



Berkeley Rose School

Policy Receipts 2016/2017

Communication Policy

I/We, _____ and _____

parents/guardians of _____, have read the communications policy and agree to support the teachers, staff and school community by abiding by the guidelines. If I/we have questions or concerns, or require any assistance, I/we will contact the Bridge Committee (bridge@berkeleyrose.org) for support.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Dress Policy

I/We, _____ and _____

parents/guardians of _____, have read the dress policy and agree to support the teachers and the goals of Waldorf education by abiding by the dress guidelines. If I have questions or concerns I will contact my class teacher(s) well before the first day of school, and my class teacher(s) will respond in a timely manner.

Signature

Date

Signature

Date

Health Policy

By signing below I/we acknowledge having read the health policy and agree to abide by it. In addition, my child:

- Has received all of her/his vaccinations and I have included a copy of all immunization records to date.
- Has received some or none of her/his vaccinations. I understand that in choosing this option I must provide a Medical Exemption form signed by both my child's physician and myself before my child may attend Berkeley Rose School.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Berkeley Rose School

Calendar

I/We, _____ and _____
parents/guardians of _____, have read the Calendar and am aware of the dates during
which school is not in session and I will need to secure alternate childcare, or enroll my child in a Berkeley Rose camp. I
am also aware of the Parent Meetings, all of which I am expected to attend.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Photo/Artwork

Whenever possible, Berkeley Rose sends news or posts about school programs and student activities in our school newsletters. We also like to keep our advertisements and website content up-to-date with photos of students enjoying their programs. Please indicate whether you are granting Berkeley Rose School the right and license to use your child's likeness, in perpetuity unless you rescind your permission in writing, in print / digital photography / videography on the school website, in promotional pieces such as advertisements, brochures, flyers etc., and when reporting school news to the general public, by initialing next to the appropriate permissions.

_____ I grant permission for use of my child's likeness (without child's name listed)

_____ I grant permission for use of my child's likeness (without child's name listed), but request an email of the photo, if applicable, and explanation of its intended use.

_____ I do not grant permission for use of my child's likeness

In addition, Berkeley Rose School occasionally uses student artwork to create promotional displays, note cards, calendars, and similar items. Please indicate whether permission is granted for Berkeley Rose School to use, reproduce, and publish your child's artwork, and to waive any right to compensation for such use.

_____ I grant permission for the use of my child's artwork (all originals will be returned to parent/guardian after use)

_____ I do not grant permission for the use of my child's artwork

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Berkeley Rose School

Standard Treatment of Care

Most injuries that occur are minor scrapes and scratches. However, on occasion children are stung by bees or encounter poison oak. Outlined below are the proposed treatments for these situations.

- Cuts and scratches are washed with warm water and soap or a wound wash solution. Arnica cream, Rescue Remedy, and adhesive bandages may be applied. Ice packs will be applied to bumps and bruises.
- Areas exposed to poison oak may be washed with Tecnu Poison Oak-N-Ivy soap.
- Insect stings may be treated with a mixture of baking soda and water or a topical anesthetic swab (such as Sting Kill-benzocaine 20%, menthol 1%, isopropyl alcohol 15%) and ice pack placed on affected area.
- When warm water and soap are not readily available, child may use CleanWell a triclosan-free, all-natural hand sanitizer (see www.cleanwelltoday.com for ingredients).

Treatment Permission Slip

I give Berkeley Rose School my permission to treat my child as outlined above in the event that my child is stung by a bee/wasp/hornet or has exposure to poison oak. I understand that this action is to relieve my child's discomfort and is recommended by American Red Cross First Aid education.

[OPTIONAL] Please include the following treatments:

I understand that I will be called in cases of severe discomfort. _____ (initial)

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Sunscreen Permission Slip

I give Berkeley Rose School my permission to apply sunscreen as needed. I have provided the teachers with the sunscreen they are allowed to apply to my child, and it is clearly marked with my child's name. I agree I am responsible for tending to the sunscreen's expiration date and supplying additional sunscreen when needed.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Berkeley Rose School

Field Trip and Daily Walks Permission Form

I, _____ (print full name), give my permission for my child,
_____ (print full name of child), to go on field trips, which may include:

- Willard Park at 2500-2530 Derby St, Berkeley, CA 94705
- Clark Kerr Fire Trail /Stonewall-Panoramic Trail, at the top of Dwight, Berkeley, CA 94705
- Live Oak Park at 1301 Shattuck Ave, Berkeley, 94709
- Codornices Park at 1201 Euclid Ave, Berkeley, 94708
- And on daily walks in the neighborhood surrounding the school.

When traveling to and from parks and taking walks in the neighborhood, children will always be under adult supervision. They will cross intersections after a teacher holding a stop sign has stopped traffic and they will continue using the same safety protocol until they reach their destination and when they return back to school.

While at parks, the children will be playing in the meadow or at the playground, under adult supervision. The teachers will have with them:

- First aid kit
- Consent for medical treatment forms
- Information and Emergency contact forms

A specific safety protocol will be followed when encountering unsafe conditions (dogs, persons, etc.) at the park. For more information, speak to your teacher directly.

In the event that I cannot be reached in a medical emergency, I give permission to the physician selected by the school to secure and administer treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I hereby give my permission to Berkeley Rose School to take my child to the nearest medical facility and to authorize emergency treatment as needed. I hold blameless Berkeley Rose School and all involved from any liability for any harm that befalls the child(ren) as a result of participation in the field trip program.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Berkeley Rose School

Afternoon Program DROP-IN Policy

The afternoon program for both the nursery children and the Kindergarten/Grades is a contracted program that allows for the possibility of drop-in care with the following rules:

1. Parents must email afternoonprogram@berkeleyrose.org for approval by 10AM on the same day. Please note that there may not always be space available on any given day, though we will make accommodations as best we can and will always have flexibility for emergencies.
2. The rate for drop-in care, whether or not you are contracted for other days, is currently \$12/hour.
3. Your child must be provided with an extra snack and appropriate clothing, particularly on wet-weather days. If your child is in the nursery program, there are additional rest-time items you may wish to provide as well.
4. All children who are not picked up from their school program by 10 minutes past dismissal time will join the afternoon program and will be charged for a minimum of one hour at the drop-in rate.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Handbook Receipt

I/We, _____ and _____

parents/guardians of _____, have carefully read and fully understand the Berkeley Rose School Handbook available online at: <http://berkeleyrose.org/about-us/parent-handbook/> and agree to abide by the guidelines and policies herein.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Parent Directory / Class Roster Opt Out

Berkeley Rose publishes a yearly parent directory for all families currently enrolled in our school and we provide class rosters to each class. If you do not want all or some of your contact information to be included in either the class roster or the parent directory please mark the appropriate choices below. The directory will only be shared with parents/guardians who have a child currently enrolled at BRS. *If you are OK with including all information please leave this section blank.*

We will **EXCLUDE** any of the information that you have checked below

Print Parent Name:	Print Parent Name:
<input type="checkbox"/> Full Name	<input type="checkbox"/> Full Name
<input type="checkbox"/> Phone Number	<input type="checkbox"/> Phone Number
<input type="checkbox"/> Email Address	<input type="checkbox"/> Email Address
<input type="checkbox"/> Address	<input type="checkbox"/> Address