

**MANNING REGIONAL CHILD CARE ASSOCIATION**

**OUT OF SCHOOL CARE PROGRAM**

**Behaviour Guidance Contract**

I, \_\_\_\_\_, agree to the following rules of behaviour  
Child's Name

and consequences for the Out of School Care Program.

**Rules:**

1. Be kind and respectful to my friends and caregivers.
2. Respect the toys and materials in the classroom and on the playgrounds.
3. Do my very best to listen and cooperate every day.
4. Understand that bullying of any type will not be tolerated.

**Consequences: 3 Warnings**

1. I will be reminded of the rule and expected to change my behaviour/attitude.
2. I will lose my privilege of participating in the current activity.
3. My parent/guardian will be contacted and expected to pick me up and my space in the program may be terminated.

**I have read the rules and consequences and agree to abide by them:**

**Child's Signature:** \_\_\_\_\_ (Placing your initials here  
will serve as your signature)

**Parent/Guardian's Signature:** \_\_\_\_\_ (Placing your initials here  
will serve as your signature)

**Date Signed:** \_\_\_\_\_