Dear Parents,

Welcome! We are looking forward to a fun filled and enriching school year with your child. The following listed forms are needed to complete your child's enrollment here at our pre-school:

- Identification and Emergency Information
- Child’s Pre-Admission Health History
- Physician’s Report (Your doctor needs to complete this form, sign it and check TB box.)
- Immunization Records (Please bring a copy of your child’s records or have your doctor complete this portion of the Physicians Report.)
- Parent’s Rights
- Medication Consent (if your child has a severe allergy please complete the Medication Instructions for Severe Reactions)
- Personal Rights
- Consent for Emergency Medical Treatment
- Admission Agreement
- Pre-School Release Form
- Financial Commitment Form
- Tuition Express Form
- Vaccination Waiver (If applicable)

Please let us know if you need assistance in completing any or all of these forms.

Heidi Kahn
University Synagogue Pre-School Director
IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES
To Be Completed by Parent or Authorized Representative

<table>
<thead>
<tr>
<th>CHILD'S NAME</th>
<th>LAST</th>
<th>MIDDLE</th>
<th>FIRST</th>
<th>SEX</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FATHER/GUARDIAN'S NAME</td>
<td>LAST</td>
<td>MIDDLE</td>
<td>FIRST</td>
<td>BUSINESS TELEPHONE</td>
<td></td>
</tr>
<tr>
<td>MOTHER/GUARDIAN'S NAME</td>
<td>LAST</td>
<td>MIDDLE</td>
<td>FIRST</td>
<td>BUSINESS TELEPHONE</td>
<td></td>
</tr>
<tr>
<td>PERSON RESPONSIBLE FOR CHILD</td>
<td>LAST NAME</td>
<td>MIDDLE</td>
<td>FIRST</td>
<td>HOME TELEPHONE</td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>TELEPHONE</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
</table>

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

<table>
<thead>
<tr>
<th>PHYSICIAN</th>
<th>ADDRESS</th>
<th>MEDICAL PLAN AND NUMBER</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENTIST</td>
<td>ADDRESS</td>
<td>MEDICAL PLAN AND NUMBER</td>
<td>TELEPHONE</td>
</tr>
</tbody>
</table>

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

☐ CALL EMERGENCY HOSPITAL  ☐ OTHER
EXPAND:

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY
(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
</table>

TIME CHILD WILL BE CALLED FOR:

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE:

DATE:

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

DATE OF ADMISSION: DATE LEFT: LIC 700 (BRM/CONFIDENTIAL)
CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME
SEX
BIRTH DATE

FATHER'S MOTHER'S DOMESTIC PARTNER'S NAME

MOTHER'S MOTHER'S DOMESTIC PARTNER'S NAME

DOES FATHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?

IS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?

DATE OF LAST PHYSICAL/MEDICAL EXAMINATION

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

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

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

- Chicken Pox
- Asthma
- Rheumatic Fever
- Hay Fever
- Diabetes
- Epilepsy
- Whooping cough
- Mumps
- Poliomyelitis
- Ten-Day Measles (Rubella)
- Three-Day Measles (Rubella)

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COUGH? □ YES □ NO

HOW MANY IN LAST YEAR?

LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

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

WHAT TIME DOES CHILD GET UP?*
WHAT TIME DOES CHILD GO TO BED?*

DOES CHILD SLEEP WELL?*

DOES CHILD SLEEP DURING THE DAY?*

WHAT ARE USUAL EATING HOURS?
BREKFAST
LUNCH
DINNER

Diet Pattern: (What does child usually eat for these meals?)

BREAKFAST
LUNCH
DINNER

ANY FOOD DISLIKES?

ANY EATING PROBLEMS?

IS CHILD TRAINED?*

IF YES, AT WHAT STAGE?

WHAT IS USUAL TIME?

ARE TOILET MOVEMENTS REGULAR?*

IF YES □ YES □ 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 MEDICATIONS?*

IF YES □ YES □ 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

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/FEAR/NEEDS? (EXPLAIN)

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

Lic. 702 (PRN) (CONFIDENTIAL)
PHYSICIAN’S REPORT—CHILD CARE CENTERS
(CHILD’S PRE-ADMISSION HEALTH EVALUATION)

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

(NAME OF CHILD) __________________________ born __________________________ is being studied for readiness to enter

University Synagogue Pre-School __________________________. This Child Care Center/School provides a program which extends from __________________________:

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: __________________________

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

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DATE EACH DOSE WAS GIVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLIO (OPV OR IPV)</td>
<td>1st</td>
</tr>
<tr>
<td>DTP/DTaP/DT/taD</td>
<td>/</td>
</tr>
<tr>
<td>MMR (MEASLES, RMMP, AND RUBEELLA)</td>
<td>/</td>
</tr>
<tr>
<td>HIB MENINGITIS</td>
<td>/</td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>/</td>
</tr>
<tr>
<td>VARICELLA (CHICKENPOX)</td>
<td>/</td>
</tr>
</tbody>
</table>

SCREENING OF TB RISK FACTORS (listing on reverse side)

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

☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).

☐ Communicable TB disease not present.

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

Physician: __________________________
Address: __________________________
Telephone: __________________________

Date of Physical Exam: __________________________
Date This Form Completed: __________________________

Signature __________________________

☑ Physician ☑ Physician’s Assistant ☑ Nurse Practitioner

LIC 701 (6/98) (Confidential)
RISK FACTORS FOR TB IN CHILDREN:

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

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

To the office of;

Dr.__________________________

Dr. Fax #__________________________

I give my consent for you to complete the following Physician's Report form for my child's pre-school;

Child's name ____________________________

Parents Signature ____________________________

After completing this Physician Report form please FAX to;
FAX 949-553-4034
Attention: Andrea Gosselin
University Synagogue Pre-School

If you have any questions, please call me at ____________________________.

Thank You,
PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART

NOTE: Regulation Section 101221 requires the following information be on file.

<table>
<thead>
<tr>
<th>CHILD CARE CENTER NAME:</th>
<th>LICENSE NUMBER:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Synagogue Pre-School</td>
<td>304370336</td>
<td></td>
</tr>
</tbody>
</table>

PARENT’S INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child’s name and shall be dated.

2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.

3. Prescription and nonprescription medication shall be administered in accordance with the label directions.

4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

<table>
<thead>
<tr>
<th>CHILD’S NAME</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICATION NAME</th>
<th>DOSAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

From __________ to __________ at __________ daily while in attendance.

<table>
<thead>
<tr>
<th>BEGINNING DATE</th>
<th>ENDING DATE</th>
<th>TIME OF DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PARENT’S SIGNATURE: ___________________________ DATE: ____________

<table>
<thead>
<tr>
<th>MEDICATION CHART</th>
</tr>
</thead>
</table>

Staff Documentation of Medicine Administration

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME GIVEN</th>
<th>STAFF SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Upon completion, return medicine to parent or destroy, and place form in child’s record.

<table>
<thead>
<tr>
<th>STAFF</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Medication Instructions for Severe Reactions

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Child’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent’s Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

## Symptoms
1. 
2. 
3. 
4. 

## Medication

## How to administer
1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 

## Symptoms
1. 
2. 
3. 
4. 

## Medication

## How to administer
1. 
2. 
3. 
4. 
5. 
6. 
7. 
8.
## Immunizations (shots) Needed Before Starting Child Care/Preschool

<table>
<thead>
<tr>
<th>Age When Entering</th>
<th>Immunizations (shots) Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>2–3 Months</td>
<td>1 each of Polio, DTaP, Hib, Hep B</td>
</tr>
<tr>
<td>4–5 Months</td>
<td>2 each of Polio, DTaP, Hib, Hep B</td>
</tr>
<tr>
<td>6–14 Months</td>
<td>3 each of DTaP</td>
</tr>
<tr>
<td></td>
<td>2 each of Polio, Hib, Hep B</td>
</tr>
<tr>
<td>15–17 Months</td>
<td>3 each of Polio, DTaP</td>
</tr>
<tr>
<td></td>
<td>2 Hep B</td>
</tr>
<tr>
<td></td>
<td>1 MMR on or after the 1st birthday</td>
</tr>
<tr>
<td></td>
<td>1 Hib on or after the 1st birthday</td>
</tr>
<tr>
<td>18 months–5 years</td>
<td>3 Polio</td>
</tr>
<tr>
<td></td>
<td>4 DTaP</td>
</tr>
<tr>
<td></td>
<td>3 Hep B</td>
</tr>
<tr>
<td></td>
<td>1 MMR on or after the 1st birthday</td>
</tr>
<tr>
<td></td>
<td>1 Hib on or after the 1st birthday**</td>
</tr>
<tr>
<td></td>
<td>1 Varicella</td>
</tr>
</tbody>
</table>

**Required only for children less than 4 years, 6 months**

*DTaP = Diphtheria, Tetanus, and Pertussis*

*Hib = Haemophilus Influenzae type B*

*Hep B = Hepatitis B*

*MMR = Measles, Mumps, Rubella*

*Varicella = Chickenpox*

Parents must show their child's Immunization Record as proof of immunization.

Talk to your doctor about other recommended childhood vaccines, including flu vaccine every year.
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: University Synagogue Pre-School

   Licensing Office Address: 3400 Michelson Drive, Irvine, CA 92612

   Licensing Office Telephone #: 949-553-3535

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

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.

University Synagogue Pre-School

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 (9/98)
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:

Department of Social Services Community Care Licensing

NAME:
Judy Hanson- Licensing Program Analyst

ADDRESS:
750 The City Drive South, Suite 250, MS 29-10

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

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

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

ACKNOWLEDGMENT: I 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:

University Synagogue Pre-school 3400 Michelson Drive Irvine, CA. 92612

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

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

LIC 613A (8/06)
CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Child Care Centers Or Family Child Care Homes

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

University Synagogue Pre-School

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

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

NAME

THIS CARE MAY BE GIVEN UNDER

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE Signature

HOME ADDRESS

HOME PHONE

WORK PHONE

LIC 627 (0/08) (CONFIDENTIAL)
ADMISSION AGREEMENT

Welcome to University Synagogue Pre-School where your children will smile from the minute they arrive! Our goal is to instill a love of learning and make each day an exciting adventure for each and every child. Thank you for trusting our passionate and enthusiastic staff with the most important years of your child’s development.

Children learn best in a warm, nurturing, loving, positive, safe environment. With an exciting, creative, multi-sensory approach, teachers create a spark that becomes a thirst for learning. Our goal is to provide an individualized, non-stressful developmental setting where children are given opportunities to explore, discover and prepare for a successful Kindergarten experience. Children will also develop a love for Judaism and a positive Jewish identity through music, dance, food and celebration of the Holidays. We believe in a balance of structured learning and time to learn through self-initiated discovery in a wide variety of stimulating learning and play centers.

*University Synagogue Pre-School is open to children of all races, religions and national origins and abilities ages 2 to 6 years old.*

The programs offered at University Synagogue Pre-School are designed to be as flexible as possible for parents and children:

- 2-day (Tues, Thurs), 3-day (Mon, Wed, Fri) or 5-day (Mon-Fri)
- Half-day, early morning and extended care options
- Hourly drop-ins by prior arrangement and availability

**Basic Program:**

**Half-Day Pre-School (9:00am – 1:00pm)**
The fun and learning pre-school adventure includes: learning centers, story, music, snack and outdoor play. Choose 2-day, 3-day or 5-day.

**Optional programs:**

**Breakfast Club (7:00am – 9:00am)**
Early morning childcare where children enjoy breakfast and playtime together. A wonderful calm way to start their day.

**Enrichments (1:00pm – 2:30pm)**
Exciting enrichment programs – Clay, Taekwondo, Dance, Math Magic, Sports, and Cooking. Choose either 1, 2, 3, 4 or 5 days a week.

**Stay & Play (2:30pm – 6:00pm)**
Afternoon childcare includes rest/nap time, crafts, indoor and outdoor play and an afternoon snack.

**Nap Time (5 Days per week/1-3pm)** – Children who nap and attend a 5 day schedule are welcome to stay and sleep until 3pm.

**Summer Camp (6-7 weeks)**
The fun never ends. Each week has a theme and a special guest or activity.
## Program Choices (please circle desired program)

<table>
<thead>
<tr>
<th></th>
<th>Monthly Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Members</td>
</tr>
<tr>
<td>Half-day (9:00am – 1:00pm)</td>
<td></td>
</tr>
<tr>
<td>2H-day (Tues, Thurs)</td>
<td>$530</td>
</tr>
<tr>
<td>3H-day (Mon, Wed, Fri)</td>
<td>$590</td>
</tr>
<tr>
<td>5H-day (Mon-Fri)</td>
<td>$830</td>
</tr>
<tr>
<td>Transitional Kindergarten (9:00am – 2:30pm)</td>
<td></td>
</tr>
<tr>
<td>5H-day (Mon-Fri)</td>
<td>$1,245</td>
</tr>
<tr>
<td>After school Enrichments (1:00pm-2:30pm)</td>
<td>$70 per day,</td>
</tr>
<tr>
<td>1,2,3,4 or 5 days per week</td>
<td></td>
</tr>
<tr>
<td>Cost is per enrichment</td>
<td>$180</td>
</tr>
<tr>
<td>After School Naps 5 days per week</td>
<td></td>
</tr>
<tr>
<td>Breakfast Club 2-day (Tues, Thurs)</td>
<td>$80</td>
</tr>
<tr>
<td>(7:00am – 9:00am)</td>
<td>$100</td>
</tr>
<tr>
<td></td>
<td>$150</td>
</tr>
<tr>
<td>Stay &amp; Play (1:00pm – 6:00pm)</td>
<td></td>
</tr>
<tr>
<td>2-day (Tues, Thurs)</td>
<td>$300</td>
</tr>
<tr>
<td>(Includes Enrichments)</td>
<td></td>
</tr>
<tr>
<td>3-day (Mon, Wed, Fri)</td>
<td>$425</td>
</tr>
<tr>
<td>5-day (Mon-Fri)</td>
<td>$615</td>
</tr>
<tr>
<td>Full Day Packages (7:00 am – 6:00pm)</td>
<td></td>
</tr>
<tr>
<td>3F-day (Mon, Wed, Fri)</td>
<td>$965</td>
</tr>
<tr>
<td>5F-day (Mon-Fri)</td>
<td>$1,350</td>
</tr>
<tr>
<td>Transitional Kindergarten</td>
<td></td>
</tr>
<tr>
<td>5F-day (Mon-Fri)</td>
<td>$1,635</td>
</tr>
<tr>
<td>Parent &amp; Me (9:30am-11:00am)</td>
<td>6–24 months (Friday mornings)</td>
</tr>
</tbody>
</table>

**Other Fees**  
Annual Registration Fee $150/child  
Annual Security Fee $150/child  
Hourly Drop-ins* $15/hour  
Morning Drop-ins (9-1pm) $50  
Full Day Drop-ins (7am-6pm) $100  
Enrichment Drop-ins $25 each  
Parent & Me Drop-ins $20 each  
Late Pickup (after 6:00pm) $30/15 minutes  
Potty Training $25/month

**Sibling Discount**  
10% given off the lowest tuition

- Tuition is established on an annual basis with monthly payments divided into 10 equal installments starting in September 2019 and ending June 2020. **No tuition reductions, refunds or make-up days will be allowed due to vacations, holidays or absences.**
- Payments are due on the 1st of the month. A late charge of $20 will be incurred for payments made after the 5th of the month.
- Insufficient payment and bounced checks will incur a fee of $4. In the event that a chargeback is requested, the paying parties will incur a fee of $25 to cover our costs.
- **State law requires a signature to release children at the beginning and end of each day of attendance. You will be automatically charged $20 per incident for neglecting to sign in or sign out.**
- Payments should be made through the Tuition Express program. Please fill out the Tuition Express form and choose deduction from your checking account or charge to your Visa, Master Card or Discover card.
- 30-day notice in writing is required to reduce scheduled hours and enrichments or to discontinue hot lunches.
- For Parent & Me classes, no registration fee is required, but 1st month is payable in advance.
- If enrolled in the Pre-School, drop-ins are allowed during pre-school hours. Must call first.
Termination & Withdrawal:
The preschool reserves the right to terminate service if a child is unable to benefit from the program, if the program is unable to meet the special needs of the child or family, if the child or family is disruptive to the program, or if the child or family is disruptive towards any children or adults, or prevents another child(ren) from benefiting from the program. A 30-day notice in writing is required from parents wishing to withdraw their child from the school. The preschool will charge a $400 fee for withdrawal before the end of the school year.

Tuition Express Application must accompany Registration Application

<table>
<thead>
<tr>
<th>Parent Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**If interested in synagogue membership contact Susan Abramovitch at 714-964-0565.

Community Care Licensing:
The preschool is licensed by the State of California Department of Social Services, Community Care Licensing, (714) 703-2800. The Department has the authority to interview children or staff and to inspect or audit child or facility records without prior consent. The Department has the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional physically examine the child(ren). (Child Day Care General Licensing Requirements, Section 101200: Inspection Authority of the Department or Licensing Agency; Health and Safety Code Sections 1596.852 and 1596.853.

Please indicate by signing below that you have read and are in agreement with the policies as outlined above.

<table>
<thead>
<tr>
<th>Parent Name</th>
<th>Child's Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pre-School Director Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
University Synagogue Pre-School Release Form

Photographs

An important part of our program is documenting the children's work in words and photographs. This allows parents to see what children are doing and allows children to identify their own work with pride and ownership – leading to self-esteem. It promotes meaningful conversation between teachers and children, parents and children and teachers and parents. To that end we often take pictures of the children, write down their words and display it in the classrooms or hall bulletin board.

I agree to have my child photographed and the photos be used in the classroom and bulletin board
yes/no (circle appropriate) __________________ (parent signature)

I agree to have my child's photo used in weekly emails to the parents of pre-school students.
yes/no (circle appropriate) __________________ (parent signature)

I agree to have my child's photo used on the University Synagogue website as part of the Pre-School news
yes/no (circle appropriate) __________________ (parent signature)

I agree to have my child's photograph used in advertising the Pre-School
yes/no (circle appropriate) __________________ (parent signature)

Diaper and Clothing Changes

Diaper changing is part of our daily routine for children who are not yet potty-trained and is viewed as a learning opportunity for children as they grow and work towards toilet use. Parents provide diapers, wipes and extra clothes. Diapers and wipes from other children will not be used. Two staff members will be present when diapers are changed.

I give consent for a Pre-School staff member to change your child's diapers and clothes when necessary
yes/no (circle appropriate) __________________ (parent signature)
Family Information

You have my permission to include our name, our child's name and birthdate, our address and phone number on the School Directory. This information is for Pre-School use only and will not be released for any other purpose without my express permission. School Directory will be distributed to other parents in the class unless you decline to be included.

yes/no (circle appropriate) __________________ (parent signature)

Sunscreen Utilization

Please use sunscreen on your child before they come to school. In hot summer months, sunscreen may be applied to exposed skin including but not limited to the face, top of ears, nose and bare shoulders, arms & legs. Parents must supply sunscreen that is clearly labeled with the child’s name. Sunscreen of other children may not be shared.

I give permission for staff at University Synagogue Pre-School to apply a sunscreen product of SPF 15 or higher as specified above when he/she will be engaging in outdoor activities.

yes/no (circle appropriate) __________________ (parent signature)

Please indicate below if you would prefer for medical or other reasons not to have sunscreen applied at all or to certain areas of the body.

________________________________________________________

________________________________________________________

Educational or Therapeutic Settings

Has your child ever been enrolled in another preschool, childcare, educational setting or received any therapeutic services (PT, OT, Vision, Speech)?

yes / no (circle appropriate)

If yes, please list the name, city and age of the child during attendance:

Name of Program/Provider: ________________________________

City: __________________
State: __________________

Age of your child while attending: ________________________
Evaluation / Therapeutic Assessment
Has your child ever participated in a professional psychological or therapeutic evaluation? In our experience, your child will have the greatest chance of success if/when Pre-School staff, other professionals and parents collaboratively work together as a team.

yes / no (circle appropriate)

If yes, please list the type of evaluation, any diagnosis and the age of the child at the time of evaluation:

Name of Provider: __________________________________________

Conclusion/Diagnosis:_________________________________________

_____________________________________________________________________

_____________________________________________________________________

Age of your child at time of evaluation: __________________________

Professional Service Providers
You have my permission to contact current or previous professional service providers for our child (for example, speech therapist, physician, physical therapist). Any such information provided to the Pre-school is kept strictly confidential and is used solely for the purpose of determining how best to serve the child's needs while the child is enrolled and attends the Pre-school. Parent(s) will be notified prior to contact.

yes/no (circle appropriate) ______________________________________ (parent signature)

Name of Service Provider: ______________________________________

Contact Person: _______________________________________________

Phone Number: __________________________ Email: _________________

Dates attended: ________________________________________________

Parent Name __________________________________________________

Child's Name __________________________________________________

Parent Signature _____________________________________________

Date _________________________________________________________
Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize ____________________________, (called “CENTER” in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called “DEPOSITORY” in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable, I (we) authorize CENTER to use the third party sender, Tuition Express® to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

<table>
<thead>
<tr>
<th>Your Name</th>
<th>Phone #</th>
<th>DEPOSITORY - Bank or Credit Union Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td>Bank or Credit Union Address</td>
</tr>
<tr>
<td>City</td>
<td>State Zip</td>
<td>City State Zip</td>
</tr>
<tr>
<td>Type: Checking</td>
<td>Savings</td>
<td></td>
</tr>
<tr>
<td>Routing Transit Number</td>
<td>Account Number</td>
<td></td>
</tr>
</tbody>
</table>

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature __________________________ Date ______________

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

Please attach a copy of a voided check here. Deposit slips not accepted.
For Credit Card Authorization, complete and return to center management.

**CREDIT CARD PAYMENT AUTHORIZATION**

I (we) hereby authorize ________________________ (called “CENTER” in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced “CENTER”. I (we) authorize CENTER to utilize Tuition Express* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.

**PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.**

<table>
<thead>
<tr>
<th>Cardholder Name</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardholder Billing Address</td>
<td>Account Number</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

Cardholder Signature ___________________________ Date ___________________________

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

For Official Use Only:

Date Received: ___________________________

Employee Signature: ___________________________
PARENT HANDBOOK

University Synagogue
Pre-School
3400 Michelson Drive, Irvine, CA 92612

www.universitysynagogue.org

(949) 553-3535
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PHILOSOPHY

Welcome to University Synagogue Pre-School where your children will smile from the minute they arrive! Our goal is to instill a love of learning and make each day an exciting adventure for each and every child. Thank you for trusting our passionate and enthusiastic staff with the most important years of your child’s development.

Children learn best in a warm, nurturing, loving, positive, safe environment. With an exciting, creative, multi-sensory approach, teachers create a spark that becomes a thirst for learning. Our goal is to provide an individualized, non-stressful developmental setting where children are given opportunities to explore, discover and prepare for a successful Kindergarten experience. Children will also develop a love for Judaism and a positive Jewish identity through music, dance, food and celebration of the Holidays. We believe in a balance of structured learning and time to learn through self-initiated discovery in a wide variety of stimulating learning and play centers.

At University Synagogue Pre-School, we believe each child is a unique individual. We strive to provide a loving, nurturing, and creative environment for children. We are sensitive to their social, emotional, intellectual, and physical needs. We provide developmentally appropriate programs that focus on the process of learning while also helping them to enjoy many other successful experiences. We encourage not just learning, but the love of learning.

We believe in providing a physical environment that is safe, clean, healthy, and child friendly. Classrooms are arranged to offer challenging play and learning choices at a range of developmental levels. Learning centers allow children the opportunity to explore, to experience, and most importantly, to succeed.

The strength of our program is the experience, expertise, and dedication of our staff. We support the teachers with training, resources, and the freedom to create a unique learning environment. We provide many opportunities for the teachers to share ideas and grow professionally. Our teachers create a caring and nurturing atmosphere that fosters each child’s creativity and positive self-image.

We believe in positive methods of discipline. We establish consistent and appropriate limits to help children function in their world. Our programs are designed to develop in children a sense of independence and responsibility. We strive to strengthen each child’s own cultural identity, while instilling a respect for others.

Parents are the most significant adults in a child’s life. We strive to create mutual respect between parents and teachers - a partnership for the benefit of the child. We encourage open communication between parents and preschool staff. To ensure children’s safety during drop-off and pick-up times, please ask when the teachers will be available.

Our preschool values people: the children in our care, their parents, and our employees. We continually work to earn the trust placed in us. We strive each day to provide the best early childhood educational services possible.

University Synagogue Pre-School is open to children of all races, religions and national origins and abilities ages 2 to 6 years old.
The programs offered at University Synagogue Pre-School are designed to be as flexible as possible for parents and children:

- 2-day (Tues, Thurs), 3-day (Mon, Wed, Fri) or 5-day (Mon-Fri)
- Half-day, early morning and daycare options
- Hourly drop-ins by prior arrangement

**Half-Day Pre-School (9:00am – 1:00pm)**
The fun and learning pre-school adventure includes: learning centers, story, music, snack and outdoor play. Choose 2-day, 3-day or 5-day.

**Breakfast Club (7:00am – 9:00am)**
Early morning childcare where children enjoy breakfast and playtime together. A wonderful calm way to start their day.

**After school naps (1:00pm-3:00pm)**

**Enrichments (1:00pm – 2:30pm)**
Exciting enrichment programs such as art, dance, gymnastics, ceramics, and more. Choose either 1, 2, 3, 4 or 5 days a week.

**Stay & Play (2:30pm – 6:00pm)**
Afternoon childcare includes rest/nap time, crafts, indoor and outdoor play and an afternoon snack.

**Summer Camp**
The fun never ends. Each week has a theme and a special guest or activity.

**Sample Daily Schedule**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00-9:50</td>
<td>Freeplay, reading, building, dramatic play, art, science table</td>
</tr>
<tr>
<td>9:50-10:20</td>
<td>Music/movement</td>
</tr>
<tr>
<td>10:20-10:30</td>
<td>Bathroom, hand washing</td>
</tr>
<tr>
<td>10:30-10:50</td>
<td>Snack</td>
</tr>
<tr>
<td>10:50-11:10</td>
<td>Circle time (sing, science, holiday)</td>
</tr>
<tr>
<td>11:10-12:00</td>
<td>Outside time</td>
</tr>
<tr>
<td>12:00-12:40</td>
<td>Bathroom, hand washing</td>
</tr>
<tr>
<td>12:10-12:40</td>
<td>Lunch</td>
</tr>
<tr>
<td>12:40-1:00</td>
<td>Sharing, shalom chaverim</td>
</tr>
</tbody>
</table>

*We are licensed by the California State Department of Social Services.*
TUITION

Registration & Fee Schedule

Upon registration, a non-refundable fee is required. Please consult with the Director for tuition information.

At least 30 days notice will be given prior to any changes to the Fee Schedule.

Tuition is established on an annual basis with monthly payments divided into 10 equal installments starting in September and ending June. **No tuition reductions or make-up days will be allowed due to vacations, holidays or absences.** A 10% sibling discount is offered for the lower tuition.

Tuition Express

Tuition is charged automatically through Tuition Express. Checking accounts or credit cards are automatically charged for tuition on the first of the month and weekly for additional charges. Tuition Express accepts Visa, Master Card, Discover and checking account bank transfers. Thirty days' notice in writing is required to reduce daily schedules, withdraw from the school or discontinue hot lunches. For example, if your child attends pre-school 5 days per week and you wish to reduce their schedule to 3 days a week, written notice is required by email which must be submitted to the Director or Director's Assistant at least 30 calendar days before the change is to take place.

Termination & Withdrawal

The preschool reserves the right to terminate service if a child is unable to benefit from the program, if the program is unable to meet the special needs of the child or family, if the child or family is disruptive to the program, or if the child or family is disruptive towards any children or adults, or prevents another child(ren) from benefiting from the program. A 30-day notice in writing is required from parents wishing to withdraw their child from the school. The preschool will charge a $400 fee for withdrawal before the end of the school year.
PROCEDURES

Pick-Up
Please go directly to your child’s room at pick up time. **You are required to sign your child out and record the time of day when you EXIT the Pre-School.** If you will be late in arriving, please call and let us know. This helps to minimize unnecessary concerns.

No person other than those who appear on the Emergency and Identification form will be allowed to pick up your child. If you will not be picking up your child, please email an authorization to the Director. In the case of a separation/divorce, the parent maintaining custody will be asked to submit in writing when the visiting parent may pick up the child.

Drop-Off
**You are required to sign your child in and record the time of day when you ENTER the Pre-School.** Our motto at drop off is “the shorter the goodbye the shorter the cry.” We know from experience that after your child has been here a few times, the “fuss” will be less, if at all. Children have a unique capacity to make new friends quickly. If you wish to stay and observe through a window, please do so. Please sign-in to verify your arrival time. This will minimize any billing issues. Please discuss any information you feel pertinent about your child with his/her teacher at this time. Parents must remain with their child until a preschool staff member has made contact and made sure that your child is healthy.

Drop-Off & Pick-Up Safety
Our parking area can be a busy place at certain times of the day. Please help us in providing a safe environment. We offer the following tips and ask for your cooperation.

- Please hold your child’s hand in the parking lot.
- Please make sure your child doesn’t run ahead or behind upon arrival and pick-up.
- Upon arrival please turn off your car and come inside to pick-up your child. We always enjoy talking with you.
- Please drive slowly in our parking lot.
- Please observe the traffic laws for entering and exiting the Synagogue grounds including not turning left into the parking lot when traveling north on Harvard.

Emergencies
The Pre-School conducts regular fire, earthquake and safety drills to ensure that students and staff are prepared in the event of an emergency. In the event of an emergency involving the inability to use our preschool, children will be evacuated to parking lots of the Fluor Office building located at 3333 Michelson or Wholesome Choice located at the corner of Michelson and Culver. You may call the school cell phone (949-533-3961) for information in such an event. If we have to evacuate the building, all Preschool family emergency phone numbers will be taken with us so we may contact you as soon as possible.
Confidential Information
Information relating to your child is confidential and will not be released unless written authorization is provided by a parent or legal guardian. An exception will be made in the event of suspected child abuse. Any such suspicion will be reported to the Director for immediate investigation and action with the appropriate authorities.

Home/School Communication
As our partners in student success, parents should communicate pertinent information with the school. This can include such things as illness, changes in sleeping or eating habits, teething, family or home life changes and so forth.

Open Door Policy
Any parent has the right to inspect the Pre-School at any time. We have observation windows in all of our rooms so that a parent may see the classroom without the child or teacher knowing they are watching.

White Board Communication
The Pre-School white board is located as you enter the preschool on the right hand side of the main hallway. It contains important information and is frequently updated, so please refer to it often.

Birthdays
We love birthday celebrations. Your child will be in for a special day! He/she will wear a birthday crown and pass out treats, if supplied. Suggestions for treats include: cookies, donut holes, ice cream, or other such items but remember to check whether any of the children in class have food allergies. We will strive to make your child's special day as memorable as possible. You may choose to read and donate a book from your child in honor of his/her birthday to add to the classroom's library.

We look forward to celebrating with your children as they grow. When planning birthday parties, we ask that you give careful thought to the guest list. If you invite the entire class, you may distribute invitations in school. If you choose not to invite the entire class, please mail the invitations to individual homes.

Clothing and Supplies
Parents of toddlers (2-3 years) must provide an adequate supply of diapers and wipes for any child not yet toilet trained.

Recognize that when children play, they get dirty. Children will also be encouraged to cook, play with clay and paint.

Please, no jellies or sandals. For their protection, kids need rubber soled shoes or sneakers. Remember, they LOVE to run, jump, and climb.

We enjoy helping your child become independent. One training opportunity is potty time. If your child comes dressed in an outfit that zippers or buttons down the back or with a belt, it can be frustrating. We enjoy seeing those big smiles and confident looks that say "I did it by myself!"
Crafts
Almost everything your child does during the day represents a learning experience. The act of making a craft is such an experience. We enjoy making crafts with your child. Sometimes he/she will bring home artwork or crafts. At other times, the "finished product" will be saved as part of a larger project or posted on the classroom wall. We encourage you to engage your child in discussion about their crafts. It's a fun way to bond and it's fun to remake the projects at home.

Cubbies
A cubby is provided for each child at the Pre-School. Please place clothing and lunch boxes there in the morning. Please also leave their "nap friend" or "blankie" or show-and-tell items there. Again, please label all of your child's belongings.

Parents are strongly discouraged from bringing in expensive or treasured toys from home. To avoid hurt feelings, breakage or loss of children's treasures, we need your cooperation. Children may bring in stuffed animals, books, or other comfort objects for use at nap time. Children may also bring in a "special" toy from home for Show and Tell. These objects will be stored in the child's cubby until it is time to use them. At no time are children permitted to bring in toys associated with violence including toy guns, knives, swords, etc.

Rest Times
Quiet time is important for a child's health and well being. Such time also allows a child to "re-energize" and develop self-control.

The Pre-School supplies a cot and you provide a sheet or blanket for all children. Please take the sheet or blanket home on Friday and bring in a clean set on Monday.

Show & Tell
Show-and-tell is a wonderful learning experience for all involved. We enjoy it so! Show-and-tell is scheduled daily. Please ensure your child's name is on any item used for show and tell and again, no guns, knives, or swords, etc.

Many classes will have a theme for sharing. The teacher will communicate this ahead of time. This is a great opportunity for your child to get up in front of a group and talk with confidence about something he/she is comfortable with.

Toilet Training
We hope that children, from toddlers on up, will be toilet trained. If they are not, it is not a problem. We are happy to work with them to achieve this important milestone. We focus on positive reinforcement (e.g., praise) and will do our best to support your at-home initiatives.
It is our objective to foster self-esteem, self-control, self-direction and cooperation. Positive redirection, logical and natural consequences and opportunities for children to make choices and problem-solve are the means of fostering the above. The core of our policy is that both adults and children are to be treated with respect. It is important for children to take responsibility for their actions and decisions, within their developmental capabilities. The following are to serve as guidelines in establishing positive discipline:

1. Adults set clear, explicit and consistent limits according to the developmental level of the child.
2. Adults provide opportunities for the child to verbalize his/her feelings in socially appropriate ways.
3. Adults do not solve difficult situations for children e.g. “That wasn’t nice; give the puzzle to Ellen.”
4. The behavior is separated from the individual. The behavior, not the child, is unacceptable.
5. The child has an opportunity to make choices (e.g. “Would you like to put the blocks away by yourself or would you like some help?”)
6. The child can experience the consequence of his/her decision (within reason) (e.g. “Since you decided not to put on your smock you’ll need to find something else to do instead.”)
7. Adults intervene immediately when one child physically hurts another, or the child is in danger of hurting him/herself. The responsible adult is expected to remove the child from the immediate situation and give the child an opportunity to calm down. Once calm the child should be given the opportunity to express their feelings and encouraged to find other solutions. “Timeout” is not a punishment. It is a cooling-down period before problem-solving can take place.
DISCIPLINE PROCEDURE

Biting Policy

Children sometimes bite other children. Although not all toddlers bite, biting is considered a normal stage in a child’s development. Children may bite for a variety of reasons, rarely with the intent to hurt another child. Karen Miller, author of Things to Do with Toddlers and Twos, suggests toddlers may bite for any of the following reasons:

Teething: Toddlers are often cutting teeth and it hurts. Chewing on something relieves the itch and stops the pain momentarily.

Sensory Exploration: Toddlers are very good at using all of their senses to learn about the world. the “oral mode”, an important style of leaning for infants, continues into toddler-hood. They bite everything, not just their playmates.

Cause and Effect: Toddlers are eager explorers. They are constantly studying cause and effect. Biting produces a predictable response. Often, the response is dramatic: there is a lot of noise and attention from adults.

Self- Assertion: This is probably the most common reason toddlers bite. It’s a way to express frustration when they don’t yet have the language skills to do so.

When a child is bitten, that child is immediately comforted and the bite is washed with anti-bacterial soap and a band aid is applied if skin is broken. The biter is told very firmly and in a loud voice that “It is not okay to bite. Biting hurts very much.” If possible, the teacher will try to encourage the child who was bitten to express his/her feelings. “It hurts” or “Don’t bite me” are sentences teachers will model for the child to repeat. The biter is then redirected to another area of the classroom and no positive or negative attention is given for approx. 5-10 min.

Parents are not told the name of the child who bit their child. Parents of the biter are informed and work together with the teachers in hope of preventing further incidents of biting. We recognize how upset parents may be when they learn their child has been bitten; however, we also recognize that biting is a normal component of child’s development. Despite our many concerted efforts to prevent biting incidents, they are bound to occur.

Grounds for parent assistance is when a child bites 3 times or has injured another child 3 times. Parents will be required to provide an assistant for their child for 1 month. If they bite or injure once more during that month or after it will be grounds for dismissal.

Persistent hitting, kicking and biting may also result in grounds for dismissal.
ENROLLMENT CRITERIA

Children must be between 2 and 6 years of age. No child may be accepted unless the Director has met with the parent(s) and the child to determine appropriate placement and University Synagogue Pre-School been furnished with:

1. Evidence that the child has received a health examination within 90 days prior to admission by a physician, physician's assistant or nurse practitioner who has completed the health examination form supplied by University Synagogue Pre-School, or
2. A written statement signed by a physician, physician's assistant or nurse practitioner stating that the child is receiving health care, including appropriate health examinations in accordance with the American Academy of Pediatric schedule of such care and examinations.

University Synagogue Pre-School must also be furnished with:

1. A written statement signed by a physician, physician's assistant or nurse practitioner stating that the child is free from contagious or communicable disease and is able to participate in child day care.
2. A certificate of immunization prepared by a physician or other authorized person who administered the immunization which specifies the products administered, the date of administration and the physician-verified history of measles, mumps, and other diseases, or
3. The official State immunization record care completed by the administering physician or health care facility, or
4. A certificate from a physician, physician's assistant or nurse practitioner stating that one or more of the required immunizations may be detrimental to the child's health, and specifying which immunization may be detrimental.

*The immunization certificate or record card shows that the child has received age-appropriate prophylaxis. This must include immunization against diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, rubella and Haemophilus influenza type b(Hib) except where there is a medical contraindication and a physician, physician's assistant or nurse practitioner has completed and signed the medical exemption section of the Department of Social Services physical examination of day care child form.

University Synagogue Pre-School does not discriminate on the basis of sex, race, religion, ethnicity, national origin, or handicapping condition. If, however, the nature of a child's handicap requires special therapy or special staffing, the child will not be enrolled until special arrangements can be made.
VACCINATION POLICY

It is the policy of University Synagogue Pre-School to admit only children who are properly and adequately vaccinated against common "childhood diseases" including but not limited to: Diphtheria; Hepatitis B; Hemophilus influenza; Measles; Mumps; Pertussis (whooping cough); Poliomyelitis; Rubella; Tetanus; Varicella (chickenpox); and any other disease deemed appropriate by the state of California Department of Public Health, taking into consideration the recommendations of the Advisory Committee on Immunization Practices of the United States Department of Health and Human Services, the American Academy of Pediatrics, and the American Academy of Family Physicians. However, the fact that a child has not been vaccinated shall not necessarily bar the child from being considered for admission to University Synagogue Pre-School provided that the child has a validated medical reason for not being vaccinated. Personal or religious beliefs will not be considered valid reasons for not being vaccinated. University Synagogue will determine, in its sole discretion, whether to accept any child into its pre-school program and the sufficiency of any medical reason being offered for a child’s lack of vaccination. Any child and family of any child conditionally admitted to the pre-school will be required to execute a waiver acknowledging that in the event of an outbreak for any of the conditions listed above, the non-vaccinated child may be excluded from the school for a period of time until the pre-school, in its sole discretion, has deemed it safe for the excluded child to return to the school.

ILLNESS/MEDICATIONS/EMERGENCIES

Because of our concern for the health of your child and all other children in class, the following guidelines have been created. We appreciate your cooperation in complying with them. Children who are ill will NOT be accepted at University Synagogue Pre-School. Children who become ill during the day will be sent home. In all cases, University Synagogue Pre-School reserves the right to send home a child with suspicious or prolonged symptoms. It will be the responsibility of the teacher (and in his/her absence, the Director) to make that determination based on his/her best judgement. When a child is absent due to illness, the parent is asked to notify University Synagogue Pre-School as early as possible in the morning.

In the event the following occur, we ask you to keep your child at home:

A. A temperature of 100° or any fever accompanied by:
   1. a deep cough
   2. earache or draining ear
   3. spasms of cough
4. sore throat
B. A rash of any kind until diagnosed, treated or declared harmless by a physician
C. Early colds (coughing and sneezing), very bad colds with purulent discharge
D. Diarrhea or vomiting the previous evening or early morning - child needs to be free from vomiting or diarrhea for 24 hours before returning to school
E. Red, runny or matting eyes - may be pink eye (conjunctivitis) - please call your doctor
F. Bronchitis - if your child is coughing frequently

A child who is not well does not benefit from our program and can adversely affect the health of our other children. If you have any doubts about your child's health, please keep your child home and contact your family doctor.

In the event your child becomes sick while at school, you will be promptly notified. We expect that you will come as quickly as possible to take your child home.

**ILLNESS CHART**

**Illness:**

<table>
<thead>
<tr>
<th>Illness</th>
<th>May Return:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Pox</td>
<td>24 hours after lesions have crusted</td>
</tr>
<tr>
<td>Conjunctivitis (pink eye)</td>
<td>24 hours after start of treatment</td>
</tr>
<tr>
<td></td>
<td>(if specifically drainage and excessive tearing have stopped)</td>
</tr>
<tr>
<td>Croup</td>
<td>After illness has subsided</td>
</tr>
<tr>
<td>Diarrhea-Gastro Enteritis</td>
<td>24 hours after last loose stool or after 1 normal bowel movement</td>
</tr>
<tr>
<td>Rubella</td>
<td>At least 7 days and 24 hours after symptoms end</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>At least 7 days after onset of jaundice</td>
</tr>
<tr>
<td>Impetigo</td>
<td>24 hours after treatment has started</td>
</tr>
<tr>
<td>Fever</td>
<td>24 hours after temperature is normal</td>
</tr>
<tr>
<td>Influenza</td>
<td>24 hours after symptoms have subsided</td>
</tr>
<tr>
<td>Measles</td>
<td>At least 4 days after onset of rash</td>
</tr>
<tr>
<td>Lice</td>
<td>24 hours after treatment has begun</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>At least 7 days after therapy has started</td>
</tr>
<tr>
<td>Pin worms</td>
<td>After treatment is completed</td>
</tr>
<tr>
<td>Roseola</td>
<td>After illness has subsided</td>
</tr>
<tr>
<td>Scabies</td>
<td>24 hours after start of treatment</td>
</tr>
<tr>
<td>Strep throat</td>
<td>48 hours after start of treatment</td>
</tr>
<tr>
<td>Poison Ivy</td>
<td>After lesions have dried up</td>
</tr>
<tr>
<td>Pneumonia or Epiglottis</td>
<td>Written note from physician</td>
</tr>
<tr>
<td></td>
<td>(if due to H-Flu, Health Dept. must give order)</td>
</tr>
<tr>
<td>Bacterial (Spinal) Meningitis</td>
<td>When a physician gives OK</td>
</tr>
<tr>
<td>Mumps</td>
<td>14 days after swelling begins</td>
</tr>
</tbody>
</table>

*Source: US Dept. of Health & Human Services

**MEDICATION POLICIES**

Prescription medication may be given only upon written order of a physician stating that the child care provider may administer such medication and specifying the
circumstances, if any, under which the medication must not be administered accompanied by written instructions from the parent.

Prescription medication must be in the original container and labeled with the child’s complete name, the medication name, recommended dosage, time intervals for administration, method of administration, expiration date and prescriber’s name and license number. Such medications will be stored according to the instructions on the label, kept beyond the reach of children and returned to the parent when no longer needed.

Over-the-counter medication may be given on an infrequent, non-routine basis under written instructions from the parent, provided such instructions are consistent with the directions on the manufacturer’s label. Topical ointments may be applied as needed for protection against the sun or diaper rash under written parental instructions.

Over-the-counter medication must be in the original container with the manufacturer’s label and directions for administration. Such medication must labeled with the child’s complete name, stored according to the instructions on the label, kept beyond the reach of children and returned to the parent when no longer needed.

**MÉDICAL OR DENTAL EMERGENCIES**

As part of your child’s records, the preschool will be aware of your child’s medical assessment, dietary restrictions and allergies, instructions in case your child’s authorized representative, or physician designated by the authorized representative, cannot be reached in an emergency, and a signed consent form for emergency medical treatment.

If your child becomes ill or sustains an injury more serious than a minor cut or scratch, the preschool will immediately notify the child’s authorized representative and obtain specific instructions regarding action to be taken.

In the case of less serious injuries such as minor cuts, scratches and bites from other children requiring assessment and administration of first aid by staff, the preschool will document the injury in the child’s record and notify the authorized representative of the nature of the injury when the child is picked up from the preschool.

If necessary, the preschool will make prompt arrangements for obtaining medical treatment for any child. The preschool will obtain emergency medical treatment without specific instructions from the child’s authorized representative if they cannot be reached immediately or if the nature of the child’s illness or injury is such that there should be no delay in getting medical treatment.
MEALS

University Synagogue Pre-School serves breakfast for children enrolled in the Breakfast Club, morning snacks, and afternoon snacks. We suggest a dairy lunch for your child. Please do not bring any food items that contain meat, poultry, shellfish, or nuts into the school. Please notify us in writing if your child has any food allergies.

Typical menus are as follows:

**Breakfast (served between 7:00am and 8:30am):**
- Cereal and milk
- Piece of fruit
- Waffles, Pancakes, or Bagels

**Morning Snack (served at 10:30am) and Afternoon Snack (served at 3:30pm):**
One item from two different groups.

<table>
<thead>
<tr>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
<th>Group D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crackers</td>
<td>Vegetable</td>
<td>Yogurt</td>
<td>Milk</td>
</tr>
<tr>
<td>Bread</td>
<td>Fruit</td>
<td>Cheese</td>
<td></td>
</tr>
<tr>
<td>Cereal</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Portions:**

<table>
<thead>
<tr>
<th>Snack Item</th>
<th>Serving Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruit (Apples, Grapes (cut in half), Bananas, Oranges, seasonal)</td>
<td>½ cup</td>
</tr>
<tr>
<td>Milk (1%)</td>
<td>½ cup</td>
</tr>
<tr>
<td>Crackers (Wheat Saltines, Cheese, Triscuits)</td>
<td>4-5</td>
</tr>
<tr>
<td>Cookies (Vanilla Wafers, Animal)</td>
<td>6</td>
</tr>
<tr>
<td>Bread (Bagel, English muffins, whole wheat)</td>
<td>½ slice</td>
</tr>
<tr>
<td>Vegetables (carrots, cucumbers)</td>
<td>½ cup</td>
</tr>
<tr>
<td>Yogurt (tubs, tubes)</td>
<td>2 ounces</td>
</tr>
<tr>
<td>Cheese (Mozzarella, Cheddar)</td>
<td>½ ounce</td>
</tr>
<tr>
<td>Cereal (Cheerios, Chex, Kix)</td>
<td>1/3 cup</td>
</tr>
<tr>
<td>Chips (White corn, Pretzels)</td>
<td>8-10</td>
</tr>
<tr>
<td>Breakfast (pancakes, waffles, French toast)</td>
<td>2 pcs</td>
</tr>
</tbody>
</table>
Sample menus:

<table>
<thead>
<tr>
<th>Breakfast Club</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Waffles &amp; Orange slices</td>
<td>Cheerios &amp; Milk</td>
<td>English Muffins &amp; Jam w/milk</td>
<td>Buttermilk Pancakes &amp; Applesauce</td>
<td>Rice Chex w/Banana &amp; milk</td>
</tr>
</tbody>
</table>

**Morning Snack**

This is a sample calendar. Items are rotated monthly throughout the year. Except for Fridays, Breakfast Club and Afternoon Snack.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>White corn chips and salsa</th>
<th>Pretzel Sticks &amp; Orange slices</th>
<th>Animal Cookies &amp; yogurt</th>
<th>Wheat crackers &amp; cucumber slices</th>
<th>Challah Cream Cheese &amp; Raisins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 2</td>
<td>Honey Grahams &amp; Bananas</td>
<td>Cheese Crackers &amp; Apple slices</td>
<td>White Corn Chips &amp; Salsa</td>
<td>Vanilla Wafers &amp; Yogurt</td>
<td>Challah Cream Cheese &amp; Raisins</td>
</tr>
<tr>
<td>Week 3</td>
<td>Triscuit Crackers &amp; Orange slices</td>
<td>Pretzel Sticks &amp; Apple slices</td>
<td>Wheat crackers &amp; cucumber slices</td>
<td>Cheese Crackers &amp; Carrots</td>
<td>Challah Cream Cheese &amp; Raisins</td>
</tr>
<tr>
<td>Week 4</td>
<td>White Corn Chips &amp; Salsa</td>
<td>Wheat Crackers &amp; Applesauce</td>
<td>Pretzels &amp; Orange slices</td>
<td>Animal Cookies &amp; Yogurt</td>
<td>Challah Cream Cheese &amp; Raisins</td>
</tr>
</tbody>
</table>

**Afternoon Snack**

<table>
<thead>
<tr>
<th>Rice Chex with Milk</th>
<th>Wheat Saltines &amp; Yogurt</th>
<th>Crazy Mix! Cereal, Pretzels &amp; Raisins</th>
<th>Honey Grahams &amp; Orange slices</th>
<th>Challah &amp; Apple Slices</th>
</tr>
</thead>
</table>