

**Capitol Hill Arts Workshop  
Discipline Policy & Behavior Contract**

**Parent Contact Information:**

Parent Name:	Home Telephone Number:	Work/Day Telephone Number:	Cell Phone Number:
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**Student Information:**

Student(s) Name	Birthdate(s)	Age(s)

**Mission, Vision, & Values:**

Mission: Building community through the arts  
 Vision: A place where the arts connect and transform people  
 Values:  
 We believe:  
 In discovering individual potential  
 We can all both learn and teach  
 Everyone is valuable and deserves respect  
 The arts create common ground  
 The arts must be accessible

**Rules**

1. Respect your fellow classmates and your teacher.
2. Listen to the teacher at all times and always follow directions.
3. Profanity will not be tolerated.
4. No running in the building.
5. No students in the kitchen or behind the front desk.
6. Do not leave any classroom without permission.
7. Please use inside voices at all times.
8. Everyone must keep their hands to themselves.

**Consequences:**

1. Breaking any of the rules is grounds for time-out. Teachers may, at their discretion, offer a student a warning before asking him/her to leave the classroom.
2. Once the student is asked to leave the classroom, they must immediately come to the front desk. They will then be asked to complete a "Time-Out Lesson." After completion, the child will be permitted to return to class.
3. Time-outs will be logged in a notebook at the front desk. After a child has had 2 time-outs, the student's parent will be call for early pick-up.
4. After a student gets 3 time-outs, he/she will be asked to stay home from CHAW for the following day.
5. After a student has been asked to stay home twice, we will hold a conference with the parent or guardian, the student, and the appropriate staff/faculty member to determine whether or not the student should continue in the Art Workshop's programs.
6. The staff at the Capitol Hill Arts Workshop reserves the right to dismiss a child who demonstrates physical or verbal violence towards any other student or teacher, on his/her first offence.

**Agreement:**

I have reviewed the above rules and consequences with my child/children and they agree to abide by them.

<b>Signature/Initials:</b>	<b>Date:</b>
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Capitol Hill Arts Workshop <a href="http://www.chaw.org">www.chaw.org</a>	Phone: 202.547.6839 Fax: 202.543.1723 <a href="mailto:registration@chaw.org">registration@chaw.org</a>
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