



Sherman Oaks Presbyterian Nursery School

Annual Contract

2020 – 2021

Child's Name: _____

Class: _____

Start Date: _____



(Please Print Clearly)

Applicant's Name _____
Last First Middle Preferred Name

Date of Birth: _____ Place: _____ Male: _____ Female: _____

Home Address: _____
Street City State Zip

Home Phone: (____) _____ Citizen of USA? Yes: _____ No: _____

Email: _____

.....

Parent Information (Please print clearly)

Parent Name: _____
Title First Last

Parent Name: _____
Title First Last

Home Address: _____

Home Address: _____

Cell Phone: _____

Cell Phone: _____

Employer: _____

Employer: _____

Nature of Business: _____

Nature of Business: _____

Address: _____

Address: _____

Position in Firm: _____

Position in Firm: _____

Business Phone: _____

Business Phone: _____

Email: _____

Email: _____

Student lives with: _____

Visitation issues or rights: _____

Sherman Oaks Presbyterian Nursery School Annual Contract

Child's Name _____ Birth Date: _____

Annual Registration Fee \$ _____ Monthly Tuition Amount \$ _____

Daily Hot Lunch Fee \$ _____ Summer Camp Fee \$ _____

Book Material Fee \$ _____ (For the Transitional Kindergarten Program only)

Your Monthly Tuition Amount: \$ _____

Child's School Schedule : M T W TH F (Please circle days)

Times: **Half days** with pick up at **12:30** or **¾ days with pick up at 3:00** or **Full time** with **pick up between 3:00 to 5:00.** (Please circle one)

A child's scheduled school days may be altered with the written permission of the Nursery School Director. Tuition will be altered on the first of the month following the schedule change.

1. Tuition is due on the first school day of each month. Checks, money orders or cashier's checks will be accepted. Please make check out to SOPNS. No cash will be accepted except for the Hot Lunch Program.
2. This agreement serves as your billing notice.
3. Accounts still delinquent at the 10th of the month will result in a \$50 late fee and could result in a temporary suspension of attendance.
4. Returned checks are charged a \$25 fee.
5. No tuition adjustments or credits will be made for children missing due to illness, vacation, Etc.
6. Despite all of the precautions we are taking, there does remain some risk that an outbreak of COVID-19 will occur in your child's classroom. If that happens, we will have to close your child's classroom again. Unfortunately, because we will have made a financial obligation to your child's teachers, we will be unable to refund your tuition for that month.
7. All holiday months are paid as regular months; no adjustments will be made.
8. Intent to withdraw: A one month (1) written notice must be submitted to the Director. You are responsible for (1) month's tuition whether your child attends that month or not.
9. A child's schedule change must be given one (1) week ahead of the change. Both the Director and the class teacher must be notified.
10. A student's class change is determined by the prevailing teacher and the parent will be notified a week ahead of the proposed change before the child is actually moved to a new classroom.
11. All persons, no matter the relationship to the family, must produce a photo ID and written parental permission to sign a child out of the school. No child will be released without an authorization from the custodial parent or guardian.

I, the undersigned, fully agree to adhere to all policies and will pay all monies stipulated in the above financial agreement. I further understand that I will be held financially responsible for any and all legal expenses incurred to enforce this agreement.

Responsible Party: (Print): _____

Signature: _____ Date: _____

Sherman Oaks Presbyterian Nursery School

We are so happy that you have joined us! Here is a list of items you will need to bring on the first day of school.

- 1) Extra clothes. We believe that play is the work of childhood. We allow the children to explore their environment and enjoy the sandbox, water table, art and science materials. Please bring them in clothes that you don't mind them getting dirty in. Also, we suggest two to three sets of clothes to be left here in their cubby. An extra pair of shoes is also great. The teachers will let you know if extra clothes need to be replenished.
- 2) Bring a refillable water bottle.
- 3) Please bring two snacks per day as well as a lunch. **We are a nut aware school. Please no peanut butter or any other nut products.**
- 4) A fitted crib sheet and small blanket if your child is staying for nap. All bedding must fit inside a child sized backpack. Please take bedding home for washing on Fridays or your last day of school for the week.
- 5) A helmet that stays at the school. It is our policy that the children wear helmets when they ride the school bikes or wagons.
- 6) Please **do not** bring any toys from home.
- 7) Please make sure you label everything.

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Dept. of Social Services Community Care Licensing

ADDRESS

300 Continental Blvd. #290A

CITY

El Segundo, CA

ZIP CODE

90245

AREA CODE/TELEPHONE NUMBER

424-301-3077

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

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

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

Sherman Oaks Presbyterian Nursery School

(PRINT THE ADDRESS OF THE FACILITY)

4445 Noble Ave, Sherman Oaks CA 91403

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Dept. of Social Services Community Care Licensing

Licensing Office Address: 300 Continental Blvd. #290A El Segundo, CA 90245

Licensing Office Telephone #: 424-301-3077

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

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

CHILD’S PREADMISSION HEALTH HISTORY—PARENT’S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

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

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

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

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR “BOWEL MOVEMENT”*	WORD USED FOR URINATION*
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PARENT’S EVALUATION OF CHILD’S HEALTH

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

PARENT’S EVALUATION OF CHILD’S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

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

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES**To Be Completed by Parent or Authorized Representative**

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

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

☐

CALL EMERGENCY HOSPITAL

☐

OTHER

EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE 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

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)**

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

Sherman Oaks Presbyterian Nursery School . This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

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

VACCINE		DATE EACH DOSE WAS GIVEN									
		1st		2nd		3rd		4th		5th	
POLIO (OPV OR IPV)		/ /		/ /		/ /		/ /		/ /	
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)		/ /		/ /		/ /		/ /		/ /	
MMR (MEASLES, MUMPS, AND RUBELLA)		/ /		/ /							
(REQUIRED FOR CHILD CARE ONLY)		/ /		/ /							
HIB MENINGITIS (HAEMOPHILUS B)		/ /		/ /		/ /					
HEPATITIS B		/ /		/ /		/ /					
VARICELLA (CHICKENPOX)		/ /		/ /							

SCREENING OF TB RISK FACTORS (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
____ Communicable TB disease not present.

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

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

☒ Physician ☒ Physician's Assistant ☒ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

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

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

CONSENT FOR EMERGENCY MEDICAL TREATMENT-

Child Care Centers Or Family Child Care Homes

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

Sherman Oaks Presbyterian Nursery School

FACILITY NAME

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	
()		()	

Incidental Medical Services Plan

Sherman Oaks Presbyterian Nursery School prefer not to administer any medications while a child is in our care. We do understand though that there will be times it will be necessary to do so for the health and welfare of the child. Types of incidental medical services to be provided will be prescription medications with a doctor's note only.

Illness Policy

We are not licensed to care for sick children. Please help us to respect and follow these policies:

Children should not come to school if the child has:

1. A temperature currently or in the last 24 hours (even low grade)
2. A consistent cough
3. A runny nose with thick discharge
4. An infectious dermatitis
5. Diarrhea or vomiting

Any Child absent due to illness must:

1. Be free of a temperature for 24 hours
2. Be free of all illness symptoms such as vomiting for 24 hours
3. Bring a release note for a physician for any infectious disease or condition

Prescription Medications

Prescription medications will be administered only if the medication is in its original container with a prescription label attached. It is to be delivered each day by the parent/guardian and stored in our director's office in a medical supply container.

LIC 9221 form will be completed by the parent, written instruction from the doctor and written consent by the parent/guardian.

We do not administer over the counter medication.

Epi Pens

Epi pens require an allergy list that is to be kept in a child's file with a list of reactions to look for. You will also need to fill out form LIC 9166 and instructions from the child's physician. If an Epi Pen is given, parents will be called as well as 911.

Nebulizer

A nebulizer will require written instructions from the child's physician. As well as written instructions and consent from the parent. LIC 9166 form must be completed and turned in.

All medication will be stored in the white cabinet in the small office adjacent to Ms. Jennifer's office.

Medication will either be administered by your child's teacher or Ms. Jennifer.

Thank you for respecting our Incidental Medical Service Plan.



**SHERMAN OAKS PRESBYTERIAN
NURSERY SCHOOL**

SOPNS/SOPC Photography & Video Consent

Occasionally SOPNS and/or SOPC will use a student's photograph and/or film/video for promotional or fundraising purposes.

If you do not want SOPNS/SOPC to use your student's photograph and/or film/video for promotional or fundraising purposes please write your child's name here _____, and check this space (___).

.....

If you do allow photography of your child for promotional or fundraising purposes, please fill out the following portion:

I, (please print your name) _____, the parent and/or guardian of (please print your child/children's name) _____, grant permission to Sherman Oaks Presbyterian Church (SOPC), and their respective employees, parent volunteers, consultants and agents, the absolute right and permission to take and use audio/visual images of me and my child/children. Audio/video images are any type of recording including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. The images may be used in any manner or media without notifying me, such as SOPNS/SOPC sponsored publications, print ads, electronic media (e.g., video, CD-ROM, Internet) website, social media, or any other promotion. I release SOPNS and SOPC and their representatives or agents from any liability for any violation of any personal or proprietary right I may have in connection with such use. I am 18 years or older.

Parents Signature: _____

Date: _____



SHERMAN OAKS PRESBYTERIAN
NURSERY SCHOOL

Sweet Treats

Sometimes, SOPNS families bring in a sweet treat to celebrate a birthday or a teacher might use a treat for a school activity. Please let us know if we can share these treats with your child.

My child can have a sweet treat.

Child's name: _____

Parents Signature: _____

Date: _____



SHERMAN OAKS PRESBYTERIAN
NURSERY SCHOOL

Release Form

Our weekly email will go out every Friday where I will share student photos and videos of our daily activities, classroom functions, and excellent work. Please fill out the form below indicating if you approve or disapprove of your child being on our weekly email.

_____ Yes! I give my permission for my child's photography/video to be featured on the weekly email.

_____ No! I do not give my permission for my child's photography/video to be featured on the weekly email.

Child's name: _____

Parents Signature: _____

Date: _____

HEALTH GUIDELINES AND LIABILITY WAIVER

SOPNS Covid19 Daycare

Dear Parents and Guardians,

We are happy to be able to care for your children throughout these difficult times. In order for us to be successful and safe, we need your 100% participation with the following guidelines:

New Safety Precautions

Health-Related Precautions:

- 1) Your child cannot attend school if they are sick or are suffering from allergies. These symptoms include fever, runny nose, cough and any respiration difficulties.
- 2) Sick children and adults (Including teachers), even with the mild symptoms, must stay home.
- 3) If children and adults develop a fever, before they can return to school, they must be fever free for 72 hours without the use of fever reducing medication.
- 4) If your child develops any respiratory symptoms or infections, they must stay at home a minimum of 7 days. It is understood that coughs may take a long time to resolve. A child may be permitted to return after 7 days provided they are showing that their symptoms are improving.
- 5) If your child has been in close contact with someone diagnosed with COVID-19, they may not attend school for 14 days from the day of their last exposure.
- 6) If your child has traveled to an area identified by the CDC as Level 3 Travel Health, they may not attend the facility for 14 days from the day they returned to the United States.
- 7) If a child becomes sick at school, we will notify you with the expectation that you will pick them up within ½ hour. They will be in our music room with a staff member until you arrive.
- 8) Before you bring your child to school, you must take their temperature and take a picture of the reading and email it to their teacher.
- 9) Children are dropped off and will receive a health check that will include taking their temperature with a no-touch laser thermometer.

Social Distancing Related Precautions:

- 1) At this time, parents will not be able to come into the school. If a parent is ill, they will not be able to drop off their child at school.
- 2) We will bring children to you at pick up.
- 3) To minimize risk, we will be operating each class as a family unit. Each class has a buddy class for situations when the need presents itself to combine a class or bring in another teacher.
- 4) We will do our best to encourage singular play.
- 5) Outside time will be by class.

Enrollment and Financial Information:

- 1) We may have mixed ages in some or all of the classrooms.
- 2) We will be providing our normal school curriculum.

- 3) We encourage you to make whatever changes you need to the number of days and hours your child will be with us.
- 4) We understand that it will take all of us time to re-adjust. We will very likely follow these guidelines for as long as it seems necessary. When a COVID19 vaccine is available, all children attending our school will need to be vaccinated.
- 5) Despite all of the precautions we are taking, there does remain some risk that an outbreak of COVID-19 will occur in your child's classroom. If that happens, we will have to close your child's classroom again. Unfortunately, because we will have made a financial obligation to your child's teachers, we will be unable to refund your tuition for that month.

CONSENT TO TERMS

I (we) will follow the school procedures. I (we) will not hold Sherman Oaks Presbyterian Nursery School liable if my (our) child is diagnosed with Covid-19.

Signature_____ Date_____

Signature_____ Date_____

Signature of Parent or Guardian on behalf of_____ Date_____

Keep Me Home If...



Seattle-King County
Department of Public Health

When Your Child is Sick:

1. Have plans for back up child care.
2. Tell your caregiver what is wrong with your child, even if your child stays home.



EFFECTS OF LEAD EXPOSURE

Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

IN THE US:

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.



LEAD IN TAP WATER

The only way to know if tap water has lead is to have it tested.



Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them.
- Water does not come from a public water system (e.g., a private well).

To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home**
Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes.)*
- **Use only cold tap water for cooking, drinking, or baby formula (if used)**
If water needs to be heated, use cold water and heat on stove or in microwave.
- **Care for your plumbing**
Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.*

- **Filter your water**

Consider using a water filter certified to remove lead.

WARNING! Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.



(*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

- For information on testing your water for lead, visit the Environmental Protection Agency at their [website](#) or call (800) 426-4791. You can also visit the California Department of Public Health's website at www.cdph.ca.gov.



POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

SYMPTOMS OF LEAD EXPOSURE



Most children who have lead poisoning do not look or act sick. Symptoms, if any, may be confused with common childhood complaints such as

stomachache, crankiness, headaches, or loss of appetite.



A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP). Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans also will pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's [website](#), or call them at (510) 620-5600.

The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.

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