



## **Parent Handbook**

**2018-2019**

**200 Avenida San Pablo  
San Clemente, CA 92672**

**(949) 492-6164**

**[www.oursaviorsonline.net](http://www.oursaviorsonline.net)**

**[oslcsec@scbcglobal.net](mailto:oslcsec@scbcglobal.net)**

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**April 24, 2018**

**Dear Parents,**

**The staff at Our Savior's would like to welcome you and your child to the SPROUT Program. We know that this will be an exciting time of growth and enrichment for all of us.**

**Our philosophy for the SPROUT program is simple. We want to provide your child with a loving and positive first school experience. We want you as the parent to know that your children are in loving, quality and professional care.**

**We look forward to the opportunity and privilege of getting to know your child. Your child will have a day full of scheduled routines, playful interactions, stimulating environments and establishing classroom habits.**

**Thank you for choosing SPROUT at Our Savior's Lutheran Church.**

**Sincerely,**

**Miss Cindy Baas  
Director  
(949) 337-0442**

## **Program Information and Guidelines**

### **Program Hours**

The SPROUT Program runs from 9:00 a.m. to 1:00 p.m. on Wednesdays and Thursdays. A child may not be dropped off before 9:00 a.m. and must be picked up by 1:00 p.m.

### **Arrival Time**

SPROUT begins at 9:00 a.m. The children will have free play in the classroom at this time. Please make sure to sign in and say goodbye to your child.

### **Pick-up time**

Please make sure to sign out and make sure you pick up your child by 1:00 p.m. There is a \$5.00 late fee for children picked up after 1:00 p.m. We know how busy the life of a parent is, but we appreciate you adhering to these hours.

### **Authorization to Pick up Child**

Please make sure if someone else is picking your child up that the teacher has a written note. This is for the safety of your child. This can be written on the Consent form.

### **Attendance**

Please notify the teacher if your child is going to be absent on a specific day. If a contagious disease is the cause, please notify us immediately.

## **Health**

It is advisable to keep your child home from SPROUT whenever:

- 1) They have a fever or have had one in the previous 24-hour period.
- 2) They have heavy or green nasal discharge.
- 3) They have a noticeable rash, vomiting or diarrhea in a 24-hour period.
- 4) They have a constant cough.
- 5) They have been taking an antibiotic for less than 24 hours.

We will call you to pick up your child if we observe any of these symptoms.

## **Potty Training**

It is not a requirement that your child be potty trained. Please provide the teacher with supplies.

## **Dress**

Please dress your child in comfortable clothes. No flip flops please. Please bring a complete change of clothes in a plastic bag with your child's name on it to keep in the classroom.

## **Lunch**

Please pack a nutritious lunch for your child each Wednesday and Thursday.

## **Birthdays**

We love birthdays! We would love to celebrate with your child. If you would like to bring a birthday celebration treat please discuss with your teacher in advance.

## **Parent/School Communication**

Communication is very important. Please let us know if there are any changes or situations which may affect your child's behavior. Please call or text Miss Cindy at (949) 337-0442 with any questions or concerns. We want to keep an open communication with all parents.

## **Faith Based Program**

SPROUT is a faith based program. We include religious holidays with our curriculum and saying grace before meals.

## **Exemption from Licensure Regulations**

SPROUT is an approved child care program which is exempt from child care center licensure regulations pursuant to California Code of Regulations, Title 22, Division 12, Section 101158(10) because it operates only one day per week per class day for no more than 4 hours on that one day.

## **Enrollment**

Enrollment begins in the spring of 2018 for our 2018-2019 fall sessions. Enrollment in our program is nine months from September to May.

- SPROUT program for 2019 enrollment will begin in May of 2019.

## **Registration**

A non-refundable \$50 registration fee is required each year for SPROUT enrollment per child. Registration is open to children that are two years of age by August 2018.

**Tuition (There are no discounts)**

The yearly tuition for SPROUT is \$1,080.00 or \$120.00 per month. Tuition must be paid regardless of whether your child is attending regularly. This simply assures that your child will maintain a place in our program. Each year there is a \$50.00 non-refundable registration fee that must be paid at time of enrollment.

Tuition is \$120.00 and is due on the first of every month.

Payments not received by the 10th of the month will be charged a \$25.00 late fee.

You may pay by: Check, Cash or you may pay online. When paying by check make your check payable to: Our Savior’s Lutheran Church and memo: SPROUT/child’s name.

To pay online use the following link: [www.tiny.cc/h4bdny](http://www.tiny.cc/h4bdny).

If you would like to pay in one lump sum you may do so.

<b>Tuition for the month of:</b>	<b>is due on:</b>	<b>Amount:</b>
• Sep 2018	Sep 1, 2018 (late Sep 10)	\$120
• Oct 2018	Oct 1, 2018 (late Oct 10)	\$120
• Nov 2018	Nov 1, 2018 (late Nov 10)	\$120
• Dec 2018	Dec 1, 2018 (late Dec 10)	\$120
• Jan 2019	Jan 1, 2019 (late Jan 10)	\$120
• Feb 2019	Feb 1, 2019 (late Feb 10)	\$120
• Mar 2019	Mar 1, 2019 (late Mar 10)	\$120
• Apr 2019	Apr 1, 2019 (late Apr 10)	\$120
• May 2019	May 1, 2019 (late May 10)	\$120

**Pay on line**



**Wednesday 2018-2019 SPROUT Calendar \*calendar is subject to change\***

- Sep 5 FIRST DAY OF SCHOOL
- Oct 11 & 12 PICTURE DAY
- Oct 24 HALLOWEEN PARTY AND OSLC TRICK OR TRUNK
- Nov 14 THANKSGIVING FEAST
- Nov 21 THANKSGIVING BREAK (No school)
- Dec 19 CHRISTMAS PARTY
- Dec 26 & Jan 2 CHRISTMAS BREAK (No school)
- Jan 9 SPROUT RESUMES
- Feb 13 VALENTINE PARTY
- Apr 3 SPRING BREAK (No school)
- May 8 MOTHER'S/FATHER'S DAY CELEBRATION
- May 29 LAST DAY OF SPROUT (GRADUATION)

**Thursday 2018-2019 SPROUT Calendar \*calendar is subject to change\***

- Sep 6 FIRST DAY OF SCHOOL
- Oct 11 & 12 PICTURE DAY
- Oct 25 HALLOWEEN PARTY AND OSLC TRICK OR TRUNK
- Nov 15 THANKSGIVING FEAST
- Nov 22 THANKSGIVING BREAK (No school)
- Dec 20 CHRISTMAS PARTY
- Dec 27 & Jan 3 CHRISTMAS BREAK (No school)
- Jan 10 SPROUT RESUMES
- Feb 14 VALENTINE PARTY
- Apr 3 SPRING BREAK (No school)
- May 9 MOTHER'S/FATHER'S DAY CELEBRATION
- May 30 LAST DAY OF SPROUT (GRADUATION)

**SPROUT Program Registration Form for 2018-2019 Year**  
**(A child may attend one day only (Wednesday or Thursday))**

Date: \_\_\_\_\_

My child will attend Wednesday Class \_\_\_\_\_

My child will attend Thursday Class \_\_\_\_\_

Child's First Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Child's Preferred Name to be used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Parent e-mail: \_\_\_\_\_

Mother's First & Last Name: \_\_\_\_\_

Father's First & Last Name: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have any medical problems? \_\_\_\_\_

Does your child have any fears or behavioral problems? \_\_\_\_\_



**Photo Consent Form**

I grant to the Church and its representatives and employees the right to take photographs of my child in connection with the SPROUT Program. I authorize the Church, its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Church may use such photographs of my child with or without his/her name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

**Parent/Guardian Signature:** \_\_\_\_\_

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

**Consent for Pick up**

I \_\_\_\_\_ give my permission for \_\_\_\_\_

to pick up my child \_\_\_\_\_

from SPROUT \_\_\_\_\_.

**Parent/Guardian Signature:** \_\_\_\_\_

**Policies and Procedures Agreement**

I have received, read and understand the SPROUT Program Parent Handbook.

I agree to adhere to the policies and follow the procedures of the SPROUT Program, for the benefit of my child and all the children enrolled in the program.

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Mother's (or Guardian's) signature

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Date

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Father's (or Guardian's) signature

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Date