



My name is Michelle Wohlfarth and I am pleased to be the Director of Our Savior's Preschool . I am looking forward to providing exciting and productive experiences for your child. My mission as a Director is through the work of play and fun, to help each child to discover the joy of learning and to develop a strong belief in his or her own abilities just as God has intended. Each child will have a sense of pride in who they are in our little community with Our Savior's.

A little about me I have over 20 years of experience teaching Early Childhood Education. Throughout my time as an educator I have worked with children ages two-five years of age. I have enjoyed being a mentor teacher as well as developing enriching curriculum programs such as Art Masters and Parent and Me Classes that emphasize music, movement and even American Sign Language. What has not changed throughout my years is the excitement behind staying focused on the importance of developing a balanced skill set of social- emotional growth with pre-academic practices all while staying engaged in play!

When I am not in the classroom you will find me enjoying spending time with my family which consists of my husband Bryan of nearly 16 years and our four children Eloise(13), Audrey(10) and our twin boys(9) Hudson and Owen. I also love practicing yoga, sharing my testimony at church and spending time with my dear friends.

Communication is key at this age, including our parent-teacher-director communication! Together we can make this coming year the best possible for your child. If you have any questions or concerns, please feel free to call or come up for a scheduled conference. The easiest and fastest way for us to communicate during the day will be via email or Brightwheel . Let's connect soon and together make it a wonderful year!

Sincerely,

Michelle Wohlfarth

Michelle Wohlfarth

Our Savior's Lutheran Preschool
Admission Agreement
2024-2025



Enrollment Program, choose a program:

2 Day

_____ 7:30 am -12:00 pm _____ 7:30 am – 1:00 pm
_____ 8:45 am - 12:00 pm _____ 8:45 am – 1:00 pm
_____ 7:30 am - 4:00 pm

3 Day

_____ 7:30 am -12:00 pm _____ 7:30 am – 1:00 pm
_____ 8:45 am - 12:00 pm _____ 8:45 am- 1:00 pm
_____ 7:30 am - 4:00 pm

5 Day

_____ 7:30 am -12:00 pm _____ 7:30 am – 1:00 pm
_____ 8:45 am -12:00 pm _____ 8:45 am – 1:00 pm
_____ 7:30 am - 4:00 pm

Beginning with the 2022-2023 school year, all students must have all required vaccines to start school. We must receive an updated copy of their immunizations to prior to their first day of school.

Tuition Amount: \$ _____

I understand that tuition is divided into ten equal monthly payments, from July to April OR payable in one full tuition payment in July. There is no allowance or tuition credit for days absent or family vacations. **First month's tuition will not be refunded after July 5th.**

If a family fails to pay the tuition agreement for two months, this is considered a breach of contract and the student is withdrawn from OSLS.

There is a thirty-day notice required for withdrawal and any tuition due during this time is owed.

For Flex Spending Account purposes, the OSLS Tax ID number is: 95-3614203

Child(ren): _____ Date of Birth _____
_____ Date of Birth _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Email _____ Phone _____

Date: _____

***Note: Any change to program choice during the school year will result in a \$50 fee.**

**Our Savior's Lutheran Preschool
2024-25 Tuition & Fees**

Registration Fee (Non-Refundable):

\$200 Per Preschool Family

Age Requirements:

2 years (24 months) to 6 years old.

-Must be 2 by August 14th, or they may start on their 2nd birthday.

Discounts:

10% multi-child discount (applies to the youngest child)

15% Active-duty military (applies to youngest child)

15% Our Savior's Lutheran Church Members (rebate upon approval)

Preschool Schedule:

7:30am – 8:45am	Early Start
8:45am – 12pm	School Day
12:00-1:00pm	Lunch Bunch
1:00-4pm	Enrichment

Preschool Monthly Fees:

Preschool Schedule	2 Day	3 Day	5 Day
Class Day	T TH	MWF	M-F
7:30am – 12pm	\$440	\$605	\$957
8:45am - 12pm	\$380	\$506	\$776
8:45am – 1:00pm	\$440	\$605	\$957
7:30 am – 1:00pm	\$517	\$715	\$1128
7:30am-4:00 pm	\$578	\$759	\$1200

**Drop-In Rates for enrolled students
(subject to availability)**

Full Day 7:30-4	\$77
Half Day 8:45-12	\$39
Early Start / Lunch Bunch	\$8

Additional Info:

1. Monthly payments are from July to April (July payment for August attendance, August payment for September attendance etc.)
2. We do not accept credit cards or checks in the office.
3. Lunch Bunch drop-ins can be purchased for \$8.00 a day for those who end their program at 12 and want to drop-in for lunch.
4. Early Start drop-ins can be purchased for \$8.00 a day for those who start their program at 8:45 am and want to drop-in early.
5. The registration fee does not get applied to tuition.
All payments are made through the Brightwheel app.

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

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

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* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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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?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> 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
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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) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (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: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
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.

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 1 st birthday)	1 dose (on or after 1 st birthday)
HiB	1 dose	2 doses	2 doses	1 dose (on or after 1 st birthday)	1 dose (on or after 1 st birthday)
Hepatitis B (HepB or HBV)	1 dose	2 doses	2 doses	2 doses	3 doses
Varicella (Chickenpox, VAR, or VZV)					1 dose

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 705 The City Drive South #250		
CITY Orange	ZIP CODE 92868	AREA CODE/TELEPHONE NUMBER 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) Our Savior's Lutheran Preschool	(PRINT THE ADDRESS OF THE FACILITY) 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 Douth #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.

Our Savior's Lutheran Preschool
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

LIC 995 (9/08)

**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 2024 to May 2025. I also authorize my child to walk to the Church kitchen as needed for cooking activities throughout the 2024-2025 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:

**2024-2025
Preschool Lunch Bunch Form**

This form must be completed by the financially responsible parent or guardian of each student regardless of if you plan on utilizing Lunch Bunch or Early Start or not.

Rates per day are \$8.00 per child per Lunch Bunch or Early Start. Tickets are required for each of these if your child is not already signed up for a program that includes these options.

To purchase tickets for Early Start or Lunch Bunch, please stop by the office. You can either purchase tickets to turn in with their lunches or to the Early Start teacher. We can also add it directly to your online account if you wish to have set days for either program.

Lunch Bunch has guidelines that need to be followed. We are a 100% nut free school. We take these precautions seriously to ensure everyone's safety. We need a note stating what the lunch contains or they will not be served any items in question. Sun butter and many breads and crackers are hard to tell, please include these in your note. This helps our lunch program running smoothly.

This program goes from 12:00 pm – 1:00 pm. We do not allow soda or candy or any foods that are a choking hazard. Foods that are choking hazards for children are any round hard foods that could lodge in their throat cause them to choke. This includes foods such as baby carrots, hot dogs, whole grapes, chunks of meat, popcorn, raw vegetables, and marshmallows.

Hot dogs, grapes, and meat can be cut up, so they are not round. Baby carrots, marshmallows are not allowed and will not be served at lunch or at snack. Raw vegetables are discouraged.

Additional fees for After-Program hours are as follows:

Parents/Guardians leaving their child on campus after their child's scheduled program has ended will be charged a late fee of \$15 for every additional five minutes for each child that is late to be picked up.

Student's Name: _____ Age: _____

I, _____, being the above-named student's financially responsible parent or guardian, fully understand the above-mentioned rules and fees associated with Our Savior's Lutheran Preschool Programs and Lunch Bunch. I fully understand that I will be billed should my child be left on campus beyond my child's scheduled program's end time.

Signature: _____ Date: _____

Be Ready - *Earthquake and Survival Products*

Student Emergency Kit

It is California Law — Each student is required to have an emergency preparedness kit. This kit is a **1 person - 3 day basic survival kit** designed for the office or school.

- 1- 2400 Cal. Food Bars** - US Coast Guard approved 5 year shelf life
- 6- 4.22oz. Water Pouches** - US Coast Guard approved 5 years shelf life
- 1- Thermal Blankets** - Designed by NASA to retain body heat! Lightweight compact.
- 2- Band Aids**
- 3- Wipes**
- 1- Ziplock Bag**



Price \$17.00 / SKU: ST009

Quantity _____ x \$17.00 _____

Parent Name _____

Child's Name: _____

Please circle your payment option:

Charge my Brightwheel

Check addressed to OSLS

Be Ready - Earthquake and Survival Products

Susan Trant
P.O. Box 96
San Juan Capistrano, CA 92693

Phone: 949-291-6715
Email: Info@2Beready.com
Website: 2BeReady.com

Our Savior's Lutheran Preschool Getting to Know Your Child and Family Form

Child's First and Last Name _____ Nickname _____

Date of birth (mo/day/year) _____ Sex _____ Phone _____

Mother's Name and Occupation _____

Father's Name and Occupation _____

Current marital status of Child's parents _____ email _____

Others living in the home	Age	Relationship

Who is authorized to pick up your child?

Name	Relationship	Phone Number

Developmental History

Was your child premature? Difficulties during birth? _____

Any speech delays or concerns that you have _____

Allergies _____

If yes, is medication needed to control? _____

Special diet or foods you do not want your child served _____

How do you discipline your child at home? _____

Is this your child's first school experience? ___yes___no. If no, where did your child attend and for how long? _____

Our Savior's Lutheran Preschool
Academic Calendar
2024-2025
Updated 6/18/24

August 1	Teacher prep day 9am-12pm
August 12	Staff meeting 9am-1pm
August 14	Meet Your Teacher 9am-9:30am, Kona Ice 9:30am-10:30am
August 15	T/Th and Mon-Fri classes start
August 16	M/W/F classes start
September 2	Closed for Labor Day
September 26&27	Teddy Bear picnic
October 30&31	Halloween Costume Parade 8:55am
November 1	Closed Professional Development Day
November 4&5	Closed for Parent Teacher Conferences
November 11	Closed for Veteran's Day
November 21&22	Thanksgiving Feast
November 25-29	Closed for Thanksgiving Break
December 19&20	Pajama Day and Christmas parties
December 20	School closes at 12pm
December 23-January 3	Closed for Christmas Break
January 20	Closed for Martin Luther King Jr Day
February 12&13	Valentine's Day parties
February 14&17	Closed for President's Day
March 5	Closed for Professional Development Day
March 5&6	Closed for Parent Teacher Conferences
March 31-April 4	Week of the young child
April 7-11	Closed for Spring Break
April 16 &17	Easter parties
April 18	Closed for Good Friday
April 28-May 2	Teacher appreciation week
May 8&9	Mother's Day Tea
May 26	Closed for Memorial Day
May 29&30	End of the year parties
May 30	Last day of school, school closes at 12pm

Our Savior's Lutheran Preschool Supply List 2024-25 School Year

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

Required Supplies:

- 1 Roll of Paper Towels
- 1 container of Lysol Wipes
- 1 package of Baby Wipes
- 1 box of Kleenex
- 1 set of Watercolor Paints
- 1 box of Washable Markers
- Notebook (If your child is 3 years old and up)
 - Plain White Paper (If your child is under 3 years of age)
- Gallon Sized Ziplock Bags
- 1 Package of stickers

Appreciated Donations:

- Pipe Cleaners
- Pom-Pom Balls
- Egg Cartons
- Paper
- Beads
- 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!

\$10 Red Bucket Fee (We can charge on Brightwheel)

\$17 Earthquake Kit (We can charge on Brightwheel)

If your child stays for Enrichment (1pm-4pm)

Please provide a child sized nap mat and zippered bag.

The zippered bag is a Licensing requirement.

Recommendations:

- Search Amazon for "Toddler Nap Mat" (46 inches by 21 inches) it is a stuffed mat with a pillow and blanket attached.
- Ziploc Jumbo Bag

Our Savior's Lutheran School

Infant Center and Preschool

Family Handbook



License # 304371273 Infant Center

License # 300600175 Preschool

Love - Learn - Serve

2024-2025

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

Revised January 2023

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 spirit.

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)

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.

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 patient's 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.



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.

- **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](http://www.epa.gov) or call (800) 426-4791. You can also visit the California Department of Public Health's website at www.cdph.ca.gov.



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.*

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](http://www.cdph.ca.gov), 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.

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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