

**Beacon of Hope Child Care and Learning Center
Discipline Procedure Form**

Child's Name _____ DOB _____

Check One:

I do not wish my child to receive corporal punishment at all from this center. If my child cannot be controlled by the other discipline procedures outlined, I understand that I will be called and must pick my child up for the remainder of the day.

This center has permission to administer the outlined corporal punishment when it is deemed necessary.

I do not wish my child to receive the corporal punishment as outlined by the center, however, the following would be agreeable with me.

This form may be updated at any time during your child's tenure in this institution.

Thank you for your concern in this matter.

Parent/Guardian Signature _____

Date _____

Please see procedure manual under discipline for more information.