



Our Redeemer Lutheran Church Preschool & Kindergarten

License #561700290

Welcome Welcome Welcome... We are excited to be a part of your child's life and we consider it an honor that you have chosen to bring them to Our Redeemer. We want each child to know that they are loved by us and God. Let us know if and how we can be of any assistance to you and your child!

The learning environment at our preschool and kindergarten supports our belief that young children learn best through play-based experiences. This philosophy is endorsed by the National Association for the Education of Young Children (NAEYC). Children learn through play and exploration in the areas of math, science, literature, art, music, religion, building, outdoor exploration, pretend play and motor skills. Through these learning experiences children gain knowledge, confidence, independence and compassion for others which will help prepare them for future school and life experiences. Our program includes activities and materials that are "developmentally appropriate" for young children. This means that the teachers and support staff take into consideration the age, individual development and interest level of the children when planning lessons and activities. Learning occurs through active, hands-on participation in a variety of exploratory activities. Children are encouraged and taught to interact appropriately with their peers, develop problem-solving skills, and work independently in the school environment.

Our qualified teaching staff provides a developmentally appropriate curriculum using the goals and objectives below which readies children for their next educational setting:

TEACH:

- Nurture curiosity, imagination, and creativity
- Encourage critical thinking and problem solving
- Stimulate language development and literacy

LIVE:

- Develop large and small motor skills
- Foster an awareness of the five senses
- Encourage good nutrition, physical fitness, personal hygiene and independence

LOVE:

- Develop a positive self-concept and respect for others
- Channel emotions into appropriate and acceptable outlets
- Learn to play, work, and communicate with peers and adults
- Create security and trust thru classroom routines and expectations

SERVE:

- Encounter God through monthly chapel services which include Bible stories, songs and prayer
- Value each child as an individual
- Share God's love through community outreach
- Embrace each child & family as unique creations of God



Prolonged Care Programs:

- **Early Morning Care: 7:00-8:30 a.m.** Children may be brought to Early Morning Care any time between 7:00 a.m. and 8:29 a.m. They will be taken to their classrooms at 8:30 a.m.
- **Lunch Bunch: 12:30-1:30 p.m.** By extending your child's school day, it offers them the opportunity to get to know new school friends and staff members. Your child will have time to enjoy their lunch (student provided) and spend some time playing together.
- **Enrichment Opportunities:** To provide opportunities for active play and enrichment, children can be enrolled to participate in specialty classes for 1 $\frac{1}{2}$ hours per week for eight (8) consecutive Mondays or Fridays. Children can take part in a variety of classes such as Spanish, Movement and Science.
- **Extended Care:** Offers flexible hours Monday - Friday from 1:30 p.m. -6:00 p.m. *Nap time will be provided after Lunch Bunch between approximately 1:30 p.m. and 3:00 p.m. Please provide your child with a fitted "crib" sheet, small pillow and light weight blanket. It is a policy of our program and a state requirement that all children who are in the full day program are given the opportunity to rest at least 30 minutes each day. Children who stay for naps will each be given a mat to sleep on.



OUR REDEEMER LUTHERAN PRESCHOOL AND KINDERGARTEN
REGISTRATION FORM FOR SCHOOL YEAR: _____

PLEASE PRINT CLEARLY: CHILD'S NAME: _____

DATE OF BIRTH: ____/____/____ SEX ____ M ____ F ____

CHILD RESIDES WITH: MOM, DAD, BOTH PARENTS, OTHER: _____

OTHER CHILDREN IN FAMILY & AGES: _____

IS YOUR CHILD RECEIVING ANY SPECIAL NEEDS SERVICES? ____ NO ____ YES

IF YES, PLEASE EXPLAIN: _____

CHILD'S STREET ADDRESS: _____

CITY: _____ ZIP CODE _____

PARENT INFORMATION

PARENT #1 NAME: _____

PHONE NUMBER (C) (____) (____) (H) (____) (____)

EMPLOYER _____ (W) (____) (____)

E-MAIL ADDRESS- WE WILL KEEP YOU INFORMED OF YOUR CHILD'S PROGRESS AND SCHOOL

ACTIVITIES: _____

ADDRESS (IF DIFFERENT FROM CHILD'S) _____

PARENT #2 NAME: _____

PHONE NUMBER (C) (____) (____) (H) (____) (____)

EMPLOYER _____ (W) (____) (____)

E-MAIL ADDRESS- WE WILL KEEP YOU INFORMED OF YOUR CHILD'S PROGRESS AND SCHOOL

ACTIVITIES: _____

ADDRESS (IF DIFFERENT FROM CHILD'S) _____

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

IN ADDITION TO THE PARENT(S) WHO HAVE SIGNED BELOW, THE FOLLOWING PERSON(S) ARE AUTHORIZED TO PICK UP THE CHILD OR TO BE CONTACTED IN CASE OF AN EMERGENCY IF NEITHER PARENT IS AVAILABLE TO ASSUME RESPONSIBILITY FOR THE CHILD.

NAME	CELL	RELATIONSHIP TO CHILD
(1)		
(2)		
(3)		
(4)		

HEALTH HISTORY

ALLERGIES: _____ TREATMENT: _____

DIETARY MODIFICATIONS: _____

ASTHMA: _____ TREATMENT: _____

ACTIVITY LIMITATIONS: _____

CHRONIC/RECURRING ILLNESS: _____

CURRENT MEDICATIONS: _____

ANY OTHER KNOWN PHYSICAL OR MENTAL CONDITIONS: _____

**PLEASE HAVE CHILD'S DOCTOR FILL OUT THE ATTACHED "PHYSICIAN'S REPORT" LIC 701 **

PHYSICIAN INFORMATION

NAME OF PHYSICIAN: _____ PHONE (____) (____) (____)

ADDRESS OF PHYSICIAN: _____

DATE OF LAST PHYSICAL EXAM: _____ HEALTH INSURANCE CARRIER _____

EMERGENCY AUTHORIZATION:

* SHOULD THE AUTHORITIES AT OUR REDEEMER LUTHERAN PRESCHOOL AND KINDERGARTEN BE UNABLE TO LOCATE ME OR MY CHILD'S PHYSICIAN, I HEREBY GIVE MY CONSENT TO THE SCHOOL TO CALL A PHYSICIAN OF ITS CHOOSING AND TRANSFER MY CHILD'S HEALTH RECORD: ____ YES ____ NO

PLEASE SUBMIT A
CURRENT COPY OF YOUR
CHILD'S RECORD OF
IMMUNIZATION.

* I HEREBY GIVE PERMISSION TO MEDICAL PERSONNEL TO ORDER X-RAYS, ROUTINE TESTS, AND TREATMENT FOR ME/MY CHILD. IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA, AND/OR SURGERY FOR ME/MY CHILD.

* I UNDERSTAND THAT ANY COST OF EMERGENCY MEDICAL OR DENTAL CARE SERVICE NOT REIMBURSABLE BY INSURANCE COVERAGE SHALL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN.

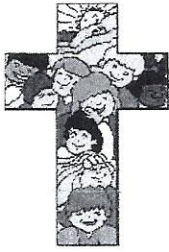
SIGNATURE OF PARENT/GUARDIAN

DATE

OUR REDEEMER LUTHERAN CHURCH AND PRESCHOOL

721 DORIS AVENUE, OXNARD CA 93030

Faith Curriculum



Because we are a Christian center, faith development is an integral part of our daily schedule and curriculum. We teach morals and values, pray and thank God for our food before we eat and have monthly chapel time.

Chapel times and dates are listed on our monthly newsletter. Parents are encouraged to join us for this special time in the sanctuary, with our Pastor and the Minister of Children, Family and Youth leading the chapel time. The focus of our chapel time is to celebrate the common faith we share with all Christians. We also invite all of our Preschool and Kindergarten families to join our Sunday School and Church worship services every Sunday, 10:30am (bilingual).

I have read the above, understand Our Redeemer Lutheran Preschool and Kindergarten's faith curriculum, and consent to my child's participation.

Parents Name (please print): _____

Parents Signature: _____ Date: _____

Child's Name: _____

ADMISSION AGREEMENT

BASIC SERVICES

Our Redeemer Lutheran Church and Preschool provides a Christian Preschool for children ages 18 months to 5 years of age. The staff are caring, experienced, educators. The school is licensed by the State of California (License #561700290). We encourage the child to develop fully and creatively on their own level. By inspiring each child and providing direction for their energies, they make solid growth toward the time when they will need the poise, the capability and self-confidence of a successful kindergartner. Our daily activities include quiet and active play, rest and relaxation time, toileting and following a set curriculum.

We reserve the right to a 60 day probation period. If we find during this time, we are not able to provide your child with the proper educational program, due to any special needs required by your child, we will refer you to a program that will better serve your child.

HEALTH AND SAFETY REGULATIONS

Only children in good health are permitted to attend the school as the risk of infecting a large group of very young children is constantly present. If a child develops a communicable disease, please notify the school at once. If a child is absent for two weeks and the school has not been notified, they will be dropped from enrollment. Children are permitted to leave the school only in the company of persons authorized by parents or guardians.

INSPECTION AUTHORITY

The department or licensing agency shall have inspection authority in regard to specified health and safety codes. The licensing agency shall have the authority to interview children on the premises or facility records without prior consent. This would only be done in questionable circumstances. The licensee shall make provisions for private interview with any child or facility member and for the examination of all records relating to the operation of the facility. The licensing agency shall have the authority to observe the physical condition of the child, including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical profession physically examine the child.

RACIAL NON-DISCRIMINATORY POLICY

Our Redeemer Lutheran Church and Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

PRESCHOOL, T-K and KINDERGARTEN PAYMENT PROVISIONS

Payment schedules available upon request.

MODIFICATION CONDITIONS

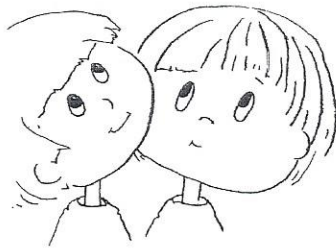
This includes requirements for provisions of at least 30 calendar days prior to written notice to the child's family or authorized representative of any basic rate change. A new agreement will be issued if modifications to the original agreement is necessary. This agreement may be terminated when a child leaves our school with a one month notice from the parent/guardian.

STUDENT'S NAME _____

PARENT/GUARDIAN SIGNATURE _____

OUR REDEEMER LUTHERAN CHURCH AND PRESCHOOL

721 DORIS AVENUE, OXNARD, CALIFORNIA 93030
School Office (805) 983-0619 | FAX (805) 983-0443



Our Redeemer Lutheran Church and Preschool
721 Doris Avenue, Oxnard 93030
Phone: 805.983.0619
Fax: 805.983.0443

Children may be photographed periodically for in-class projects, during normal day to day activities and special events organized at our school. Teachers may also share these pictures with parents to show the fun we have here.

We would appreciate it if parents completed this consent form. In order for a child to have their photograph taken, they must have a consent form on file.

If you do not want to have your child photographed, please do not hesitate to indicate this in the section below. As well, if you do object, please ensure that your child is aware of this.

As the parent of a child at Our Redeemer Lutheran Church and Preschool/Kindergarten, I give permission and agree to the following:

- I give permission for my child to be photographed.
- I understand that my child whose name is listed below may be photographed during normal preschool/kindergarten hours, field trips, or activities.
- I understand that my child's teacher may share class and or individual photographs with other classmate's parents.
- I understand that my child's photograph may be mounted on the school office bulletin board.

Please print your child's full name and teacher:

() Yes, I confirm that I have read and understood the above, and I give permission for my child to be photographed.

() No, I do not wish to have my child photographed.

Name (please print) _____ Signature: _____

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: CCLD (Central Coast Regional Office)

Licensing Office Address: 6500 Hollister Ave., Goleta, CA 93117

Licensing Office Telephone #: (805) 562-0400

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 Redeemer Lutheran Preschool & Kindergarten
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)

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		
CCLD (Central Coast Regional Office)		
ADDRESS		
6500 Hollister Avenue		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Goleta, CA	93117	(805) 562-0400

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 Redeemer Lutheran Church and Preschool/K

(PRINT THE ADDRESS OF THE FACILITY)

721 Doris Ave., Oxnard, CA 93030

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

OUR REDEEMER LUTHERAN PRESCHOOL AND KINDERGARTEN

License No. 561700290

721 DORIS AVENUE, OXNARD, CALIFORNIA 93030

School Office (805) 983-0619 | FAX (805) 983-0443



Both Parents' Right to pick up the child

Under the laws of the state of California, both parents may have the right to pick up their child unless a court document restricts that right. The enrolling parent who chooses not to include the other parent's name on the authorized list for pickup must file an official court document such as the following:

- Current restraining order
- Sole-custody decree
- Divorce decree stating sole custody
- Judgement of adoption
- Foster parent documentation

Absent this documentation, the program may release the child to either parent, provided that parent documents biological or adoptive parenthood of that child. The parent must provide the program with updated legal documents when any changes occur.

By signing my/our name below, I/we certify that I/we have read and understood the above information.

Signature of Parent/Guardian/Child's Authorized Representative #1

Date

Signature of Parent/Guardian/Child's Authorized Representative #2

Date

**CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Children's Residential Facilities**

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

FACILITY NAME

TO PROVIDE 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'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER 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
<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	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST
	DINNER	LUNCH
		DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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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'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, 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'S SIGNATURE

DATE

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)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(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.

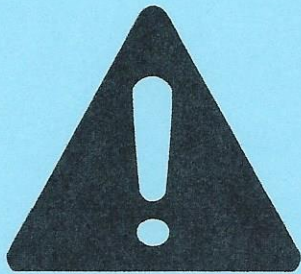
I have ☐ have not ☐ reviewed the above information with the parent/guardian.

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

☒ Physician ☒ Physician's Assistant ☒ Nurse Practitioner



Our Redeemer Lutheran Church and Preschool
Evangelical Lutheran Church in America
God's work. Our hands.



Re: New immunization requirements as of 2016

Under a new law known as SB 277, beginning **January 1, 2016** exemptions based on personal beliefs will no longer be an option for the vaccines that are currently required for entry into child care or school in California.

Most families will not be affected by the new law because their children have received all required vaccinations. Personal beliefs exemptions on file for a child already attending child care or school will remain valid until the child reaches the next immunization checkpoint at kindergarten (including transitional kindergarten) or 7th grade.

For more information about SB 277, please see the Frequently Asked Questions available at:
<http://www.shotsforschool.org/laws/sb277faq/>.

For more information about school immunization requirements and resources, please visit the California Department of Public Health's website at www.shotsforschool.org, or contact your local health department or county office of education.

Thank you for helping us to keep our children and community healthy.



**A copy of your child's Immunization Record must
be on file before your child enters school.**

According to the regulations for the California Immunization Code (Title 17, Part 1, Chapter 4) children 18 months to 5 years need the following:

Polio¹	3 doses
DTP, or combination of DTP and diphtheria-tetanus toxoids	4 doses
MMR: Measles, mumps and rubella	1 dose of each separately or combined on or after the 1st birthday.
Hib³	1 dose on or after the 1st birthday
Hepatitis B²	3 doses
Varicella (Chickenpox)	1 dose

A copy of your child's immunization record can be made at school

Child Abuse Prevention Pamphlet Receipt

This will acknowledge that I/We, the parent of _____ have received a copy of **"Facing the Facts: A Parent's Guide to the Understanding of Child Sexual Abuse"** from the licensee or authorized representative of OUR REDEEMER LUTHERAN CHURCH AND PRESCHOOL

Signature of Parent/Guardian

Date

From Our Redeemer Nursery School, 721 Doris Avenue, Oxnard CA

What If You Discover Your Child Has Been Sexually Abused?

Children's reactions to being sexually abused differ greatly from child to child because of the child's age, his or her personality, the nature of the offense, the offender's relationship to the child and adult reactions to the discovery of the abuse. Sometimes children do not appear overly upset by the abuse; often, they are confused or frightened by what they have encountered. You, as a parent, play an important part in how the abuse will affect your child both in the short and long term.

The following are some suggestions if you discover your child has been sexually abused:

- **Believe** your child; reinforce the fact he or she is not to blame for what happened.
- Immediately report the abuse to the proper authorities. (see "Contacts and Services")

Remember, you have the primary responsibility for your child's well-being. With a little time and effort you may prevent your child from being injured in an abusive situation.

Contacts and Services

FOR YOUR INFORMATION, THE FOLLOWING CHART SHOWS WHAT AGENCIES MAY ASSIST YOU IN SPECIFIC AREAS AS LISTED BELOW:

- If you believe a child is being (or has been) abused by an individual (*relative, friend*)
- If you believe a child has been assaulted by a stranger
- If you believe a child is being (or has been) abused in a licensed day care setting (*child care center, school, recreational facility, family day care home*)
- If you have any questions or complaints concerning the licensing, organization, staffing or programs of a licensed child care setting ..

- Assure your child that you still love him or her.
- Allow your child to talk about the incident(s), but do not pressure him or her to do so.
- Let your child know that he or she will be protected from further assault. Protection of your child should be your **first** concern.
- Seek medical care if you suspect **any** sexual abuse may have occurred. Although children are rarely seriously damaged physically by sex offenders, internal injury may have occurred and the risk of a sexually transmitted disease must be considered. Discuss any possible medical complications with your physician.
- Be aware of your own feelings concerning the abuse. Although you may have many feelings including shock, anger and disbelief, make sure your child understands your feelings are not aimed at him or her.

AGENCY TO TELEPHONE

POLICE OR SHERIFF	COUNTY DEPARTMENT OF CHILDRENS OR SOCIAL SERVICES	STATE OR LOCAL DIVISION OF COMMUNITY CARE LICENSING
☎ or ☎	☎	☎ ☎
☎ and ☎		

Just Sexual Abuse?

Be aware of other forms of abuse, especially if your child is left in the care of others. Make it a habit to examine your child's body. (*This can be done in a casual manner while dressing or bathing.*) Question any unusual marks, bruises, burns, welts, etc.

While everyone should report suspected child abuse and neglect, the California Penal Code provides that certain professionals and laypersons **must** report suspected abuse to the proper authorities. The mandated reporters include:

Any Child Care Custodian (*teachers, licensing day care workers, foster parents, social workers*)

Medical Practitioners (physicians, dentists, psychologists, nurses)

Nonmedical Practitioners (*public health employees, counselors, religious practitioners who treat children*)

Employees of a child protective agency (*sheriff, probation officers, county welfare department employees*)

Failure to report suspected abuse by a mandated reporter (listed above) within 36 hours is a misdemeanor punishable by up to 6 months in county jail, a fine of not more than \$1,000 or both.



STATE OF CALIFORNIA
George Deukmejian, Governor
HEALTH AND WELFARE AGENCY
Clifford L. Allenby, Secretary
DEPARTMENT OF SOCIAL SERVICES
Linda S. McMahon, Director

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Sometimes parents have to face issues they would rather avoid.

What is Sexual Abuse?

The sexual abuse of a child occurs whenever any person forces, tricks or threatens a child in order to have sexual contact with him or her. This contact can include such "nontouching" behaviors as an adult exposing himself or asking a child to look at pornographic material. It includes behaviors ranging from the sexual handling of a child (*fondling*), to actual genital contact, to intercourse, to violent rape. In all instances of child sexual abuse, the child is being used as an object to satisfy the adult's sexual needs or desires.

"Candy is my best friend. I play at her house a lot. Today her daddy asked us to look at some pictures. They were nasty pictures of people with no clothes on. He said, 'Doesn't that look like fun?' I didn't think so, but I said, 'Yes!'"

Who Gets Sexually Abused?

Any child of any age is a potential victim of sexual abuse. Some important facts to keep in mind . . .

- Although the majority of adults do not sexually assault children, *most sexual abuse occurs with an adult the child knows and trusts.*
- Most sexual abuse goes unreported and undetected.
- Although we do not have exact numbers, some studies have found that one out of every four girls and one of every ten boys become victims of child sexual abuse by the age of eighteen.
- Children often keep sexual abuse a secret.

"When Mommy goes to work, I stay at Mrs. Jenkins's house. I wish I didn't have to. Mommy says Mrs. Jenkins is a real nice lady, but Mrs. Jenkins's son, Ralph, sometimes makes me do bad things. Yesterday he made me take off my underwear and he put his finger in my 'privates.' He said 'You better not tell!'"

Children may keep a sexual assault a secret for many reasons. They may fear rejection, blame, punishment or abandonment; they may think people won't believe them. Boys are less likely to report an abuse than girls. ***The closer the relationship of the offender to the child, the less likely it is that the child will report the incident.***

How Can You Determine If Sexual Abuse Has Taken Place?

First and foremost, if your children confide that they have been sexually assaulted, **believe them!** Children very seldom lie about such a serious matter. Also be aware that most sexual abuse does not result in the child being violently attacked or hurt physically. Often there is no physical evidence a child has been molested. Fondling, involvement in child pornography and oral sex usually present no physical signs of abuse. But, if a child has been physically harmed as a result of sexual abuse, the following may be signs of this occurrence:

- A discharge from the vaginal area or penis
- Injury to the genitals or anus
- Pain, itching or bleeding in the genital or anal area
- Discomfort in walking or sitting
- The discovery of a sexually transmitted disease.

Children, especially very young children, are many times unable to verbalize that they have been molested. The following are some indicators that sexual assault may have taken place:

- Nightmares and sleep disturbances
- Bedwetting
- Fear of certain places or certain people (*such as a day care center or a friend*)
- Loss of appetite
- Clinging to a parent more than usual
- Behaving as a younger child (*such as an older child sucking his or her thumb*)
- Unexplained changes in behavior at school, day care, or in relations with peers
- Withdrawal
- Acting out the abuse with dolls, friends, or through drawings
- Excessive masturbation

Keep in mind that although these are the most common signs of sexual abuse, there may be other causes for these changes. However, sexual abuse **should not** be ruled out as a possibility.

What Can You Do To Prevent Sexual Abuse?

You teach your children many safety rules. You tell them to look both ways before crossing the street, what to do if they get hurt, not to talk to strangers and so on. Discussions relating to sexual abuse prevention can be included in this normal teaching process. Your children need not be made afraid or suspicious of all adults in order to accomplish this. You don't even have to talk to very young children about sex if you don't want to. Simply make your children aware that if someone touches them or does **anything** that makes them uncomfortable, they should report it to you or another adult they trust. You can teach your children they have the right to say "NO" if asked to do something that makes them uncomfortable, even if the person who asks is a relative or close friend. Use words your children understand. Let them know they can come to you to talk about **anything** that's upsetting to them. Answer any questions your children may have and be calm and matter-of-fact.

Other Things Parents Can Do To Lessen The Risk Of Sexual Abuse.

- Know where your children are and what they are doing.
- Know who is with your children. Get to know any adults or older children that have regular contact with your child.
- Check out fully any babysitters or day care providers. Ask for references and then check them. Do not use child care settings which prohibit drop-in visiting. Visit your child's day care facility frequently and observe the daily activities.
- Talk with your children about the day's activities. Be observant of anything they say or do that seems out of the ordinary.

"Uncle Bill takes me lots of places and buys me ice cream and stuff. But sometimes I don't feel good when he makes me touch his 'thing.' I want to tell mom, but I'm scared she'd get mad."