



License #45200

APPLICATION FOR ENROLLMENT

2018-19

8001 NW 5th Street, Plantation 33324
954-370-2161

Entering
Grade Level

PRESCHOOL

Student's Name: _____ ☐ Male ☐ Female

Birth Date _____

Child's Primary Address: ☐ Both Parents ☐ Father ☐ Mother ☐ Other _____

Street

City

Zip

☐ Father ☐ Mother ☐ Other _____ Home # _____

Name _____ Cellular # _____ Authorize Text ☐ Yes ☐ No

E-mail _____ Cellular Service Provider _____

Employer/Occupation _____ Work # _____

☐ Father ☐ Mother ☐ Other _____ Home # _____

Name _____ Cellular # _____ Authorize Text ☐ Yes ☐ No

E-mail _____ Cellular Service Provider _____

Employer/Occupation _____ Work # _____

Secondary Address

☐ Father ☐ Mother ☐ Other _____ Home # _____

Name _____ Cellular # _____ Authorize Text ☐ Yes ☐ No

Street _____ Cellular Service Provider _____

City _____ Zip _____ E-mail _____

Employer/Occupation _____ Work # _____

Family Information: ☐ Married ☐ Separated ☐ Never Married ☐ Divorced
☐ Deceased (Father) Date _____ ☐ Deceased (Mother) Date _____

Ethnic Group: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Caucasian ☐ Other

Primary language spoken at home: _____

Sibling's Name _____ School Attending _____ Grade/Age _____

Sibling's Name _____ School Attending _____ Grade/Age _____

Church Home _____ Pastor's Name _____

Religion/Denomination _____ Child Baptized ☐ Yes, Date _____ ☐ No

Are you interested in

Learning about the Lutheran Church? _____ A call by the pastor? _____ Having a family member baptized? _____

New Applicant Admissions Information

School last attended _____

Address _____

Telephone Number _____ Reason for leaving _____

How did you hear about Our Savior Lutheran School? _____

Did a current school family recommend our school? ☐ Yes ☐ No If so, who? _____

Was your child enrolled in VPK last year: ☐ Yes ☐ No

Has your child ever experienced:

Accelerated or advanced class? ☐ Yes ☐ No

Grade retention? ☐ Yes ☐ No

Behavior issues? ☐ Yes ☐ No

Been suspended or expelled from school? ☐ Yes ☐ No

If yes to any of the above, please explain: _____

Are there any concerns that pertain to your child?

Speech ☐ Yes ☐ No

Reading ☐ Yes ☐ No

Math ☐ Yes ☐ No

Emotion or Psychological needs, past or present ☐ Yes ☐ No

Current IEP or 504 Plan ☐ Yes ☐ No

If yes, please explain and provide appropriate documentation: _____

Photo/Video Permission – ALL APPLICANTS COMPLETE (PLEASE CHECK ONE):

☐ Full

I hereby grant permission to have my child's image included in any print or electronic publication created or approved by Our Savior Lutheran Church & School.

☐ Partial

I hereby grant permission to have my child's image included in DVDs made for school families and school yearbook pages. Please do not post any image of my child on the school's website and Facebook page with the exception of photos or videos taken during extracurricular sports and performance activities (ensemble, drama, bells, etc.) in which my child is enrolled.

Contact Permission: ☐ Yes ☐ No

Please include my child's name, address, and telephone number on the class list, which is available on-line for each family in the school.

We have read and understand the policies and procedures concerning tuition and registration fees at Our Savior Lutheran School, and we agree to abide by said rules. We understand that the registration fees are non-refundable and non-transferable under any circumstances. We hereby acknowledge that all information pertaining to this application is true, correct and complete.

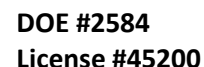
The decision to accept the enrollment application of your child is, in part, based on the complete and accurate information you provide. Any errors or omission may result in an immediate change in your child's enrollment status.

Father/Guardian

Date

Mother/Guardian

Date



K-8 Referral Program - \$250.00 credit on last monthly tuition installment
This discount applies to families named as having referred a new student for K-8 and that student is enrolled for the entire year.

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Board of County Commissioners, Broward County, Florida
HUMAN SERVICES DEPARTMENT
Bureau of Children and Family Services/Child Care Licensing and Enforcement Section
CHILD ENROLLMENT INFORMATION
License #45200

PASSWORD

CHILD'S NAME _____ FIRST DATE OF ATTENDANCE: _____
ADDRESS _____ BIRTH DATE _____
SEX _____ PREFERRED NAME _____
LIST OF KNOWN ALLERGIES: _____
SPECIAL NEEDS: _____

MOTHER

NAME: _____ E-MAIL: _____
HOME ADDRESS: _____ PHONE: _____

PLACE OF EMPLOYMENT

NAME: _____ E-MAIL: _____
ADDRESS: _____ PHONE: _____

FATHER

NAME: _____ E-MAIL: _____
HOME ADDRESS: _____ PHONE: _____

PLACE OF EMPLOYMENT

NAME: _____ E-MAIL: _____
ADDRESS: _____ PHONE: _____

GUARDIAN

NAME: _____ E-MAIL: _____
HOME ADDRESS: _____ PHONE: _____

PLACE OF EMPLOYMENT

NAME: _____ E-MAIL: _____
ADDRESS: _____ PHONE: _____

CHILD'S PHYSICIAN

NAME: _____ E-MAIL: _____
ADDRESS: _____ PHONE: _____

MAY THE SCHOOL CALL ANOTHER PHYSICIAN IF UNABLE TO CONTACT THE ABOVE? YES ☐ NO ☐

OTHER PERSONS TO BE NOTIFIED IN CASE OF ILLNESS OR ACCIDENT

NAME: _____ E-MAIL: _____
HOME ADDRESS: _____ PHONE: _____
NAME: _____ E-MAIL: _____
HOME ADDRESS: _____ PHONE: _____
NAME: _____ E-MAIL: _____
HOME ADDRESS: _____ PHONE: _____

PERSONS PERMITTED TO REMOVE CHILD

MOTHER

YES ☐ NO ☐

FATHER

YES ☐ NO ☐

NAME: _____ ADDRESS: _____
RELATIONSHIP: _____ PHONE: _____
NAME: _____ ADDRESS: _____
RELATIONSHIP: _____ PHONE: _____
NAME: _____ ADDRESS: _____
RELATIONSHIP: _____ PHONE: _____

NAME OF PERSON ENROLLING CHILD (PRINT)

SIGNATURE OF PERSON ENROLLING CHILD

2018-19 Financial Policies

Payment Plans

Payment Plans	Due Date	Automatic Withdrawal	Cash	Check (including web pay)	Credit or Debit (incl. web pay)
10 month August - May	Unless automatic withdrawal, 1 st of month; late after the 10 th	yes	yes	yes	yes
11 month August - June	Flexible - you choose date, 1 st – 28 th	yes	no	no	no
12 month July - June		yes	no	no	no

Payment Information

- If paying in cash, be sure to personally receive a signed receipt. We are not responsible for any cash left in the office without getting a receipt.
- When paying by check, your canceled check is your receipt.
- For automatic withdrawal, the authorization form must be on file.
- Payments are accepted online at : osplantation.school

Tuition Late Payment Fee:

- \$30.00 after the 10th of the month (does not apply to automatic withdrawal payments)
- **If the 10th of the month falls on a holiday or weekend, payment must be in the school office or paid online the Friday before the 10th.** If there are extenuating circumstances that prevent payment being made on time, it is the family's responsibility to contact School Administration to make special arrangements for carrying out these financial responsibilities. In the event an account is behind for two (2) months or more, the account will be referred to the School Board for further action. Failure to keep any account current could result in the termination of a student's enrollment.

Fees for Returned Payments

- \$25.00
- If the school receives 2 returned checks or 2 reversals of automatic pr web payments per family, all future payments for the remainder of the school year must be paid in cash or money order.

Records

- Records will not be released if accounts are not current (tuition, late fees, NSF fees, childcare charges, tardy fees, charges for damaged books, and any other charges).

Absence/Withdrawal

- Tuition for the entire month is due whether or not your child is in attendance.
- Two weeks' advance notification in writing is required when withdrawing a student.
- For tuition purposes, students attending school during any portion of a month will be considered as having attended the full month.

Initial

Tardy Fees / K-8th Grade -- per Quarter

- \$10 for any unexcused tardy after the first two in that quarter. For details, see Family Handbook

Re-Enrollment

- If an outstanding balance exists at the close of the 2017-2018 school year, any or all prepayments for the 2018-2019 school year will be applied to that balance.

Should an account not be paid, the debtor assumes all costs of collection, including, but not limited to court costs, interest and legal fees.

Extended School Care

- Students will not be charged aftercare during school sponsored sports or clubs, tutoring or lessons, or third party sponsored clubs that start by 3:15 as long as the student is picked up from the lesson/activity on time and does not return to aftercare.
- Some aftercare activities may require an additional fee for supplies. Participation is voluntary.
If you have any questions in regards to any after school activity and fee, you may call the school office.
- When signing out your child, if the sign out time is left blank, the full day's extended care rate will be charged.
- Students who are picked up later than 6:00 p.m. twice will be suspended from extended care for 5 days. If a child is picked up late again, suspension is for 10 days. To re-enter the program, students will have to pay a registration fee of \$50.00 before they will be allowed to use extended care services again.
- Payments are due weekly. If your account goes over \$90.00, or is more than four weeks past due, your child could be suspended from extended care until payment is received in full. There will be a finance charge of 15% on all bills that are not paid within 30 days. These finance charges will be included on your weekly statement. For a complete delineation of finances, please check your account on FastDirect.

According to Broward County Child Care Facility Ordinance – 2004-2, Section 7-8.10, it states that – In the event a child is not picked up by an authorized person within one (1) hour after the scheduled closing time, the child care facility, unless other arrangements have been made in advance or the facility elects to remain open for a late pick-up, the facility shall immediately notify the Broward County Sheriff's Abuse Investigation Unit and the local Police Department or the Broward County Sheriff's Office so that the child can be picked up and the incident documented.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

Our Savior Lutheran School admits students of any race, color, sex, or national origin. It does not discriminate in administration of its educational policies, admissions policies, scholarship program, and athletic and other school-administered programs.

AUTHORIZATION FORM

For Automatic Withdrawal Payments



School/Organization Name: Our Savior Lutheran School

FOR OFFICE USE ONLY		STUDENT #:		DATE:	
Effective date of authorization: ____/____/____ Name of student: _____					
Type of Authorization Form: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <i>New Authorization</i> <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date </div> <div> <input type="checkbox"/> <i>Change banking information</i> <input type="checkbox"/> Discontinue electronic payment </div> </div>					
Last Name			First Name		
Address					
City			State	Zip	
Email					
TUITION PAYMENT PLAN (please check one): <input type="checkbox"/> 10 Month Plan (Aug. through May) <input type="checkbox"/> 11 Month Plan (Aug. through June) <input type="checkbox"/> 12 Month Plan (July through June)					
Date of first payment: ____/____/____ Date of last payment (optional): ____/____/____		Payment frequency: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)		Amount of first payment: \$ _____ Amount of ongoing payment: \$ _____ Amount of last payment (optional): \$ _____	
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)			Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ <div style="text-align: center; font-size: small;"> </div>	
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____				
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card				
	Card Number:			Expiration Date:	
	Name on Card:				
	Billing Address (if different from above):				
	I authorize the above organization to process transactions in accordance with the information above. Signature (as it appears on the card): _____ Date: _____				

If using a checking account, please attach a voided check over the credit/debit card section above.

PRESCHOOL POLICIES

Our Savior Lutheran School

License # 45200

Student's Name _____ Date _____

DISCIPLINE POLICY

Since this is a Christian school, our aim will be to seek and maintain discipline according to the principles of Scripture. Discipline is always administered with love. In general, corrective discipline is firm, fair, and consistent. It is designed to correct an unacceptable behavior pattern and is administered in such a way as to preserve the child's dignity. Discipline is not associated with food or bathroom privileges. Corporal punishment is never used. Procedures such as "time out", sitting in a "thinking chair" or, on rare occasion, being sent to the Office may be used with a child at any time other than during planned gross-motor activities.

We recognize that each child is different and needs to be disciplined according to his/her personality and character.

We will strive to cooperate with parents concerning problems that are chronic. If all efforts fail, and a child still requires a disproportionate amount of the teacher's attention and is a disruption to the class, the parent will be asked to withdraw the child.

By signing this form both parents acknowledge and agree to abide by this policy.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

PHYSICAL ACTIVITY POLICY

By signing below, both parents acknowledge that they are aware of Child Care Licensing Ordinance 7-5.02 that states that planned activities for children one (1) year of age and up shall include a minimum of forty (40) minutes of combined indoor and outdoor physical activity for every three and one-half (3 1/2) hours in care, excluding quiet or nap times.

Parents also acknowledge that they will follow Our Savior Lutheran School's Family Handbook policy regarding dress code (ie. Sneakers and OSL's physical education uniform).

Parent/Guardian Signature _____

Parent/Guardian Signature _____

POTTY TRAINING POLICY

By signing below, both parents acknowledge and agree to abide the Preschool Potty Training Policy included with the registration information.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

KNOW YOUR CHILD CARE FACILITY & INFLUENZA VIRUS, "THE FLU" A GUIDE TO PARENTS

My signature below verifies receipt of the brochures on Know Your Child Care Facility and Influenza Virus, "The Flu" A Guide to Parents included with the registration information:

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Parents Active in Christian Education
PACE
License #45200

The purpose of PACE is to have every family serve at Our Savior Lutheran School in some way proportionate to their gifts. All families in our preschool, elementary and middle grades are responsible for fulfilling this requirement by serving a minimum of 20 hours per school year. *Families receiving OSL scholarships are expected to log a minimum of 40 hours of service time.*

Each year families will be given the opportunity to list areas where they can be of service. Our Savior will make every effort to inform parents when assistance is needed; however, parents are encouraged to use their talents where they see the need, even if no request is made.

PACE hours are valued at \$10.00 per hour with a \$200.00 deposit paid in advance (half -day VPK families are not required to pre-pay the deposit; however, are still required to serve 20 hours). If ½ of the required hours are completed by Christmas break, \$100.00 will be credited toward any outstanding balance due in January. Reimbursement for any amount less than ½ of the required hours will not be made in January. All remaining PACE hours completed by April 30th will be credited toward any outstanding balance in May. If a family has no outstanding balances due, the January and May reimbursements will be issued as checks, **upon request**, instead of account credits, or may be rolled over for the next year's PACE deposit. Any hours completed between May 1st and the last day of school will be reimbursed by June 30th. All PACE hours for the school year must be completed by the last day of school. PACE hours cannot be carried over from one school year to the next year.

In the case of scholarship recipients, family accounts will not be credited PACE dollars until the first 20 hours have been completed. After that, accounts will be credited \$10.00 for each service hour completed up to the \$200 advance deposit and be eligible for reimbursements, account credits or rollovers as described above.

PACE dollars will not be refunded if any account is past due.

Examples of how hours can be earned:

- Fundraising – Gift Catalogs & Cookie Dough Sales. (1 credit hour for every \$50.00 sold. Fund-raisers cannot be combined for credit hours. No partial credit is given.)
- Special Events (Thanksgiving Feast, Field Day, National Lutheran Schools Week)
- Church & School Work Days (designated Saturdays 9:00 AM - Noon)
- Professional Services
- Classroom help (credit is not given for birthday parties)
- Office help
- Golf Tournament

It is the responsibility of the parent to sign in at the office and record their service time. The school cannot give you credit for PACE hours if we have no record of it.

Classroom teachers and school staff have the forms to complete when hours are served at home. When on campus, even for pre-registered jobs, parents must sign in and out on that day in the school office. Parents can check their hours by calling the office or logging on to FastDirect. Adult family members, 18 and over, may earn hours for their family. Students may not earn PACE hours.

PACE hours cannot be applied or transferred to another school family.

I will do everything I can to fulfill my service requirement at Our Savior Lutheran School.

PARENT'S SIGNATURE _____

STUDENT NAME(S) _____

GRADE(S) _____

Permission for Health Care/Insurance Information

Child's Name _____ **Date** _____

Child's Physician _____ Phone _____

Address _____

Child's Dentist _____ Phone _____

Address _____

Our Savior Lutheran School does not carry individual student insurance to cover accidents that occur during school hours; therefore, you are advised to carry your own medical and dental insurance. You are responsible for paying your own medical/dental bills, including insurance co-payments for any student injuries resulting from accidents that occur during school hours.

_____ My child is covered by twenty-four (24) hour student accident insurance or family insurance.

Insurance Company _____

Policy Number _____ or I have
attached a photocopy of my family insurance I.D. card.

OR

_____ I do not have insurance; however, I will pay any and all medical bills for
emergency care of my child.

AUTHORIZED ADULTS – Please indicate your name and phone number where you and another authorized person can be reached in the event of an emergency.

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Another Authorized Person _____ Phone _____

Address _____

EMERGENCY CARE – In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Signature/Date

FIRST AID – In the event of an emergency, I authorize the staff to provide the following care. Minor cuts will be cleaned with soap and water. A band-aid will be applied if necessary. An ice pack will be applied to minor bumps. A baking soda and water mixture will be applied to insect bites.

Signature/Date

HEALTH RECORD TRANSFER – In the event of any emergency, I hereby authorize the transfer of my child's health records to the local hospital.

Signature/Date

Board of County Commissioners, Broward County, Florida
HUMAN SERVICES DEPARTMENT
Community Partnerships Division
Child Care Licensing and Enforcement Section

ALTERNATE NUTRITION PLAN

Name of Child Care Provider: Our Savior Lutheran School

Name of Child: _____

Date: _____ Address: 8001 NW 5th Street Plantation, FL 33324

Dear Parent/Guardian:

In accordance with the Broward County Ordinances, parents/guardians and Child Care Providers are urged to work cooperatively to assure that children are provided with nutritious snacks and meals when they are not offered by the Provider.

The Provider agrees to offer a nutritious:
(Operator/Director checks those which apply)

- ☐ Breakfast
- ☐ Mid-morning snack
- ☐ Lunch
- ☐ Mid-afternoon snack
- ☐ Dinner
- ☐ Evening snack
- ☒ No meals or snack

The parent agrees to provide a nutritious:
(Parent checks those which apply)

- ☐ Breakfast
- ☐ Mid-morning snack
- ☐ Lunch
- ☐ Mid-afternoon snack
- ☐ Dinner
- ☐ Evening snack

I have read the preceding and agree to meet the child's nutritional needs as defined above.

Parent/Guardian Print

Parent/Guardian Signature

Linda Root

Operator/Director Print

Linda Root

Operator/Director Signature

Part One
Student File



SWIM Central Water Safety Education Questionnaire

Parents: *Do you know that drowning is the leading cause of death among children?
Complete this form to receive information to protect your child from drowning.*

Child's Name: _____ **Date of Birth:** _____

Parent Name: _____ **Parent Signature** _____ **Date** _____

Email (optional) _____

Your information is for the use of the Broward County Swim Central Program.

1. How would you rate your own swimming ability?

- ☐ Unable to swim
- ☐ Can swim a little, but NOT comfortable in deep water
- ☐ Able to swim for an extended period of time in deep water

2. Has your child ever received formal swimming lessons?

- ☐ Yes
- ☐ No, check all the reasons below that apply:
 - ☐ Do not know how to find information about swim lessons
 - ☐ Swim lessons are not important
 - ☐ Schedule of lessons not convenient
 - ☐ Equipment such as swim suit, towel, goggles too expensive
 - ☐ Transportation problems
 - ☐ Lessons are too expensive
 - ☐ We are too busy

3. Do you or a family member know how to perform CPR with rescue breaths?

- ☐ Yes
- ☐ No

4. Has your child's doctor talked to you about drowning prevention and water safety?

- ☐ Yes
- ☐ No

5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?

- ☐ Yes, visit [Water SMART Broward Swim Instruction](#) for details.
- ☐ No

PART ONE FOR OFFICE USE ONLY:

Broward Ordinance 2004, Section 7-8 requires parents/guardians to complete SWIM Central questionnaire and for **Child Care Facilities** to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed in each child's file to be monitored by the staff of the local licensing agency.

Facility Name: _____ **Facility License #:** _____

Documentation of the original form via fax or mail is required, indicate below:

Date form faxed: _____ **or, date mailed:** _____

Fax: 954.357.8077
SWIM Central
3700 NW 11th Place
Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded: [Water SMART Broward](#)

Drowning is the #1 Cause of Death Among Children Ages 1 to 4



Facts You Need to Know About Drowning

- The main cause of drowning can be directly traced to an action or inaction by a parent or adult. Good people can make small mistakes that have tragic consequences.
- Most parents of a drowning victim say, "I can't believe this happened to my child." They never realized how quickly a drowning incident could become their reality.
- Most children pulled from the water during a drowning incident are wearing regular clothes - not a swim suit.

Simple Steps Save Lives

Supervision

- Supervising your children means eyes on them, and giving your full attention.
- Do not rely on responsible behavior from an older child or other adults.

Extra Layers of Protection *if Supervision Fails*

- Install door alarms to alert the household should a child possibly leave the home unsupervised.
- Use an "isolation" fence to separate pool area from the house and rest of the backyard.
- Use self-closing gates that self-latch.
- Clear the area around the fence for objects children could use to climb over.
- Learn to swim: parents and child.

Be Aware of All Water Hazards

- These include bathtubs, garden ponds, swimming pools, buckets/containers of water, canals, lakes, and beaches.

Know How to Respond to an Emergency

- Learn CPR.
- Remove the child from the water immediately.
- Call 9-1-1, begin CPR.

Talk to Your Child

- "Don't go near a pool or other water without an adult."
- "If you see someone in trouble in the water, don't jump in to help! Run, get an adult."
- "If you fall into a pool, turn in the water, find the wall, and climb out or yell for help." Practice this technique in the pool.

Take Action Now and Think, "I know this could happen to my child, and I will do whatever it takes to prevent it."

- Enroll your child (and yourself) in swim lessons.
- Learn CPR with rescue breaths.

To learn about available coupons for swim lessons, location of swim classes and CPR training, visit: [Water SMART Broward](#)





FOOD & NUTRITION STANDARDS CODE

OUR SAVIOR LUTHERAN SCHOOL

License # 45200

Dear Parents,

In order for our school to be in compliance with the Child Care Standards of the Florida Administrative Code, we must keep your written permission on file for your child to participate in any food-related activities that occur at our school. To meet this requirement, we have compiled a list of our food-related activities and the possible foods your child might encounter in class this year. Please read the list carefully and note the choices at the bottom of this permission slip.

FRUIT:	VEGETABLES:	DAIRY:	STARCH:	SWEETS:	MEALS:
Apples	Carrots	Cream Cheese	Bread	Cupcakes/Cakes	Pizza
Melons	Celery	Cheese	Popcorn	Cookies	Chicken Nuggets
Grapes	Cucumbers	Yogurt	Pretzels	Sprinkles & Jimmies	Pasta
Lemons	Turnips	Butter	Cheese Doodles	Hot Fudge Sauce	Hotdogs
Limes	Spinach	Milk (1% & 2% only)	Pita Bread/Chips	Maraschino Cherries	Mac & Cheese
Strawberries	Hummus	Ice Cream	Crackers	Marshmallows	
Raisins	Mushrooms	Whipped Cream	Potatoes	Chocolate	
Oranges	Tomatoes	Eggs	Rice Cakes	Donuts	
Bananas	Snap Peas		Muffins	Jelly	
Berries				Tea/Lemonade	
Pears				Frosting/Icing	
Pineapples				Popsicles	

- **Yes**, I give permission for my child _____ to participate in any food related activity, including special occasions and learning activities, during class or in extended care. These activities may involve the sharing of home prepared foods.
 - **YES**, my child may have home prepared foods.
 - **NO**, my child may not have home prepared foods. (I understand I may have to provide an alternative.)
- **No**, my child, _____, is not permitted to participate in any food related activity, including special occasions and learning activities, during class or in extended care.
- **Maybe**, since my child, _____, is allergic to, or I would prefer him/her not to have, the following foods:

_____, he/she may participate only in food related activities, including special occasions and learning activities, during class or in extended care, that do not include the foods listed above.

Signature: _____ Date: _____



VOLUNTEER ACKNOWLEDGMENT

I attest my name is _____ and
(print volunteer/foster grandparent name)

serve in the child care program known as Our Savior Lutheran School.
(print name of child care program)

I serve as a (check one)

- ☐ Volunteer – As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month, or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.3055, Florida Statutes, and complete the state mandated training requirements.
- ☐ Foster Grandparent – As a foster grandparent, I adhere to all of the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children and complete training as outlined in the rule 65C-22.003(1)(l), rule 65C-22.008(4)(a)7, or rule 65C-20.009(1)(a) Florida Administrative Code

I attest that I have read and that I understand the foregoing.

Volunteer/Foster Grandparent Signature

Date

To Be Completed by the Owner/Operator/Director

I attest my name is Linda Root, and I
(print owner/operator/director name)

am the owner/operator/director of the child care program identified above. The above
(circle one)

individual serves, under the above definition, as a volunteer/foster grandparent in this child care program.

I attest that I have read and that I understand the foregoing.

Linda Root

Owner /Operator /Director Signature

Date

OUR SAVIOR LUTHERAN SCHOOL
License #45200
Emergency Information 2018 - 2019



Student Name: _____ Male ☐ Female ☐
(Last) (First)

Date of Birth: _____ Grade/Class: _____ Home Phone: _____

Address: _____
(Street) (City) (Zip)

Call First: ☐ Mother ☐ Father ☐ Other _____

Father: _____ Employer: _____ Work Phone: _____
Cell Phone: _____

☐ Ms. ☐ Mrs.

Mother: _____ Employer: _____ Work Phone: _____
Cell Phone: _____

Other: _____ Employer: _____ Work Phone: _____
Cell Phone: _____

Student Cell Phone (middle school only): _____

Child's Doctor: _____ Phone: _____

In the event 911 is called and an ambulance takes your child to a hospital, which hospital would you choose if a choice is made available: _____

Please list the child's known allergies, special medical conditions (such as asthma or chronic illness) and continued medications. _____

If allergies, special medical conditions, and/or medications are listed, you must list detailed allergy reactions, remedies and instructions regarding the treatment that must be administered. **If applicable, a #5 Authorization for Medication form must be on file.** _____

If more space is needed, please continue on the back of this page.

Permitted to remove child: Mother: ☐ Yes ☐ No Father: ☐ Yes ☐ No
(If No is checked, a court order must be on file.)

**IF PARENTS CANNOT BE CONTACTED, THE PEOPLE LISTED BELOW
CAN BE NOTIFIED AND ARE PERMITTED TO PICK UP CHILD**

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Please update this information in the office as necessary throughout the year.

Parent Signature: _____ Date: _____

Our Savior Lutheran School

8001 NW 5th Street
Plantation, FL 33324
954-370-2161

Ms. Linda Root, Principal/Director
Mrs. Donna Swift, VPK Director
License #45200

Voluntary Prekindergarten Attendance Policy

Parents/Guardians of children enrolled in a VPK class must comply with the VPK Attendance Policy

Your child is enrolled in the Voluntary Prekindergarten program. Because this is a state-funded program, there are rules and regulations set by the State that both the provider and the parents/guardians must follow.

PLEASE READ THE INFORMATION BELOW CAREFULLY! You will be asked to sign a confirmation that you received this.

This agreement contains the following information:

SIGN IN / ATTENDANCE VERIFICATION
ATTENDANCE & ABSENCE POLICY
TRANSFER/DISMISSAL
LATE PICK UP

1. **SIGN IN/ATTENDANCE VERIFICATION**

Daily: Your child must be signed in upon arrival and signed out at dismissal every day by the adult who drops off and/or picks up. Arrival and dismissal time must be recorded at the time the child enters/exits the classroom. The time and signature must be written on the attendance sheet.

Monthly: At the end of each month, you will be required to sign a "Child Attendance and Parental Choice Certificate" that confirms that your child's daily attendance in the program was recorded during the month and that you wish your child to continue in the program at this school.

2. **ATTENDANCE/ABSENCE:**

Regular attendance is required in this program. It is important that your child attends every day in order to receive the maximum benefit of this program so that your child is prepared to succeed in kindergarten.

Please note: It is a State requirement that parents/guardians comply with the center's attendance policy as well as any of its other policies and procedures. The state VPK program allows a center/school to dismiss a child who does not follow these rules.

Attendance Requirements:

VPK Program hours are 8:30 to 12:00. Your child must arrive in the VPK classroom no later than 8:30 daily.

Excused Absence

Any more than three (3) absences per month is considered excessive. If this situation arises, it will be discussed with the parents/guardian. Continued excessive absences may lead to the dismissal of your child.

A child's absence is excused if the child is absent on a VPK instructional day due to one of the following reasons:

- Illness or injury of the child or the child's family member which requires hospitalization or bed rest;
- Infectious disease or parasitic infestation;
- Physician or Dentist appointment;
- Funeral service, memorial service, or bereavement upon the death of the child's family member;
- Life threatening illness or injury of the child's family member;
- Compliance with a court order (e.g., visitation, subpoena);
- Special education or related service as defined in 20 U.S.C. 401 (2004) for the child's disability;
- **Family Vacation** – Family vacation is not to exceed five (5) excused absences per program year and must be documented by a note from the parent/guardian stating the absence was due to vacation.

These absences are counted as part of the number of allowable absences per month.

Vacation days can be taken throughout the year and do not have to occur all at one time.

3. **REENROLLMENT (TRANSFER) / DISMISSAL:**

Reenrollment:

Should you decide at any time after the start of the VPK program that you wish to reenroll your child with another provider, it is the parent's/guardian's responsibility to notify Our Savior Lutheran School and Early Learning Coalition of Broward. Parents may contact the Early Learning Coalition at <http://www.elcbroward.org> for all questions concerning reenrollment.

Dismissal of a Child From a VPK Program:

At Our Savior Lutheran School we strive to meet the needs of all of the children and families in our school. Please feel free to consult us on any issue. Yet, there are occasions when despite our best efforts we are unable to accommodate a particular child or family. Whether the situation is that the placement is not appropriate for that child or there is non-compliance with the policies and procedures outlined in this agreement and/or the Our Savior Lutheran School Family Handbook, we reserve the right to dismiss your child from the VPK program.

4. **DROP-OFF & LATE PICK UP**

Children enrolled in a VPK class may arrive no sooner than 15 minutes before the start of class unless registered for Early Drop Off. A child who is enrolled in the VPK program but is not enrolled for any other Wrap-Around services must be picked up by the end of their scheduled program at 12:00 PM. VPK children will be brought to the school office for pick up at the end of their program day. Parents/guardians are responsible for picking up their child in a timely manner. Please review the Our Savior Lutheran School Family Handbook for late pick up procedures. There is a charge of **\$20.00** per child for the 1st 15 minutes after 12:15 PM. Each additional 5 minutes after 12:30 is **\$10.00** per child.

5. **WITHDRAWAL FROM WRAP-AROUND SERVICES**

If at any time a parent/guardian withdraws his/her child from the Wrap-Around services offered by Our Savior Lutheran School but chooses to remain in the VPK program the following policy will apply. Tuition for the entire month is due if your child is in attendance any part of the month. Registration fees are non-refundable. And your child will no longer be allowed to use extended care.

Thank you for taking the time to review these policies. The State of Florida Agency for Workforce Innovation Office of Early Learning may modify their policies. If such a situation arises, you will be notified of any changes in writing. Our Savior Lutheran School's Family Handbook can be found in Links on FastDirect. Please refer to the Family Handbook for additional information regarding any practice that is not directly affected by the VPK program. We look forward to a successful school year. Thank you for choosing Our Savior Lutheran School as your VPK provider.

I have received a copy of the Voluntary Prekindergarten Attendance Policy:

Parent's/Guardian's Name: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

Name of Child: _____



Our Savior Lutheran Church & School

License #45200

FastDirect Communications

Fastdir.com/oursaviorplantation

Our Savior Lutheran School uses an on-line service called *Fast Direct Communications*. The FastDirect System will provide you with a convenient way of communicating with staff and accessing school information. Parents will have the ability to access:

- **Finances (tuition, extended care, etc.)**
- **The school and classroom calendars**
- **Student assignments, grades and report cards (K - 8)**
- **Teacher bulletin boards with current classroom information**
- **Student class lists (including parent data unless requested to be unlisted)**
- **Emails and communicate with teachers and the school office**
- **Family Handbook**
- **Registration forms**
- **Cafeteria lunch ordering**
- **Forms & Documents saved under Links**

After you have registered and we enter your data into the system, you will be given instructions on how to activate your account. **Please be sure to include your email address and cell phone service provider on your enrollment application.** Your cellular provider is necessary for any Fast Direct Emergency Broadcasts even if you did not authorize to receive text messaging on your enrollment application.

We request that every family utilize this system and log in on a regular basis to keep informed about important events. Most of the school communication with parents is done on Fast Direct. Please let us know if you do not have internet access.

If you have any questions, please call the school office at 954-370-2161.

PRESCHOOL POTTY TRAINING POLICY

License #45200

Dear Preschool Parents,

The goal of Our Savior Lutheran School is to provide a safe, healthy, and attractive setting for your child to learn the love of God and His world and His people.

Any parent with more than one child knows that there is no blueprint when it comes to a child's development. God has wired each of us uniquely. However, there are a few milestones that make it easier for us to live in community and to mark a time of growth - intellectually, physically, and emotionally.

Our Preschool facility is conducive for children from 18 months old to five years old. These are the guidelines for our expectations of children being potty trained.

18-months-old through two-year-olds - Children DO NOT have to be potty trained to join these classes. Our classrooms are equipped for changing diapers according to Broward County Child Care guidelines.

Two-year-olds - We work with parents/guardians to potty train children during this year. They must have dry diapers for one (1) whole week **at school** before they may wear underwear to school.

Three-year-olds - Children **MUST BE** potty trained to begin this class. We are not equipped to change these children. This means that your child comes to school in underwear, not pull up diapers. Children should be able to tell an adult that they need to use the bathroom, and take care of all their needs, including wiping themselves (to the best of their ability), and washing their hands.

Four-year-olds - The same as the three-year-olds' policy.

Exceptions to this guideline for the three and four year olds are an occasional accident or when a child is ill. If your child cannot take care of bathroom needs and has several accidents, you will be called to help your child change, and his/her participation in our school will be delayed until potty training is complete.

To help your child gain independence and make the transition from home to school easier, we require that your child wear navy blue pull-on uniform shorts. We will, of course, always be there to help a child be successful.

Please be assured that we have all the children's best interests at heart. Any specific questions can be addressed in our office.

In Christ,
Linda Root, Director

Parent's Role

A parent's role in quality child care is vital:

- ☐ Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- ☐ Know the facility's policies and procedures.
- ☐ Communicate directly with caregivers.
- ☐ Visit and observe the facility.
- ☐ Participate in special activities, meetings, and conferences.
- ☐ Talk to your child about their daily experiences in child care.
- ☐ Arrange alternate care for their child when they are sick.
- ☐ Familiarize yourself with the child care standards used to license the child care facility.



More information and free resources:

MyFLFamilies.com/ChildCare



This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).
License Number: _____
License Issued on: ____/____/____
License Expires on: ____/____/____
For more information regarding the compliance history of this child care provider, please visit:
MyFLFamilies.com/childcare



Know Your Child Care Facility

MyFLFamilies.com/ChildCare



To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

GF/PI 175-24, 03/2014
This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.312(5), F.S.,

General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.304, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- ☐ Valid license posted for parents to see.
- ☐ All staff appropriately screened.
- ☐ Maintain appropriate transportation vehicles (if transportation is provided).
- ☐ Provide parents with written disciplinary practices used by the facility.
- ☐ Provide access to the facility during normal hours of operation.
- ☐ Maintain minimum staff-to-child ratios:

Age of Child	Child:Teacher Ratio
Infant	4:1
1 year old	0:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

Health Related Requirements

- ☐ Emergency procedures that include:
 - Posting Florida Abuse Hotline numbers along with other emergency numbers.
 - Staff trained in first aid and Infant/Child CPR on the premises at all times.
 - Fully stocked first aid kit.
 - A working fire extinguisher and documented monthly fire drills with children and staff.
- ☐ Medication and hazardous materials are inaccessible and out of children's reach.

Training Requirements

- ☐ 40-hour introductory child care training.
- ☐ 10-hour in-service training annually.
- ☐ 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- ☐ Director Credential for all facility directors.

Food and Nutrition

- ☐ Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

Record Keeping

- ☐ Maintain accurate records that include:
 - Children's health examination/immunization record.
 - Medication records.
 - Enrollment information.
 - Personnel records.
 - Daily attendance.
 - Accidents and incidents.
 - Parental permission for field trips and administration of medications.

Physical Environment

- ☐ Maintain sufficient usable indoor floor space for playing, working, and napping.
- ☐ Provide space that is clean and free of filth and other hazards.
- ☐ Maintain sufficient lighting and inside temperatures.
- ☐ Equip with age and developmentally appropriate toys.
- ☐ Provide appropriate bathroom facilities and other furnishings.
- ☐ Provide isolation area for children who become ill.
- ☐ Practice proper hand washing, toileting, and diapering activities.

Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment.

Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

Quality Activities

- ☐ Are children initiated and teacher facilitated.
- ☐ Include social interchanges with all children.
- ☐ Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- ☐ Include exercise and coordination development.
- ☐ Include free play and organized activities.
- ☐ Include opportunities for all children to read, be creative, explore, and problem-solve.

Quality Caregivers

- ☐ Are friendly and eager to care for children.
- ☐ Accept family cultural and ethnic differences.
- ☐ Are warm, understanding, encouraging, and responsive to each child's individual needs.
- ☐ Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.

- ☐ Help children manage their behavior in a positive, constructive, and non-threatening manner.
- ☐ Allow children to play alone or in small groups.
- ☐ Are attentive to and interact with the children.
- ☐ Provide stimulating, interesting, and educational activities.

- ☐ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ☐ Communicate with parents.

Quality Environments

- ☐ Are clean, safe, inviting, comfortable, child-friendly.
- ☐ Provide easy access to age-appropriate toys.
- ☐ Display children's activities and creations.
- ☐ Provide a safe and secure environment that fosters the growing independence of all children.



What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit
www.myfloridachildcare.com or contact your
local licensing office below:

CRPI 175-70, June 2009

This brochure was created by the Department of Children and
Families in consultation with the Department of Health.



INFLUENZA VIRUS

"The Flu"
A Guide
for Parents

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

ALL STUDENTS:

Please print for your records
School Calendar

PRESCHOOL ENROLLMENT FORMS

Please print and return

Application for Enrollment (2 pages)
Tuition/Fee Schedule
#1 Child Enrollment Information
Financial Policies (2 pages)
Simply Giving (Thrivent) – automatic tuition deduction
PACE
Preschool Policies
Permission for Health Care
Alternate Nutrition Plan
Food & Nutrition Standards Code
Swim Form (2 pages)
Volunteer Acknowledgement
Emergency Information Form
VPK Attendance Policy (2 pages) (VPK only)

Please return with application (or no later than August 3, 2018)

Certified copy of birth certificate
Health Exam – form HRS 3040
Immunization Record – form HRS 680
VPK Certificate of Eligibility

We accept applications for VPK students as of January 2018. All VPK certificates must be turned in to the school office as they become available to ensure a spot for your child. For information on how to obtain your voucher go to www.elcbroward.org

Please read

FastDirect Letter
Potty Training Policy
Know Your Childcare Facility (2 pages)
Influenza Virus Form (2 pages)

ELEMENTARY & MIDDLE (K-8) ENROLLMENT FORMS

Please print and return

Application for Enrollment (2 pages)
Tuition/Fee Schedule
Financial Policies (2 pages)
Simply Giving (Thrivent) – automatic tuition deduction
PACE
Permission for Health Care
Volunteer Acknowledgement
Emergency Information

Please return with student's application if new to our school

Certified copy of birth certificate
Health Exam – form HRS 3040 (due by August 3, 2018)
Immunization Record – form HRS 680 (due by August 3, 2018)
Copy of most recent report card
Standardized test scores
Copy of IEP if applicable

Please read

FastDirect Letter
Scholarship Programs

Note: Returning students in Kindergarten & 7th grade need updated immunization records.
An updated health exam is due for all students every two years.