Infant/Toddler Needs and Service Plan

*This needs and service plan will be updated every 3 months

Date: _____

Child's Name_____ Date of Birth: _____

Mother's Name:_____ Daytime Phone: _____

Father's Name _____ Daytime Phone: _____

Feeding

____ Bottle; Formula (What Brand) _____ ____Breast Milk Uses a Sippy cup: Yes No

What is your child's feeding schedule? _____

_____

_____

What is the longest period of time you allow your child to go between feedings? _____.

What needs does your child have during their feeding: (ex. Needs to always be burped, sit up after feeding, etc.)_____

_____

_____

Foods

Does your child eat: Baby Foods____ Table Food____ (menu will be provided)

List all food allergies, food sensitivities, or feeding issues: _____

_____

Any special instructions you would like us to follow regarding your child's eating pattern? _____

_____

Sleeping

Does your child use a pacifier? ___Yes ____No

What is your child's current sleeping schedule _____.

Can you tell us anything about your child's sleeping habits that might be helpful? _____

_____

*** It is our policy that infants must always be put to sleep on their backs. If children have a medical condition requiring them to sleep in an alternate position, a signed physician's note is required.**

****If a blanket is used, the infant is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infants' chest.**

Diapering

Are there any specific creams or ointments to be used at diaper changing time?

_____

Please note you will need to complete a topical ointment form and update this every 90 days. We cannot put on any cream without a prescription or signed physician's authorization if it is a prescribed ointment.

General Information

Does your child have any special needs: _____

Is there any other information you would like us to know about your child so we may give then the best possible care?

_____

_____

_____

Parent Signature_____ Date: _____

Updated Parent Signature_____ Date: _____

Updated Parent Signature_____ Date: _____

Teacher Signature_____ Date: _____

Teacher Signature_____ Date: _____

Teacher Signature_____ Date: _____

Infant/Toddler Daily Schedule

Time	Feeding	Napping
6:30 am		
7:00 am		
7:30 am		
8:00 am		
8:30 am		
9:00 am		
9:30 am		
10:00 am		
10:30 am		
11:00 am		
11:30 am		
12:00 pm		
12:30 pm		
1:00 pm		
1:30 pm		
2:00 pm		
2:30 pm		
3:00 pm		
3:30 pm		
4:00 pm		
4:30 pm		
5:00 pm		
5:30 pm		

Additional comments:

INDIVIDUAL INFANT SLEEPING PLAN

Date of plan: _____

SECTION A: INFANT'S INFORMATION

Infant's Name	Gender	Birth Date

Authorized Representative's Name (Primary Contact)	Phone Number

Authorized Representative's Name (Secondary Contact)	Phone Number

SECTION B: SLEEPING ENVIRONMENT INFORMATION

At home, the infant sleeps in:

☐ Crib ☐ Play Yard ☐ Other (Specify) _____

What are the Infant's usual sleeping hours?

_____ _____

_____ _____

What is the infant's average length of the Infant's nap(s) during the day time?

_____ minutes _____ hours

Does the infant use a pacifier?

☐ Yes ☐ No ☐ Sometimes

If **yes**, brand: _____

SECTION C: INFANT'S ABILITY TO ROLL

My child, _____ is able to roll from their back to their stomach and stomach to their back beginning _____ / _____ / _____.

Authorized Representative Signature	Date

SECTION D: INFANT'S ABILITY TO ROLL IN CHILD CARE

Provider observed the infant is capable of rolling from their back to their stomach and stomach to their back.

Provider Signature	Date

Authorized Representative Signature (To be completed no later than the next business day following observation)	Date

SECTION E: MEDICAL EXEMPTION

Does the infant have a medical exemption? ☐ Yes ☐ No

If the infant has a medical exemption to sleep in a position other than on their back a licensed physician must provide instruction on an alternate sleeping position.

The following shall be included with the medical exemption:

- Instructions on how the infant shall be placed to sleep, including sleep position.
- Duration the exemption is to be in place
- The licensed physician's contact information
- Signature of the licensed physician and date of signature

ATTACH REQUIRED DOCUMENTS TO THIS FORM AND MAINTAIN IN THE INFANT'S FILE PURSUANT TO TITLE 22, SECTION 101429(a)(2)(c) FOR CHILD CARE CENTERS OR SECTION 102425(c)(2) FOR FAMILY CHILD CARE HOMES.

I certify that all information contained in this form is complete and accurate to the best of my ability.

Authorized Representative Signature	Date

Our Savior's Lutheran School Infant Center Admission Agreement

2023-2024

Name of Child _____ Session _____

Date of Birth _____ (Infants must be at least three months old to enroll)

Registration Fee (non-refundable): $200

- I understand that tuition is divided into ten monthly payments, from July thru April OR payable in one full tuition payment in July.
- There is no allowance or tuition credit for days absent or family vacations.
- Tuition is paid on the first of every month through Brightwheel.
- Brightwheel accepts payment through checking or savings accounts. We do not accept credit cards or accept tuition checks in the office.
- There is a thirty-day notice required to withdraw.
- If tuition is not paid for two months, this is considered a breach of contract and the student will be withdrawn from OSLS Infant Center.

Parent/Guardian Signature _____

Phone _____ Email _____

For flexible spending account purposes our tax ID# is 95-3614203.

Infant Center Monthly Tuition Fees:

Infant Center Sessions	2 day	3 day	5 day
Class Days	TTH	MWF	M-F
Full Day 7:30 - 4	$900	$1,300	$1,800

Additional information:

- Drop-in daily rate for full day is $95 per day.
- Drop-in is based on availability; prior notice is required.
- Discounts do not apply to the infant center.

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST		MIDDLE	FIRST		SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY		STATE	ZIP	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST		MIDDLE	FIRST			BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY		STATE	ZIP	HOME TELEPHONE ( )
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST		MIDDLE	FIRST			BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY		STATE	ZIP	HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST		HOME TELEPHONE ( )		BUSINESS TELEPHONE ( )

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Our Savior's Lutheran Preschool
FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____
NAME

. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE
( )

WORK PHONE
( )

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE

PARENT / AUTHORIZED REPRESENTATIVE NAME	DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?

PARENT / AUTHORIZED REPRESENTATIVE NAME	DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?

IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY *(*For infants and preschool-age children only)*

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
_____ MONTHS	_____ MONTHS	_____ MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping Cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES *(*For infants and preschool-age children only)*

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	
	LUNCH	
	DINNER	
WHAT ARE USUAL EATING HOURS?	BREAKFAST	
	LUNCH	
	DINNER	

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE

All students attending Our Savior's Lutheran School are required to have their required immunizations and a record on file. Please note, students cannot start school without immunizations. There are no exemptions.

Please submit a current, updated immunization record to be in compliance with the Orange County Health Department. A new physician's report is required each year signed by both the parent and the doctor.

Guide to Immunizations: Requirements by Age at Entry and Later.

(Follow-up is required at every age checkpoint after entry.)

Vaccine	2-3 Months	4-5 Months	6-14 Months	15-17 Months	18 Months-5 years
Polio (OPV Or IPV)	1 dose	2 doses	2 doses	3 doses	3 doses
Diphtheria, Tetanus, and Pertussis (DTaP or DTP)	1 dose	2 doses	3 doses	3 doses	4 doses
Measles, Mumps, Rubella (MMR)				1 dose (on or after 1st birthday)	1 dose (on or after 1st birthday)
HiB	1 dose	2 doses	2 doses	1 dose (on or after 1st birthday)	1 dose (on or after 1st birthday)
Hepatitis B (HepB or HBV)	1 dose	2 doses	2 doses	2 doses	3 doses
Varicella (Chickenpox, VAR, or VZV)					1 dose

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

Our Savior's Lutheran Preschool . This Child Care Center/School provides a program which extends from 7:30 : 4:00
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m., _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

_____ _____
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: Allergies: medicine:

Vision: Insect stings:

Developmental: Food:

Language/Speech: Asthma:

Dental:

Other (include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

☐ Risk factors not present; TB skin test not required.

☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____ Date of Physical Exam: _____
Address: _____ Date This Form Completed: _____
Telephone: _____ Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

* Have a family member or contacts with a history of confirmed or suspected TB.
* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
* Live in out-of-home placements.
* Have, or are suspected to have, HIV infection.
* Live with an adult with HIV seropositivity.
* Live with an adult who has been incarcerated in the last five years.
* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
* Have abnormalities on chest X-ray suggestive of TB.
* Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

(1) To be accorded dignity in his/her personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.

(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.

(4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.

(5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.

(6) Not to be locked in any room, building, or facility premises by day or night.

(7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME
Community Care Licensing

ADDRESS
750 The City Drive South #250

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Orange	92868	1-714-703-2800

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE: **PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
Our Savior's Lutheran Preschool	200 Avenida San Pablo San Clemente CA 92672

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.

3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.

5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

6. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: Community Care Licensing

   Licensing Office Address: 750 The City Drive South #250 Orange CA 92868

   Licensing Office Telephone #: 1-714-703-2800

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: ***CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.***

For the Department of Justice "Registered Sex Offender"database, go to www.meganslaw.ca.gov

LIC 995 (9/08) (Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS
(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

_____
Name of Child Care Center

_____ _____
Signature (Parent/Authorized Representative) Date

NOTE: ***This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.***

For the Department of Justice "Registered Sex Offender"database go to www.meganslaw.ca.gov

Our Savior's Lutheran Preschool and Infant Center
Walking Field Trip Permissions

Our Savior's Lutheran Preschool and Infant Center Walking Field Trip to the Church for Chapel and Music every Monday, Tuesday, Wednesday, and Thursday from August 2023 to June 2024. I also authorize my child to walk to the Church kitchen as needed for cooking activities throughout the 2023-2024 school year.

I authorize my child _____ to be walked to Chapel and Music in Our Savior's Lutheran Church on a weekly basis by the Preschool Staff of Our Savior's Lutheran Preschool and the Church Kitchen as needed for activities.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Date: _____

Release Form Publications, Video, Internet Consent, and Release Agreement

Our Savior's Lutheran School supporters, students, parents, and friends occasionally are asked to be a part of school publicity, publication, and/ or public relations activities. In order to guarantee personal privacy and ensure your agreement to participate, Our Savior's Lutheran Preschool asks that you sign and return form to the school.

Agreement

I hereby authorize Our Savior's Lutheran Preschool to use my student's name, picture, art, written work, voice, verbal statements, and portraits (video or still) for purposes of public relations, public information, school marketing and promotion, publicity, and instruction.

With respect to publication on School Web pages, Our Savior's Lutheran Preschool agrees that:

- Individuals under the age of 18 will not be identified by personal details other than first name, or first initial and last name.
- Our Savior's will promptly comply with any request by the undersigned to remove any photograph or text featuring his or her child.
- No other personal information relating to a student or minor will be published.

In signing this agreement, I understand, acknowledge, and agree that:

- No monetary or other consideration shall be due or owing in connection with this agreement or any use authorized hereby;
- Our Savior's Lutheran Preschool shall be entitled to use the foregoing materials in subsequent years; and,
- This agreement may be terminated at any time with written notice.

Parent / Guardian Signature: _____ Name: _____

Students Full Name: _____ Date: _____

Our Savior's Lutheran Preschool and Infant Center
Receipt of Parent Handbook

I acknowledge that I have read and comply with the Our Savior's Lutheran Preschool and Infant Center handbook.

Signed:

_____

Date:

_____

AUTHORIZATION FOR USE OR DISCLOSURE OF STUDENT INFORMATION TO AND FROM PRESCHOOL AGENCIES

Completion of this document authorizes the disclosure and/or use of personally identifiable student information between your child's preschool, Our Savior's Lutheran Preschool and the Orange County Department of Education's QualityStart OC QRIS for program evaluation and service planning purposes.

USE AND DISCLOSURE INFORMATION RELATED TO:

Student Name:_____

Last First MI Date of Birth

I, the undersigned, do hereby authorize Our Savior's Lutheran Preschool, and the Orange County Department of Education's, QualityStart OC QRIS to exchange information regarding the above named Student.

Requested information shall be limited to the following: your child's ethnicity, primary language and results from Screening Tools: ASQ-3 and ASQ-SE/Developmental Assessment: DRDP-2015/Special Needs (IFSP/IEP)

RESTRICTIONS ON RE-DISCLOSURE

California law prohibits the requestor from making further or additional disclosure of private information to another third party unless the requestor obtains another authorization from you, or the disclosure is specifically required or permitted by law.

YOUR RIGHTS

This authorization shall be for one year. However, you may revoke this authorization at any time by submitting written revocation signed by you or your representative and delivered to the agency/persons listed above. Your revocation will be effective upon receipt, but will not be effective to the extent that the requestor or others have acted in reliance on this authorization. You have the right to receive a copy of this authorization.

Approval:_____

_____

Printed Name Signature Date

Relationship to Student Area Code and Telephone Number

Our Savior's Lutheran Infant Center Supply List
2023-24 School Year

Daily Needs

The following items are required every day at the center. We do store extra diapers and wipes and will let you know when your child is running low. **PLEASE LABEL EVERYTHING** (i.e. bottles, lids, clothes, bibs, crib sheet) this will ensure your child only uses the items you have provided and nothing gets mixed up. **Name and dates are required on bottles and food.**

Infant Room 304:

- Diapers & Wipes
- Pre-Made Bottles
- Food (cut into bite size pieces)
- Burp Cloth (At least 2)
- Crib Sheet (2 preferred)
- Noise machine (if needed)
- Bibs (silicone preferred)
- 2 change of clothes
- Pacifier
- Creams (if needed)

Toddler Room 305:

- Diapers & Wipes
- Water Bottle
- Creams (If needed)
- Extra change of clothes
- 2 Snacks & Lunch
- Crib sheet
- Noise Machine (If needed)

School Year Needs:

Please bring the following supplies to meet the teacher or the first day of school.

Required Supplies:

- 1 Roll of Paper Towels
- 1 container of Lysol Wipes
- 1 box of Kleenex
- 1 set of Watercolor Paints (Toddler Room)
- 1 Package of stickers (Toddler Room)

Appreciated Donations:

-Pipe Cleaners
-Egg Cartons
-Paper
-Ribbon
-Paper Towel Rolls

We also accept used books, toys, and puzzles. If you have child sized furniture that you are disposing of, please let us know! Thank you!

Our Savior's Lutheran Preschool and Infant Center
Academic Calendar
2023-2024

August 14	Staff Meeting 9am-1pm
August 16	Meet your Teacher 9am- 9:30am Ice Cream Social 9:30-10am
August 17	TTH Classes Begin
August 18	MWF Classes Begin
September 4	School/Infant Center Closed: Labor Day
November 2 & 3	School Infant Center Closed: Parent/Teacher Conferences
November 10	School/Infant Center Closed: Veteran's Day
November 20-24	School/Infant Center Closed: Thanksgiving Break
December 22	School / Infant Center Closed at Noon
December 25-January 5	School / Infant Center Closed: Christmas Break
January 15	School / Infant Center Closed: Martin King Jr. Day
February 17, 19	School / Infant Center Closed: President's Day
March 14 & 15	School / Infant Center Closed: Parent/ Teacher Conferences
April 1-5	School / Infant Center Closed: Spring Break
May 6-10	Teacher Appreciation Week
May 27	School Closed: Memorial Day
June 7	Last day of school / Infant Center: Closed at noon

*2 Student Free / Professional Growth Days TBD
* Subject to change with one months advanced notice

Our Savior's Lutheran Preschool and Infant Center
Curriculum

Month & Topic	Shape	Color	Character Trait
August: Welcome Friends!			
September: Intra-personal Intelligence	Circle	Orange	Trustworthiness
October: Inter-personal intelligence	Triangle	Orange	Compassion
November: Linguistic Intelligence	Square	Brown	Generosity
December: Happy Birthday, Jesus!	Star	Yellow	Respect
January: Musical Intelligence	Rectangle	White	Fairness
February: Logical-Mathematical Intelligence	Heart	Red	Caring
March: Naturalist Intelligence	Oval	Green	Responsibility
April: He is Risen!	Cross	Purple	Citizenship
May: Spatial Intelligence	Diamond	Black	Humility
June: Bodily-Kinesthetic Intelligence	Octagon	Rainbow	

2023 Infant Center Summer Camps

Week 1:	June 12-16	$400	_____
Week 2:	June 26-30	$400	_____
Week 3:	August 7-11	$400	_____

Camps are for children 3-24 months.
Must be an Our Savior's student during the 2022-23 school year.

Hours are 8am-12pm. Each child is to bring everything needed for the day. A clean sheet, blanket, diapers, baby wipes, drinks, food, and bottles must be provided by you. Food must be nut free.

No refunds for any reasons other than capacity / ratio constraints.

Child's Name: _____ D.O.B._____

Name of Parent(s): _____

Street Address: _____ City: _____ Zip: _____

Primary phone number: _____ Email: _____

Emergency Contact: _____Emergency Number: _____

Persons who may pick up your child:

1._____ Phone:_____

2._____ Phone:_____

Allergies or other medical conditions:

_____

Questions? Email Amy Rivas a.rivas@oursaviorsschool.net

Our Savior's Lutheran School

Infant Center and Preschool

Family Handbook

License # 304371273 Infant Center

License # 300600175 Preschool

Love - Learn - Serve

2023-2024

200 Avenida San Pablo
San Clemente, CA 92672
949-492-6165 www.oursaviorsschool.net

Revised January 2023

Welcome to Our Savior's Lutheran Preschool and Infant Center

Our Savior's Lutheran Preschool and Infant Center is a ministry of Our Savior's Lutheran Church. We welcome families from the congregation and reach out to families in the community. All are welcome here. The Preschool Director, under the guidance of the Preschool Liaison, Church Council and Senior Pastor oversee the management of the infant center and preschool. The school is licensed by the State of California; license #300600175 preschool; license # 304371273 infants.

The preschool is ELEA accredited and part of the Quality Start OC program. The Infant Center opened in January 2020. We embrace a philosophy of developmental appropriateness and strive for excellence and best practices in all that we do. Our staff is a team of Early Childhood professionals who work lovingly with students and families to create a positive school experience. They instill a sense of awe and wonder in each child in the hope that every student will become lifelong learners with grateful hearts for all that God has done for them. The staff provides classroom experiences both indoors and outdoors in the following areas: creative, social, emotional, cognitive, spiritual, and physical. We recognize that each child is unique; bringing different gifts and customs to our program and we celebrate that diversity. Throughout the week the students will be introduced to a variety of activities, including but not limited to: Art, Chapel, Dramatic Play, Fine Motor, Gross Motor, Language Arts, Music, Math, and Science.

Children are empowered to make choices throughout the day. While there is teacher directed activities there is an hour of time both indoors and outdoors where the children can make their own choices as to what activities they would like to participate in under the loving and watchful guidance of their teacher. Our goal is that students leave here with the social and emotional intelligence that will successfully carry them through their school years. We place an emphasis on identifying their emotions, learning self-regulation skills, and developing a strong sense of self. We honor families as the first and primary caregivers of their children and we work together to provide a solid foundation for both the child and the family within a developmental and Christian framework. Students are assessed twice during the year, and we strive to continually keep families up to date on how their student is doing to facilitate a positive entry into the elementary grades. The Administration team at Our Savior's Lutheran Preschool and Infant Center is established to give detailed attention to the needs of our students and families. Please contact our office with any needs, concerns, or questions. We are here to serve you.

Office Number: (949) 492-6165
Amy Rivas, Director a.rivas@oursaviorsschool.net

Our Savior's Lutheran Preschool and Infant Center
Foundations

Our Savior's Lutheran Preschool and Infant Center is dedicated to best practices for young children within a framework of Christian education. We believe each child is unique and we strive to understand how each child best learns and then teach in that way. We base our curriculum on Howard Gardner's Theory of Multiple Intelligences and expose each child to as many experiences as we can throughout the preschool day with a strong emphasis on social emotional growth and developmental appropriateness.

Preschool is the introduction to a lifelong educational journey for children. It is the goal of Our Savior's Lutheran Preschool and Infant Center to foster a love for learning in our students with an individualized, child-centered approach. We introduce our students to the beginning foundations of language, mathematics, science, social studies, art, and music. We are a developmentally appropriate, Reggio inspired program with an emphasis on social emotional development. Each child is different and unique, and our purpose is to recognize and help your child achieve their full potential and leave us with a solid sense of self, positive self-esteem, and the desire to be a lifelong learner.

Our Savior's Lutheran Preschool and Infant Center began to minister to children and their families as a ministry of Our Savior's Lutheran Church over sixty years ago. In September of 1956 the preschool opened and in September 1961, Chapel Hill Lutheran School started. In 2020 the Infant Center was opened. With a love for the Lord Jesus Christ, a desire, and a commitment to minister to children and their families, a limited budget and creativity and prayers, the school utilized the countless donations of time materials and money by many of the church families. Today, with a well-developed quality program, an expanding facility and a dedicated professional staff, the school continues with the same high standards and spirt.

Our Savior's Lutheran Church and School is a fully accredited member of the Pacifica Synod of the Evangelical Lutheran Church of America. The school is a ministry and extension of Our Savior's Lutheran Church. The school provides early childhood education on a non-discriminatory basis and provides equal treatment to each child without regard to race, religion, national origin, or ancestry.

Age Requirements

Three months of age to enroll in our Infant Center
Two-year-old class: May start the preschool on their 2nd birthday.
Pre-K program is for students 4 years 6 months and older (5 day only)

Arrival and Dismissal

The school day begins at 8:45 a.m. Students who need to arrive earlier than 8:45 a.m. may be checked in to our Early Start Program as early as 7:30 a.m. The student's account will be billed for the added time in the Early Start Program, or they can get a coupon for $8.

Students check out is 12:00 noon. The Lunch Bunch Program is available from 12:00 p.m. 1:00 p.m. for a cost of $8 per hour. The preschool closes at 4:00 p.m.

The infant center is open 7:30am - 4pm Monday through Friday.

State law requires preschool students be checked in and out each day by an authorized adult through the brightwheel app. No one under the age of 18 years of age may check in/out for a preschool student. The parents must check their child in each time the child is at school.

Failure to check in/out your child is a violation of state licensing requirements and will subject OSLS to a fine per missing check in. For failure to comply with the sign in and out procedures, preschool families will be fined $150 per missing signature and can jeopardize your child's enrollment. Families will receive one verbal or written warning before fines are posted on your brightwheel account. The QR codes for check in/out are found outside your classroom door. It is the parent's responsibility to ensure that any individual who may drop off/pick up their child has access to brightwheel. Unattended siblings are not to be left in the vehicles at any time while picking up or dropping off your preschool child under any circumstances.

Assessments and Parent Teacher Conferences

Our Savior's Lutheran Preschool & Infant Center implements child observation and developmental screenings to ensure that all children are moving forward in their development preparing them for school entry. We use the tools that are aligned with current California Department of Education and OC Quality Start requirements.

All screening results are shared with parents at parent teacher conferences in November and March. If any concerns arise from either screening tool, we will discuss referral processes with the family. All copies of screening results are kept in the child's file.

Infants will have a needs and services assessment prior to the first day of care.

Desired Results Developmental Profile (DRDP)

Our Savior's Lutheran Preschool uses the Desired Results Developmental Profile (DRDP) twice a year, Fall and Spring as our formal assessment tool. The DRDP is used to inform planning and results are shared with parents during conferences.

Ages and Stages Questionnaire (ASQ-3 and ASQ:SE-2)

Our Savior's Lutheran Preschool uses ASQ-3 for developmental screenings. ASQ-3 is developmental screenings tool that relates to developmental milestones in children. Parents will be given the ASQ-3 to complete in a child's first 30 days of enrollment. The Director then reviews the assessment and shares results with the families. All results are shared with families in a timely manner. If a concern arises from the ASQ-3, we will refer families to the appropriate outside source.

If a family has a concern about their child's social and/or emotional development, we will either provide the parent with the ASQ:SE-2 (ASQ Social Emotional) as well as the teacher to complete. Any results that need to be followed up with will generate a referral to an outside agency. We currently partner with Help Me Grow Orange County and Capistrano Unified School District (CUSD) for all referrals.

Chapel

Our Savior's Lutheran Preschool students go to chapel once a week for worship, praise, and prayer. Chapel time is a sensory experience with interactive bible stories with a time of reflection and concrete thinking to how we can be Christ-like in all our day-to-day interactions.

Birthday Celebrations/Approved Birthday Snacks

Birthdays are a special time of year for any young child. Our Savior's Lutheran Preschool believes in modeling healthy behavior, and we do have an approved Birthday Snack list. Also, please see the class allergy list to make sure students who have allergies are still able to celebrate with the class. There are allergies in addition the school wide NUT FREE POLICY. Only approved birthday snacks will be served in the classroom. No treat bags please. Birthday party invitations may not be distributed at school and should be sent out in the mail or emailed directly to families.
As a nut free school, all birthday snacks brought on campus, must have an ingredients list, either on the package, or provided by the parent/guardian. Please send a note to accompany the birthday snack, stating that the ingredients have been checked and they are nut free, and not made in a facility that processes nuts.

Examples of Birthday Snacks include:

100 % Juice Bars Popsicles
Milk and Oreos
Jello
Pudding Cups
Chips and Salsa, or Guacamole
Fruit Roll-Ups
Animal Crackers Rice Krispie bars

Our Savior's Lutheran Preschool and Infant Center is an entirely NUT FREE campus.
No nuts or any foods processed in a facility that processes nuts.

California Department of Social Services

Our Savior's Lutheran Preschool & Infant Center is licensed by The Department of Social Services (LIC #300600175). Our infant center license is (LIC#304371272). Social Services require that all the forms, including medical forms filled out by your child's pediatrician, be on file before your child can attend school. All California State Licensing forms must be filled out completely and signed prior to acceptance into Our Savior's Lutheran Preschool and Infant Center. If there is a change in any of the information, please notify the office immediately. All forms will be completed every year.

Health

Upon enrollment, state licensing requires the submission of a health form signed by the child's physician. This physician form must also be updated and turned into the school annually. Additional regulations require that the child is to have standard immunizations. These records must be in the office prior to the first day of school. **No exceptions.** All students enrolled in Our Savior's Infant Center and Preschool MUST have current and up-to-date record of immunizations. **All students must be immunized. No exceptions or exemptions.** Under SB792 all day care centers must maintain vaccination records for all employees and volunteers for influenza, pertussis, and measles. We require the covid vaccination for all staff.

Your child's health is of major importance to us. A daily health check is given upon each child's arrival. The person bringing the child to school must wait until his/her teacher greets the child before leaving. Your child will not be admitted to the school, or will be sent home, if any of the following symptoms of illness are present:

1. The illness prevents the student from participating in school activities
2. The illness results in a greater care need than the staff can provide without compromising the health and safety of the students
3. A temperature of higher than 100 degrees. Must be fever free for 72 hours
4. Runny nose (thick or runny secretions), coughing, difficulty breathing, lethargy, persistent crying and/or irritability
5. Diarrhea, increased number of stools, increase in stool water, and/or form Stay home 24 hours after last symptom.
6. Vomiting-once incident. Stay home 24 hours after last episode.
7. Coughing: stay home until there is no substantial time spent coughing.
8. Mouth sores with drooling or draining sores
9. Rash with fever or behavior change
10. Conjunctivitis (pink eye)
11. Scabies, head lice, or other infestations
12. Impetigo
13. Strep throat
14. Chicken Pox- student is excluded from the school until all sores have dried and healed
15. Mumps- student is excluded for six days after the onset of rash
16. Measles- student is excluded for six days after the onset of rash
17. Rubella - student is excluded for six days after the onset of rash
18. Shingles
19. Respiratory illness

Earthquake Kit and Extra Clothing

Earthquake clothing: The clothing will be kept in the student's classroom in a labeled plastic bag. This will stay there until the end of the year or until needed. These clothes may also be used for replacement clothing in case of a bathroom accident. If this happens, please make sure to replace right away.

You may either bring a homemade earthquake kit or purchase an Earthquake Kit from the school. These kits have a shelf life of 5 years. We also recommend a family photo and letter of reassurance to the child to be kept in the same bag. Kits will remain in the Preschool until the end of the year.

Homemade earthquake kit should include:

2 packages of crackers and cheese
3 fruit cups
4 granola bars NUT FREE
2 meals of canned dinners (Hormel, Libby's, Etc.)
3 juice Drinks (box with straw)

Discipline

At Our Savior's Lutheran School, we understand that the word discipline comes from disciple, meaning "to teach." Teachers handle situations that require discipline in a loving manner and in ways that will positively impact the student's self-esteem. It becomes a teaching moment. The teacher will discuss with the student the importance of making good choices in the classroom. If the behavior continues, the child may lose a privilege. (For example, if the behavior is in the block center, then the teacher may explain to the student that he/she has lost the privilege to play in the area for five minutes, or longer depending on the situation.) If a student bites another student, the parents of both students will be notified. We will do all we can to stop the biting behavior, as soon as possible. If needed, we will partner with families to consult with experts.

Late Fees

If you arrive after your child's program end time you will be charged a late fee of $15 every 5 minutes. There is no 5-minute grace period. Please see your brightwheel account for billing charges. It is to your advantage to have two or three people with written authorization to pick up your child in the event you will be detained or stuck in traffic.

Medication Policy

If medication must be given at school, please see the Director for the proper medication form. State law requires us to keep paperwork on all medications in the facility. If you are administering medication at home, please inform the teacher in case of an adverse reaction or unusual behavior. It is helpful for the staff to be aware of any medical situations that could impact the student's learning or daily behavior. Medication is stored in a secure spot in the classroom, locked, and documented for California State Licensing and safety purposes. All medications must be in the original container and if the medication is a prescription, it must be in the prescribed container with the patients name and the dosage. Please take all medication home at the end of the school year and replace expired medication as needed. Medications that require a Medication Administration Form includes, but is not limited to: Epi-Pens, Allergy Medication, Inhalers, Aspirin/Ibuprofen, Acetaminophen, Topical sprays, or medicated creams.

Photo Release

Our Savior's Lutheran Preschool and Infant Center tries to capture the many memories of our school day. If you wish for the photographs not to be published on our website or for marketing purposes, please indicate so on the school photo release form upon admission to the school.

Preschool Attire

All preschool students must wear comfortable and play appropriate clothing. Please remember when making clothing decisions your child will be climbing, painting, digging, sitting in sand, playing with water, and helping himself/herself when toileting. The clothes worn should be easy to button, snap, or zip for your child. For safety reasons, boots (of any kind, i.e., Ugg, rain, cowboy), sandals, flip-flops, and crocs are NOT permitted. Each child is required to have a change of clothes that should include pants, shirt, underwear, and socks. The clothes are to remain in your child's bucket. Please make sure to label your child's clothing with their name. Infants must bring enough clothes and diapers to ensure that they are dry and comfortable for the time they are here.

Please note that all parents volunteering in the preschool who will have direct contact with the children must fill out an IMMUNIZATION RECORDS FOR PRESCHOOL VOLUNTEERS FORM as a part of state licensure requirements.

Our Savior's Lutheran Church

Our Savior's Lutheran Church and School is a congregation of the Evangelical Lutheran Church in America (ELCA). Our Congregation has been active in San Clemente since 1953 and while we are Lutheran, we welcome people of all backgrounds, traditions, beliefs, and disbeliefs to come love God and serve our neighbors with us.

We worship every Sunday at 9:30 am. Every week we sing, read the Scriptures, hear biblical preaching, and celebrate Holy Communion. In addition to a children's sermon during worship, we have a time where children (and any parents who want to go with them) can go to Sunday School to learn and make a craft.

For more information, please call the Church Office at 949 492 6164.

EFFECTS OF LEAD EXPOSURE

Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

IN THE US:

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.

LEAD IN TAP WATER

The only way to know if tap water has lead is to have it tested.

Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them.
- Water does not come from a public water system (e.g., a private well).

To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home**
  Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes.)*
- **Use only cold tap water for cooking, drinking, or baby formula (if used)**
  If water needs to be heated, use cold water and heat on stove or in microwave.
- **Care for your plumbing**
  Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.*
- **Filter your water**
  Consider using a water filter certified to remove lead.

WARNING! Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.

(*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

- For information on testing your water for lead, visit the Environmental Protection Agency at their website or call (800) 426-4791. You can also visit the California Department of Public Health's website at www.cdph.ca.gov.

POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

SYMPTOMS OF LEAD EXPOSURE

Most children who have lead poisoning do not look or act sick. Symptoms, if any, may be confused with common childhood complaints such as stomachache, crankiness, headaches, or loss of appetite.

A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP). Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans also will pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's website, or call them at (510) 620-5600.

The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.

PUB 515 10/2019

Ralph's Community Contribution Program

Ralph's will donate 2-4% of your purchases to Our Savior's

1. Create a digital account.

A digital account is needed to participate in Ralph's Community Contribution Program. If you already have a digital account, simply link your Shopper's Card to your account so that all transactions apply toward the organization you choose.

2. Link your Card to an organization.

Selecting the organization that you wish to support is as simple as updating the Ralph's Community Contribution Program selection on your digital account.

1. Sign in to your digital account.

2. Search for Our Savior's Lutheran School or use the NPO number 80484

4. Select our organization from the list and click "Save".

Your selected organization will also display in the Ralph's Community Contribution Program section of your account. If you need to review or revisit your organization, you can always do so under your Account details.

3. Your organization earns.

Any transactions moving forward using the Shopper's Card number associated with your digital account will be applied to the program, at no added cost to you. Ralphs donates annually to participating organizations based on your percentage of spending as it relates to the total spending associated with all participating Ralph's Community Contribution Program organizations.

If you have any questions, you can call 1-800-443-4438