 - l. major vandalism (\$50.00 to repair plus replacement cost at fair market value.)
 - m. use or possession of tobacco (any form) inside the DAY Program building, within the school zone or on school property (including the school buses). Since smoking is illegal for minors, law enforcement will be notified.
 - n. cheating or stealing
 - o. spitting, bumping, etc., in anger
 - p. threatening a staff
 - q. _____ other

Any of the above, isolated or in combination, may result in: **IN-SCHOOL SUSPENSION, PARENT/GAURDIAN CONFERENCE, and NOTIFICATION OF PROBATION OFFICER.** It may also include referral to Juvenile Court Services, pressing of charges, and drug/alcohol screening as appropriate.

WHAT HAPPENS IN ISS:

(While in ISS students will be monitored by the Behavioral Aid. Actions and communication may be recorded on video. These videos may be used by the administration as deemed necessary.)

1. WHEN A STUDENT IS PLACED IN ISS IT WILL BE FOR ONE TO THREE DAYS. IN ORDER TO BE RELEASED, THERE MUST BE COMPLIANT BEHAVIOR AND SATISFACTORY COMPLETION OF REQUIRED ASSIGNMENTS
2. EACH DAY OF NON-COMPLIANCE WILL NOT COUNT AS A SUCCESSFULLY COMPLETED DAY IN ISS.
3. ISS BEGINS AT 8:00A.M. OR UPON ENTRY TO THE BUILDING AND ENDS AT TIME OF DISMISSAL.
4. STUDENTS WILL BE GIVEN CLASSWORK TO BE COMPLETED SATISFACTORILY OR WITH PASSING GRADES.
5. POINTS MAY BE TAKEN FOR ANY COMMUNICATION (VERBAL, EYE, FACIAL, OR HAND SIGNAL) WITH ANY PEER AND FOR NON-COMPLIANCE WITH ISS RULES.
6. STUDENTS WILL EAT THEIR LUNCH IN DESIGNATED ISS AREA ONLY.
7. RESTROOM AND WATER BREAKS WILL BE SCHEDULED AND STUDENTS WILL BE ESCORTED BY A MEMBER OF THE STAFF. ANY STUDENT WHO LEAVES THE ISS AREA UNESCORTED WILL BE REGARDED AS "NON-COMPLIANT" AND ADDITIONAL DISCIPLINARY ACTIONS WILL BE TAKEN.
8. ANY HOURS, WHOLE DAYS, PART-OF-DAYS MISSED (TARDIES ETC.) WILL BE MADE UP.

NO BREAK RULES

1. ANY TIME MISSED DUE TO CHECK OUTS OR OTHER REASONS WILL BE MADE UP ON THE FOLLOWING DAY.
2. NO-BREAKERS WILL BE ASSIGNED A SEPARATE AREA DURING BREAKS AND WILL BE REQUIRED TO WORK ON ACADEMICS DURING SAID TIME.
3. WHEN IN THE NO-BREAK AREA:
DO YOUR WORK. YOU MUST BRING WORK TO THE NO-BREAK ROOM.
DO NOT TALK.
DO NOT SLEEP.
FOLLOW ALL INSTRUCTIONS.

NOTE: NO-BREAK TIME IS NOT THE TIME TO ENGAGE IN CONVERSATION WITH THE PERSON/S MONITORING IT OR TO EXPECT TUTORING SERVICES UNLESS EITHER IS INITIATED BY STAFF.



On _____, the Code of Conduct of the DAY Program was reviewed and discussed during an intake interview. I have received a personal copy of these rules and fully understand them. Further, I agree to abide by them.

I also understand that the Day Program abides by the Shelby County Board of Education Attendance Policy.

Student Signature

Date

Parent/Guardian Signature

Date

I understand that sometimes movies are used for reward or clinical purposes. I give permission for my child to watch PG-13 movies used by the DAY Program staff.

Parent/Guardian signature

Developing Alabama Youth Foundation, Inc. *A Non-profit Organization*



Family Counseling Agreement

I/we understand that as part of the DAY Program Success and Treatment Plan that I/we will be expected to attend Family Counseling sessions no less than (but may be more often):

1. Once per month for every month that my child/student is enrolled if my child has court involvement.
2. Once per quarter if my child does not have court involvement

These sessions are at no cost to me or my student. I may schedule monthly sessions to coincide with Parent Night and Report Card Conferences during months which they are held if deemed necessary. I further understand that it is my responsibility to make these appointments with my child's counselor. If I cannot keep a scheduled appointment I will need to call and reschedule as soon as possible.

Family Counseling time will typically be set aside for Thursdays of each week. Appointments may generally be scheduled from 7:00a.m. until 4:00p.m. Other times may be scheduled if needed due to work or transportation issues.

I understand failure to schedule and attend these family counseling sessions could result in my child being removed from the Program and if it applies could result in court action by the Juvenile Court authorities.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Student Signature

Date

Date of first scheduled family counseling session _____

****Opportunities for me to be a part of my child's success: In-take meeting, Parent Nights, Counseling sessions, Field Day, Honor's Day, Report Card Conferences, and through two way communication and the DAY Program's open door policy.

ROPES
(Rugged Outdoor Programs for Enlightenment of Students)
ROPES Training Contract

A ROPES course is a series of individual and group physical challenges that require a combination of teamwork skills and individual commitment. Goals for a ROPES group include: increased self-confidence, mutual support within a group, cooperation, trust, team building, and development of physical agility and coordination.

Conditions of contract - The student...

1. Agrees to participate fully and to the best of his/her ability
2. Agrees to listen to all instruction and ask questions where there is doubt
3. Agrees not to engage in horseplay (example - "put downs")
4. Agrees to dress in the appropriate uniform designated by DAY Program
5. Agrees to share meaningfully with the group about experience on the ropes course
6. Agrees to not attempt activities that might result in injury due to physical or health limitations

I have read and agree to abide by this contract.

Student Signature

Date

As the parent(s)/guardian(s) of the above named student, we understand that the ROPES program is part of the required DAY Program curriculum and agree for my child to fully participate.

Parent/Guardian Signature

Random Drug Screening

As the parent/guardian we/I give permission for a DAY Program staff member to do random drug screenings on the above named student. I agree that the information may be released to the Director of the DAY Program or any pertinent authorized agent. This release remains in effect as long as the student is enrolled at the DAY Program.

Parent/Guardian Signature

Date

Student

Date





Student Driver Permission Slip

In order for students to drive to and from the DAY Program they must be in good standing, have a valid driver's license and current insurance coverage.

Student Name _____

Vehicle Information

Make/Model of Vehicle _____

Color of Vehicle _____

Tag Number _____

Year of Vehicle _____

Student's License Number _____

VIN Number _____

Insurance Company _____

Policy Number _____

Expiration of Policy _____

It is the responsibility of the parent to update and inform the DAY Program if any changes in coverage/company occur.

Student driving privileges may be revoked if abused. Students may not transport other students without expressly written permission from both sets of parents/guardians.

I have read and understand the DAY policies regarding driving, insurance and the transportation of other students.

Parent/Guardian Signature

Student Signature

Date

Attach a copy of the driver's license and insurance card/paperwork to this form.

Transportation/Check Out Authorization

The following people have permission to transport and check my student out of school in the event I (the parent/guardian) am not available.

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Exceptions may be made by Authorized Staff in emergency situations. This form is to be filled out during intake or delivered to the front office by a parent/guardian. If the above information should at any time need to be modified, it is the responsibility of the parent/guardian to notify school personnel.

Parent/Guardian Signature

Date



POLICY ON FIGHTING

1. If you do not stop when told to do so, police will be called.
2. We will file assault and battery charges.
3. If already on probation, your probation may be violated; if not on probation a petition will be filed in court placing you on probation.
4. You will be placed in I.S.S. for a minimum of three days or suspended.

THE STAFF IS INSTRUCTED TO NOT PHYSICALLY INTERVENE BETWEEN TWO PEOPLE FIGHTING SINCE THIS PUTS THEM AT RISK PHYSICALLY. YOU WILL BE TOLD VERBALLY TO STOP ONE TIME ONLY BEFORE THE POLICE ARE CALLED.

Student Signature

Date

Parent/Guardian Signature

Date



SHELBY COUNTY SCHOOLS

Title I School/Facility Compact

DAY Program

Parent/Guardian Agreement

I want my child to be successful and to accomplish his/her established achievement goals.

Therefore, I will encourage him/her by doing the following:

- Attend the in-take meeting and provide accurate information
- See that my child is punctual and attends school regularly
- Support the school staff in its efforts to maintain discipline
- Attend scheduled parent and report card conferences
- Initiate weekly contact with school personnel to monitor student's progress and behavior
- Provide a nurturing environment by setting limits and guidelines at home
- Communicate with the child on a daily basis; Offer encouragement and understanding
- Be aware of and monitor the child's social activities and associates
- Other _____

Signature: _____ Date: _____

Student Agreement

I want to be successful and accomplish my goals. Therefore, I shall strive to the best of my ability to do the following:

- Be punctual and attend school regularly
- Have all necessary class materials
- Work faithfully and diligently in class to the best of my ability on the assignment given
- Follow the Student Code of conduct and abide by the rules
- Participate in group
- Work toward the successful completion of my behavioral and academic goals in a timely manner
- Refrain from engaging in harmful activities
- Accept the responsibility for my actions along with any consequences that may coincide
- Conduct myself in such a way as to earn the respect of others and show respect to others including parents, staff, and peers
- Other _____

Signature: _____ Date: _____

The DAY Program

PARENT PERMISSIONS

A. Student User Agreement and Independent Internet Access

We are pleased to offer students of the DAY Program access to electronic resources. Our goal in providing this service is to promote educational excellence in our school facilitating resource sharing, innovation, and communication. Electronic resources provide students with access to vast amounts of information and numerous opportunities for communication.

Our intent is to make internet access available to further educational goals and objectives. However, parents/guardians should be warned that if students disregard the guidelines of the school and/or program, they may find ways to access other materials via the Internet which may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages.

Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, the DAY Program supports and respects each family's right to decide whether or not to approve independent Internet access and communication. To gain independent access to the Internet, all students under the age of 18 must obtain parental/guardian permission and must sign and return the attached form to the Executive Director or Counselor. Students 18 and over may sign their own forms.

Student Responsibilities

Electronic resources are provided for students to enhance the learning experience. Access to services is given to students who agree to act in a responsible manner. Student use must be consistent with the educational objectives of the DAY Program.

Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. Communications on the network are often public in nature. General school rules for behavior and communications apply.

Network storage areas will be treated like school property. School counselors or administrators and teachers may review files, bookmarks, and communications under the same standards set for school property to insure the integrity of the electronic media. Privacy is not guaranteed for files stored on school servers nor will files be maintained indefinitely. Students should also be advised that they should have no expectation of privacy for any information created or communicated using the DAY Program electronic resources.

School and Parent Responsibility

Within reason, freedom of speech and access to information will be honored. During school, teachers will guide students toward appropriate materials. Outside of school and with independent access, parents/guardians bear the same responsibility for such guidance as they exercise with information sources such as television, telephones, movies, and other potentially offensive media.

The DAY Program will insure that procedures for access and standards of conduct regarding Internet use are communicated to students. It is presumed that students given access will comply with school standards and will honor the agreements they have signed. The school cannot be responsible for ideas and concepts that a student may gain by his or her inappropriate use of the Internet.

District Electronic Access and Internet Rules

The following uses of the DAY Program electronic resources are not permitted and may result in disciplinary action:

Violating existing board policy or regulation or local, state, or federal statute;

Violating copyright laws;

Using electronic resources for non-instructional purposes;

Using obscene language;

Sending or displaying offensive messages or pictures;

Harassing, insulting, or attacking others;

Intentionally spreading viruses or malicious software;

Sharing personal login information or using another person's login;

Publishing personal information (name; address; photograph) without teacher/parent approval;

Using an email account at school other than one provided by the school;

Using district provided email for non-instructional purposes;

Using personal electronic devices at school without appropriate permission;

Attempting to bypass network security to gain unauthorized access to information; and intentionally wasting limited resources.

Sanctions

The use of the DAY Program's electronic resources is a privilege, not a right, and inappropriate use will result in cancellation of privileges. Access entails responsibility. School administrators will deem what is inappropriate use and their decision is final.

Additional disciplinary action may be determined at the school in keeping with existing procedures and practices regarding inappropriate language or behavior. When applicable, law enforcement agencies or legal action may be involved.

B. Web Publishing

A web page has been established for the DAY Program as a dynamic forum to educate and inform the public. This communication vehicle serves to publicize the goals, accomplishments, activities, and services of the school. Intended audiences include: students, parents, prospective parents, employees, prospective employees, and the community at large. All content contained on the web site is consistent with the educational aims of the school. Student work and image will not be published or displayed on the school web site without the express consent of DYS and the parent or guardian of a student under 18 years of age or from the student if 18 years of age or older. Permission is indicated on the attached form.

In order to safeguard students, the following procedures have been established:

1. The name of a student will not be published in conjunction with a picture or video of that student on the DAY Program web site. Likewise, personal information about students will not be published.

2. Contingent upon receiving permission from the Department of Youth Services (DYS) and signed releases from the minor student's parent/guardian or from the student 18 years or older, student work may be published on the DAY Program web site under the following Guidelines:

- Grades 6-8 - Authors of electronically published work may be identified only by first name. The DAY Program may choose to let students adopt "net names."
- Grades 9-12 - Authors of electronically published work may be identified by first and last name.
- All student work published must pertain to a class project, course, or other school-related activity.

C. Media Coverage

With permission from DYS, the DAY Program may periodically issue information or permit media coverage to highlight student accomplishments. This may include, but is not limited to, a student making the honor roll, taking part in a school activity, or receiving an award. The DAY Program student pictures, video, names, or accomplishments will not be released to the public media or published in any media without permission from DYS and the express consent of the parent or guardian of a student under 18 years of age or from the student if 18 years of age or older. Permission is indicated on the attached form.

The DAY Program

STUDENT USER AGREEMENT

PARENT/GUARDIAN PERMISSIONS FORM

As a student user of the DAY Program's electronic resources, I hereby agree to comply with the rules as outlined in the Acceptable Use Agreement and to communicate over the network in an appropriate fashion while honoring all relevant laws and restrictions.

STUDENT SIGNATURE: _____

I understand that some objectionable materials may be accessed even with content filtering in place. I understand that individuals and families may be held liable for violations. I will accept responsibility for guidance of Internet use by setting and conveying standards for my son/daughter to follow when exploring on-line information and media on an independent basis. The DAY Program cannot be responsible for ideas and concepts that my child may gain by his or her inappropriate use of the Internet.

I understand and accept the conditions stated and agree to release, indemnify, and hold harmless, the DAY Program, the DAY Program Board of Directors, and/or their employees or agents from any and all claims and liability associated with or arising from the above student's independent use and/or access to the Internet.

As the parent or legal guardian of the minor student signing above or as a student 18 years of age or older, I have read this contract, the Acceptable Use Agreement and the descriptions for Web Publishing and Media Coverage. I grant permission for this student in the following areas:

Agree Do NOT Agree

_____ _____ A. This student has permission to independently access the Internet.

_____ _____ B. The DAY Program has permission to publish this student's work and image on the Internet (as allowed or disallowed by the Department of Youth Services (DYS)).

_____ _____ C. The DAY Program has permission to allow unrestricted media coverage of this student (as allowed or disallowed by DYS).

Check one choice for each permission & complete the following:

AUTHORIZING SIGNATURE
(Parent, Guardian, or Student 18 or older)

DATE

SCHOOL GRADE

Pre-GED Program

NAME OF STUDENT

DATE OF BIRTH

For Office Use Only:

As the certifying official, the above named student has been instructed on safe and acceptable use of the network.

Date of Instruction

Signature: Certifying Official

Notice to Counselor: This form should be completed at in-take and is to be placed in the student's permanent file.

117 Plaza Circle
Post Office Box 1811
Alabaster, AL 35007



Phone: 205-664-1600
Fax: 205-664-2306
www.thedayprogram.com

Acknowledgement Form

1. Video and Audio Surveillance

I acknowledge that I am aware and my child _____ is aware that there is audio and video surveillance used at the DAY Program. This audio/video is the property of the DAY Program and may be used for legal and safety purposes of the Program.

Parent Signature Date

2. Special Education Services (if applicable)

I acknowledge that the DAY Program is a private school and as such may not be able to meet all the objectives of my child's (student name) _____ Individual Education Plan. I further acknowledge that it will be my responsibility as parent/guardian to work with the referring school regarding any special needs indicated in the plan that may not be met at the DAY Program.

Parent Signature Date



THE DAY PROGRAM

SCHOOL TRANSPORTATION INFORMATION

(Check one) **Bus** _____ **Car** _____ **Student Driver** _____

To Be Completed By Parent: For School Year: 20____ - 20____ Date _____

Regular School Zone _____ **Grade** _____ **DOB** _____

Student Name _____ **Parent Email** _____

Students Physical Address _____

Contact Numbers (will be used in the order you list)

Name(s) _____ **Number(s)** _____

Circle one: YES or No Does your child have a Health Concern the Bus Driver needs to be aware of? (If yes, Bus Driver will contact you)

DAY Counselor to complete the following and give copy to driver)

Assigned Bus # _____ **Bus Driver Name** _____

Pick Up Time Summer/Regular ____/____ **A.M.** **Drop Off Time** ____/____ **P.M.**

Other:

Bus stop _____ **Counselor's Name** _____

July 2017

The DAY Program

2019 - 2020 School Calendar

July 2019

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August 2019

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2019

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 2019

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2019

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2019

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January 2020

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2020

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March 2020

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2020

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2020

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 2020

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

1st Quarter

- July 15-16 Counselor Workdays - No Students
- July 17 Staff Workday - No Students
- July 18 1st Qtr Begins - Summer Schedule
- August 8 Fall Bell Schedule Begins
- August 30 Counselor Workday - No Students
- September 2 Labor Day - School & Office Closed
- September 19 1st Qtr Ends
- September 20 Parent Conferences
- Sep 23 - Oct 4 1st Qtr Break - School & Office Closed

2nd Quarter

- October 7 2nd Qtr begins
- October 11 Counselor Workday - No Students
- October 14 Staff Workday - No Students
- November 11 Veteran's Day - No School
- November 25 - 29 Thanksgiving Break - No School
- December 19 2nd Qtr Ends - 1:00 Dismissal
- December 20 Parent Conferences
- Dec 20 - Jan 6 Christmas Holidays - No School

- January 6
- January 7
- January 20
- February 14
- February 17
- March 13
- March 19
- March 20
- March 23 - April 3

3rd Quarter



- Staff Workday - No Students
- 3rd Qtr begins
- MLK Day - School & Office Closed
- Staff Workday - No Students
- Staff Workday - No Students
- Staff Workday - No Students
- 3rd Quarter ends
- Parent Conferences
- 3rd Qtr Break - No School

4th Quarter

- 4th Qtr begins
- 1:00 Dismissal Day
- Summer Bell Schedule begins
- Staff Workday - No Students
- Memorial Day - School & Office Closed
- 4th Qtr Ends
- Parent Conferences
- Counselor Workday - No Students

Grading Periods

1st Qtr	July 19 - September 21	44 Days
2nd Qtr	October 10 - December 14	46 Days
3rd Qtr	January 3 - March 15	49 Days
4th Qtr	April 2 - May 31	38 Days

-  Indicates All Staff to Work - No Students
-  Indicates Counselors to Work - No Students
- Summer Bell Schedule 7:55 - 1:00
- Regular Bell Schedule 7:55 - 2:30