

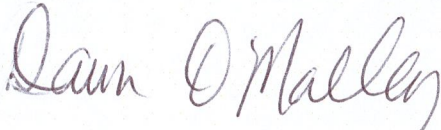
Windsor Christian Academy

Preschool

We are now accepting applications for 2024-2025. We will fill classes on a first come first served basis. Enclosed you will find all of the papers required for enrolling your child.

In order to reserve your child's placement in our fall classes, please return the Enrollment Form and Agreement with the \$250.00 registration fee. Please make checks payable to WCA. Please let me know if you have any questions. 707-838-3084 or domalley@windsorchristianacademy.org

Sincerely,

A handwritten signature in dark ink, reading "Dawn O'Malley". The signature is fluid and cursive, with the first name "Dawn" and last name "O'Malley" clearly distinguishable.

Dawn O'Malley, Director

Windsor Christian Academy

Preschool

P.O. Box 1880 / 10285 Starr Road
Windsor, CA 95492
(707) 838-3084

PRESCHOOL AGREEMENT

2024-2025

Child's Name _____

Child's Birth Date & Birth Place _____

Parents' Names _____

Address _____

Mom's Cell Phone _____

Dad's Cell Phone _____

City _____

Zip Code _____

Billing Email: _____

Cc Email: _____

Enrollment:

The school hours are 7:30 a.m. to 5:30 p.m. School holidays are shown on the yearly calendar. (No tuition break given for holidays.) The preschool session is from 8:45 to 11:45 a.m. Regular pick-up times are: 11:45am if not staying for lunch, or 12:45pm if not staying for rest time, 3:15pm, or before 5:30 p.m.

Promptness is essential for the children's benefit. Late fees will apply as stated in the handbook unless advance arrangements are made.

Please check your needs:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Total Days a Week _____

8:45-11:45am _____ 8:45-12:45pm _____ 8:30-3:30pm _____ 7:30-5:30pm _____

Hours your child will be attending: _____ am to _____ pm

Start Date _____ August Tuition _____ Monthly Tuition \$ _____ Multi-Child Discount \$ _____

Start Date of Adjustment _____ New Amount _____

\$250 Non/Refundable Yearly Registration Paid by Check # _____ Cash _____ Bill _____

Monthly Payment Method: Cash _____ Check _____ Online Bill & Pay _____ Annual Payment _____

I agree to cooperate with the policies of the school, to perform the obligations and requirements of parent/legal guardian, as set forth in this agreement, and to abide by the rules and regulations as stated in the handbook provided by the school. Payments are due on the 1st of the month for the following month, and are late after the 10th. There will be a \$25 late fee assessed on the 11th of each month for all delinquent accounts. Checks can be made payable to WCA. Please make a note on the memo line if the child's last name is different than the account name.

My signature indicates that I have:

- read completely the terms of this agreement.
- read the rules, regulations and handbook provided by the school.
- I have had this material explained to me and that all my questions have been answered to my satisfaction.

Parent/Guardian's Signature _____

Date _____

Director's Signature _____

Date _____

How did you hear about us? _____ **Referred by:** _____

Since misunderstandings occur over money/fees, please read the following carefully and sign and initial in the spaces provided before returning to the Director.

SCHOOL FEES:

Tuition will be handled by the Preschool office or by speaking to Carol Ann Misson in the Accounting Office. Payments are due once a month on the 1st for the upcoming month and are late after the 10th. There will be a late charge of \$25. The family tuition is a contracted, monthly amount. **Illnesses, vacations, natural disaster school closures, power outages, and school holidays do not affect the family tuition amount.** _____initials

LATE FEES: Promptness in picking up your child is imperative.

Pick-up times are: 11:45 a.m. if not staying for lunch.

12:45 p.m. if not staying for rest time

3:15 p.m.

BEFORE 5:30 p.m

There is a \$10 Late Pick Up Fee for the first 10 minutes beginning at noon, 1:00 p.m, 3:30 p.m, and then a \$5 late fee for each minute after that. Advance arrangements must be made if your child will be staying for lunch and/or rest time, otherwise the overtime rate will apply. There is a \$20 Late Pick Up Fee beginning at 5:31pm and then a \$5 late fee for each minute after that. Three late pick-ups (after 5:30 p.m.) may result in your child being dropped from the school. _____initials

WITHDRAWAL POLICY

If you need to withdraw your child from school, please submit a Letter of Intent with a 2-week notification. _____initials

FINANCIAL AGREEMENT

There is a \$25 returned check fee. All accounts over 30 days delinquent will result in the suspension of the student until the account is paid, unless special arrangements have been made with the school director. The tuition may be paid through check, cash, or, online bill pay. No credit or debit cards can be used at this time. Each parent will receive an emailed statement. _____initials

I have read and understand the above fee schedules.

Mother's signature

Date

Father's signature

Date

Windsor Christian Academy Preschool

10285 Starr Rd. ~ P.O. Box 1880 ~ Windsor, CA 95492

Phone: (707) 838-3757 ~ Fax: (707) 838-3542

www.WindsorChristianAcademy.org

Enrollment Form ~ 2024-2025

OFFICE USE ONLY

Date of Application ____/____/____

Registration Paid \$ _____

TOTAL: \$ _____

Paid w/: Cash Check # _____ Forms

Received by: Init'l: _____

Assessment Date: _____

PLEASE PRINT CLEARLY

STUDENT INFORMATION: (Oldest First)

Office Use Only

Legal Name	Birth Date	Gender	New or Returning?	Applying for Grade	
	/ /	M F			
	/ /	M F			
Please circle what your plans are for 2025-2026 school year.	Preschool Pre-K TK Kindergarten				
	WCAP WCA Public Other: _____				

* WCA, WCAP (additional forms are required for preschool enrollment)

FATHER

Spouse if other than mother: _____

Name: _____ Home Phone: _____

Address _____ City _____ Zip _____

Occupation/Place of Employment _____ Work # _____ Cell # _____

E-mail _____

MOTHER

Spouse if other than father: _____

Name: _____ Home Phone: _____

Address _____ City _____ Zip _____

Occupation/Place of Employment _____ Work # _____ Cell # _____

E-mail _____

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Shared Custody ☐ Other _____

*Custody/restraining orders must be kept on file in the School Office. Please bring in the original documents to the school office for copies to be made.

Does your family attend church? _____ If so, which one?

Church Address & Phone Number _____

How long have you attended this church? _____

Are there any changes in student's family (births, deaths, separations, divorce, etc)? If so, please explain:

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					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST	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 PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

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

DATE OF ADMISSION

LAST DATE OF ENROLLMENT

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE 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* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
----------------------------	-----------------------------------	---

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

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

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?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

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

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, 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/AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

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

Redwood Empire District Office

ADDRESS

1450 Neotomas Ave.

CITY

Santa Rosa, Ca

ZIP CODE

95405

AREA CODE/TELEPHONE NUMBER

707-588-5026

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)

(PRINT THE ADDRESS OF THE FACILITY)

(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: Redwood Empire District Office

Licensing Office Address: 1450 Neotomas Ave., Santa Rosa, Ca. 95405

Licensing Office Telephone #: 707-588-5026

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.

Windsor Christian Academy Preschool

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

Emergency Contact Information

Family Information

Please list any additional siblings or relatives living in the home.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Emergency Contact Information

Please list in order who should be contacted in the case of an illness or emergency.

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Out of State Emergency Contact Information

The Department of Social Services is requesting the following information be on file in our office in the event of a disaster.

Please give the school a phone number for an out of state/area relative or friend. The school can use this contact in the event of an emergency.

Child's name: _____

Parents Name: _____

Out-of-Area Contact: _____

(Please list relationship to child and phone number)

LIC 627 (9/08) (CONFIDENTIAL)

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)

Windsor Christian Academy Preschool

(NAME OF CHILD CARE CENTER/SCHOOL)

. This Child Care Center/School provides a program which extends from 7 : 30

a.m./p.m. to 5:30 a.m./p.m. , 5 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.

Statement of Faith

1. The Holy Scriptures – We believe the Holy Scriptures of the Old and New Testaments to be the plenary verbally inspired Word of God, the final authority for faith and life, inerrant in the original writing, infallible and Godbreathed. (II Tim. 3:16,17; II Peter 1:16, 21; Matt. 5:18; John 16:12,13).
2. The True God – We believe there is one, and only one, living and true God, an infinite, intelligent Spirit, the Maker and Supreme Ruler of heaven and earth, inexpressibly glorious in holiness and worthy of all possible honor, confidence and love, that in the unity of the Godhead there are three persons, the Father, the Son, and the Holy Ghost, equal in every divine perfection, and executing distinct but harmonious offices in the great work of redemption. (Ex. 20:2-3; I Cor. 8:6; Rev. 4:11; Matt. 3:13-17; Matt. 28:19).
3. Deity – We believe that the Lord Jesus Christ, the eternal Son of God, became man, without ceasing to be God; His virgin birth; His sinless life; His substitutionary death; His physical resurrection; His bodily ascension to the right hand of the Father; and His visible, personal return to the earth to reign. (Isaiah 53:6; John 20:28; Luke 24:36-43; Acts 1:9-11; II Cor 5:21; Isaiah 9:6, I Cor. 15:3; I Peter 2:24; Luke 24:36-43; Matt. 25:31; Phil. 2:6-7; Mark 16:19).
4. Holy Spirit – We believe in the Deity and personality of the Holy Spirit, that He convicts of sin, of righteousness, and of judgment; that He bears witness to the truth of the Gospel in preaching and testimony; that He is the agent in the new birth; that He seals, endues, guides, teaches, witnesses, sanctifies, and helps the believer. (John 14:6, 17, 26; Matt. 28:19; Luke 1:35; Gen. 1:1-3; John 1:33; Acts 11:16; Luke 24:49; Rom. 8:8,14,16, 26-27; Eph. 1:13; John 16:7-15).
5. Satan – We believe in the reality and personality of Satan, the author of sin and the cause of the fall; that he is the open and declared enemy of God and man; and that he shall be eternally punished in the Lake of Fire. (Job 1:6-7; Isa. 14:12-17; Matt. 4:2-11, 25-41; Rev. 20:10; I Peter 5:8-9; Ezekiel 28:13-14).
6. The Creation – We accept the Genesis account of creation and believe that man came by direct creation of God and not by evolution. (Gen. 1 and 2; Col. 1:16-17; John 1:3).
7. Depravity of Man – We believe that man was created in the image and likeness of God, but that in Adam's sin the race fell, inherited a sinful nature, and became

alienated from God; and that man is totally depraved, and of himself, utterly unable to remedy his lost condition. (Gen. 1:26-27; Rom. 3:22-23, 5:12; Eph. 2:1-3, 12).

8. Atonement for Sin – We believe that men are justified on the single ground of God's grace received only through faith in the shed blood of Christ and His finished work on the cross". (Rom. 5:1-25; Eph. 2:8-9; Heb. 9:22; Gal. 2:16).
9. Eternal Security – We believe that all the redeemed, once saved, are kept by God's power and are thus secure in Christ forever. (John 6:27-40, 10:27-30; Rom. 8:1, 38-39; I Cor. 1:4-8; I Peter 1:5; Eph. 4:30).

We further believe that it is the privilege of believers to rejoice in the assurance of their salvation through the testimony of God's Word which, however, clearly forbids the use of Christian liberty as an occasion to the flesh. (Rom. 13:13, 14; Gal. 5:13; Titus 2:11-15).

10. Resurrection – We believe in the resurrection of both the saved and the unsaved; the conscious and endless punishment of the unsaved, and the conscious and endless blessedness of the saved. (John 5:28-29; Rev. 20:5-6, 12-15).
11. Second Coming of Christ – We believe in the second coming of Christ; that His return from Heaven will be personal, visible, and glorious, the time being unrevealed but always imminent. (John 14:3; Acts 1:11; I Thess. 4:16-17; Rev. 20).
12. Separation of Church and State – We believe in the separation of Church and State. We believe that civil government is of divine appointment, and that governors of states and nations should be obeyed when the laws they seek to enforce are not in conflict with the Bible. (Rom. 13:1-7; Matt. 22:21; Acts 4:19-20).
13. The Church – We believe that the Church, which is the body and the espoused bride of Christ, is a spiritual organism made up of all born again persons of this present age. (Eph. 1:22-23, 5:25-27; I Cor. 12:12-14).

We believe that the establishment and continuance of local churches is clearly taught and defined in the New Testament Scriptures. (Acts 14:27, 20:17, 28-32; I Tim. 3:1-13; Titus 1:5-11).

14. Human Sexuality

- A. We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman. We believe that any form of homosexuality, lesbianism, bisexuality, bestiality, incest, fornication, adultery, and pornography are sinful perversions of God's gift of sex. We believe that God disapproves of and forbids any attempt to alter

one's gender by surgery or appearance. (Genesis 2:24; Genesis 19:5 13; Genesis 26:8-9; Leviticus 18:1-30; Romans 1:26-29; I Corinthians 5:1; 6:9; I Thessalonians 4:1-8; Hebrews 13:4.

- B. We believe that the only legitimate marriage is the joining of one man and one woman. (Genesis 2:24; Romans 7:2; I Corinthians 7:10; Ephesians 5:22-23).

15. Ordinances

- A. Baptism – As a witness of faith from an experience of salvation, but not in any way as a means of salvation. (Rom. 6:3-5; I Peter 3:21; Matt. 3:13, 28:18-20; Acts 2:42-44).
- B. The Lord's Supper – We believe that the Lord's Supper is the commemoration of His death until He comes, and should be preceded always by solemn self-examination. (I Cor. 11:23-28).

I have read and agree with First Baptist Church's Statement of Faith.

Signature

Date

I have read but disagree with part or all of the Statement of Faith. _____ (initial)

Please explain:

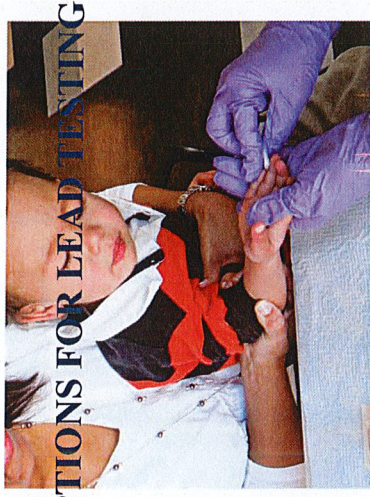
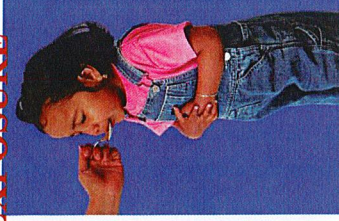
POTENTIAL SOURCES OF LEAD

- 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.



OPTIONS FOR LEAD TESTING

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 will also 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 at www.cdph.ca.gov/programs/clppb, 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.)

1/2019

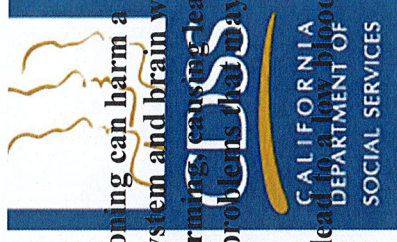
EFFECTS OF LEAD EXPOSURE

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.
- The Damaging Effects of Lead
- Small amounts of lead in the body can cause learning and behavior problems.
 - Childhood lead poisoning in children 1-6 years old are the one of the most common environmental most at risk for lead poisoning. illnesses in California children.
 - The United States has taken many steps to remove sources of lead, but



lead is still around us. □ Lead poisoning can harm a

child's nervous system and IN THE US:

- brain when they are still
- Lead in house paint was severely redformuciendg in. 1978.
- Lead solder in food cans was □ bLaenande cd inan ltheea d1 t9o8 0as lo. w blood
- Lead in gasoline was removed incount (anemia). the early 1990s.
- Small

LEAD IN TAP WATER



body can make it hard 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.

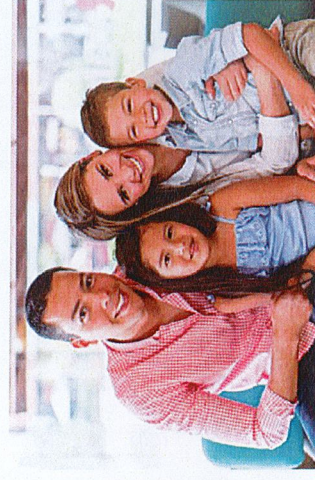
WARNING!

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 www.epa.gov/lead/protect-your-family-exposures-lead or call (800) 426-4791.

You can also visit The California Department of Public Health's website at <https://www.cdph.ca.gov>.



IMPORTANT INFORMATION

CAREGIVER BACKGROUND CHECK INFORMATION

The law requires that the Community Care Licensing Division check the criminal background of all adults who apply for a license to operate a community care facility. We also check the criminal background of all adults who want to work, reside in or have contact with clients being cared for in a community care facility.

What is a background check?

As part of the background check process you must be fingerprinted and tell whether you have ever been convicted of a crime other than a minor traffic violation. The Department of Justice and the FBI will check your fingerprints against their criminal record information. If you will have contact with children, your name will be checked against the Child Abuse Central Index registry. This is a listing of people who have been reported for suspected child abuse. If you have not been convicted of a crime and have no child abuse history, you will be given a "clearance."

What if I have a criminal conviction?

If you were ever convicted of a crime, other than a minor traffic violation, even if it happened a long time ago, you cannot own, live or work (including some volunteers) in a facility unless we give you an "exemption." If the Department of Justice notifies us that you were convicted of a crime, we will notify the facility operator that an exemption is needed. If you were convicted of a serious crime or if you are on supervised probation after being convicted of a crime, you probably won't be given an exemption.

You do not qualify for a criminal record exemption if you have ever been convicted of a serious crime such as robbery, sexual battery, child abuse, elder or dependent adult abuse, rape, first degree burglary, arson, or kidnapping. These kinds of crimes are **nonexemptible** and if you were convicted of one of them, by law you will never be allowed in a facility.

How do I get a criminal record exemption?

As part of the request for an exemption, the facility operator or you must send us convincing proof that you are of good character in spite of your conviction. We will review any information you submit as well as the number and type of crimes committed, how long ago the crime(s) happened, what kind of work you will be doing and whether you will be working with children, adults, or the elderly. *(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)* If we find that you were not truthful in the information you submitted for your exemption, we will deny your exemption request. In most cases, if you are currently on supervised probation or on parole you will **not** be granted an exemption. If your exemption is denied, and you are married to or living with someone who is applying for a license and care will be provided in your home, his or her application will be denied because everyone who lives in the home must have a clearance or exemption. If a criminal record exemption is granted to you and you later move, or want to work in a different facility, your exemption will be re-evaluated based on your new role and our current laws, regulations, and policies. If you are arrested or convicted after an exemption is granted to you, your exemption may be cancelled. If you are married to or living with someone who is licensed, and care is provided in your home, the facility license may be suspended or revoked.

You are strongly encouraged to read the licensing criminal record exemption regulations to find out the amount of time that must pass following your conviction, before you can qualify for an exemption. Some convictions require longer periods of time following conviction than others. The regulations and other information can be found on our web site at www.cclid.ca.gov.

How long does the criminal record exemption process take to complete?

If you do not have a criminal record, a clearance is normally available in a few days. If an exemption is needed, it may take three months or longer to complete the process.

DISCLOSURE OF CRIMINAL RECORD EXEMPTION INFORMATION UNDER THE CALIFORNIA PUBLIC RECORDS ACT

If you are granted a criminal record exemption, your name will be given out to the public, upon request. If you own a facility and you have staff, residents or volunteers who have a criminal record exemption, the name of your facility will be given out to the public, upon request.



Tuition Schedule

2024-2025

Begins August 12, 2024

Days and Hours	Monthly Tuition
8:45-11:45am	
2 Days	\$330
3 Days	\$485
4 Days	\$650
5 Days	\$800
8:45-12:45pm	
2 Days	\$350
3 Days	\$515
4 Days	\$690
5 Days	\$855
8:45-3:15pm	
2 Days	\$410
3 Days	\$610
4 Days	\$805
5 Days	\$1000
8am-5pm	
2 Days	\$470
3 Days	\$700
4 Days	\$920
5 Days	\$1150
7:30am-5:30pm	
2 Days	\$485
3 Days	\$720
4 Days	\$950
5 Days	\$1175

Notes: Extended Hourly Rate \$15.00

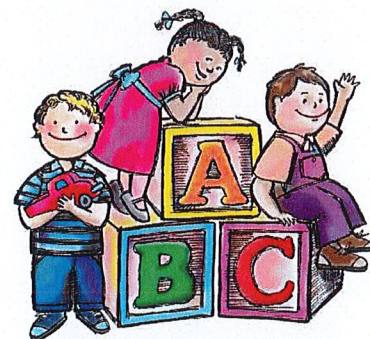
Extra Days Available: \$65 per day

\$250 non-refundable family registration fee due when application is submitted.

All monthly payments are the same, regardless of illness, vacations, natural disaster school closures, power outages, and school holidays.

Sibling discounts and Multiple Child Discounts are available. Please refer to the Windsor Christian Academy Preschool Handbook for further details.

Refer a family and receive a
\$100 Referral Credit
Lic#493004498



Welcome to
Preschool

**Windsor
Christian
Academy
Preschool
Handbook**

Dear Parents:

Welcome to Windsor Christian Academy Preschool. Thank you for trusting us with the responsibility of nurturing and teaching your child. We are excited to have you as part of our school family. After reviewing this handbook, please feel free to call or stop by the office with any questions or concerns.

Again, we are so happy you have chosen Windsor Christian Academy Preschool for your child's early education.

Sincerely,

Windsor Christian Academy Preschool Staff

WINDSOR CHRISTIAN ACADEMY PRESCHOOL MISSION STATEMENT

Our program is dedicated to the love and care of your child. Our Christ-centered program balances learning and play activities which are age appropriate. Each day will have group and individual opportunities that allow for the emotional, intellectual, physical and spiritual growth of your child.

WINDSOR CHRISTIAN ACADEMY SCHOOL PHILOSOPHY

Windsor Christian Academy exists to glorify God by encouraging students to love Jesus Christ and their neighbor, while educating them in foundational academics.

Windsor Christian Academy's philosophy is based upon the Word of God. The primary objective and purpose of the school is to train each student in the Christian way of life and to give our students a comprehensive, general education. Since the primary reason for the existence of the school is a spiritual ministry, evangelistic efforts are made to bring all students to a saving knowledge of Jesus Christ.

The academic program through the traditional approach is developed to provide students with the best possible program of studies. There is emphasis on the mastery of the fundamental blocks of material necessary for satisfactory achievement in these areas. Along with the acquisition of facts and concepts in the areas studied, stress is placed upon the development and exercise of the powers of reasoning. Methods of teaching proven to be effective are utilized with a constant search for better methods. Realizing the difference in innate ability, we encourage and expect each student to do his or her best. We believe

the traditional system of education educates the the mind and builds character. It encourages competition and teaches the value of living under the free enterprise system of government.

Character training is an important element at Windsor Christian Academy. The teacher is the authority in the classroom. Discipline is administered firmly, but fairly. To obey, to do right, and to love God and country are attitudes we strive to instill in each student, thus equipping students for his or her role in God's plan for life and for one's proper place in society.

Windsor Christian Academy is an integral and inseparable part of the ministry of First Baptist Church of Windsor. While parent involvement is encouraged, ultimate responsibility for school direction and policies resides with the School Board.

ADMISSION POLICY

A child will be enrolled when they are between 2.5 and 5 years of age (when school begins) and completely toilet trained!

It is our policy to admit any healthy child, without discrimination as to race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. However, if because of special needs a child cannot participate fully in the school program, and the school cannot adjust itself realistically to meet the needs of the child, then, in the best interests of the child, the parents will be asked to find another school.

Inquiries regarding enrollment, management policies, rules, and public relations should be addressed to the Director.

Several forms must be completed before the first day of school. They are the Preschool Agreement, Enrollment Form, Identification and Emergency Information Form, Consent for Medical Treatment, Emergency Contact Information Form, Physician's Report including immunization records, Preadmission Health History, Parent's Rights, Personal Rights, and the Statement of Faith. State law requires that all forms be on file

before your child may be admitted to the school. It is essential that we have this information about your child. In the event of an illness or a serious accident, the school must be able to contact you and/or your physician.

Students are admitted on a first-come, first-serve basis. A child is eligible for enrollment when the Enrollment Form, Agreement, and Registration Fee are received by the office.

TIME SCHEDULE

The normal operating hours of the Preschool are from 7:30 a.m. to 5:30 p.m., Monday through Friday. (Please see fee schedule for hours needed.) The Preschool will be closed on the holidays and days listed on the yearly preschool calendar.

We close at 5:30 p.m. If a child remains at school after this time, the relatives or authorized adults listed on the emergency card will be contacted to pick up the child. If after an hour, no one can be reached and no one comes to pick up the child, it will be necessary to notify the Windsor Police and have them resume responsibility. This would be an extreme emergency, so we ask you to set up an alternate plan.

SIGN IN AND OUT PROCEDURES

A parent, guardian, sibling 16 years old or older, or a designated representative 18 years or older must clock each child in and out using the Brightwheel app. Each parent will be sent an invitation to join. Brightwheel will assign each person a 4 digit code. This can be changed under profile. QR codes are in the walkway on the table. There is also a tablet in the office that can be used.

1. Download app.
2. Make any changes to your families profile.
3. Phones or your 4 digit code will be used to sign in your child.

Please inform the office if someone different will be picking up or dropping off your child. Anyone picking up a child for the first time will be asked to show proper identification.

ARRIVAL AND DEPARTURE PROCEDURES

If your child will be coming to school late or being picked up earlier than the contracted times, please try to inform the office in advance. A phone call, email, message on the app, or note is an excellent way to communicate this information.

Please walk your child to the playground or classroom and make contact with a teacher when arriving or departing. Children arriving after 9:00am should be taken to the office and will be escorted to their classroom. This helps minimize classroom disruptions.

ATTENDANCE REGULATIONS

A parent may not bring an ill child to school. Please have an alternate plan. By strictly enforcing the guidelines below, we minimize the spread of illnesses to teaches and other children. The following are guidelines for parents to follow:

YOU MAY NOT BRING YOUR CHILD TO SCHOOL . . .

- when he/she has a contagious disease
- when he/she has had a fever (temperature above 100 degrees orally) within the last 24 hours.
- when he/she has vomited within the last 24 hours
- when the nose or eyes have a mucus discharge (white or clear allergy related mucus acceptable — yellow or green discharge may indicate infection).
- when he/she has a red/sore throat
- when he/she has an earache
- if he/she has diarrhea within the last 24 hours
- during the first 24-hour period of treatment on antibiotic medication
- if he/she cannot participate comfortably in program activities

If your child becomes ill while at school, you will be notified by the staff and expected to remove him/her until the child returns to good health. The staff will make the final decision regarding the health of your child

as it relates to participation in the school. A parent or guardian will be contacted if it is the judgement of the school staff that medical attention is necessary. The school will give appropriate first aid to an injured child, but paramedics will be called to the school in the event of a medical emergency.

MEDICATION

We will assist parents in administering medication when a child needs it only after the contagious stage of an illness is past. The medication must be in the original unaltered container, clearly marked with the child's name and prescribed dosage. A medication form must be completed and container given to a staff member. The school assumes no liability whatsoever for failure to provide requested medicines, nor for adverse reactions which may be caused by such medicines.

DRESS CODE

It is important that you dress your child in modest, comfortable, sturdy, washable play clothes that are appropriate for the weather. We require that items with violence-oriented designs (Ninjas, Batman, Transformers, Power Rangers, Catwoman, Spiderman, Superman, Ninja Turtle, Iron Man, Avengers, Backugan, or any action figure or mystical characters, etc.) NOT be worn to preschool. Shoelaces of excessive length are difficult for carefree safe play, so be alert to this safety issue. Sandals with heel straps are permissible. NO FLIP-FLOPS. Hair must be neat and trimmed and kept out of the eyes.

The Director of Windsor Christian Academy Preschool has the final decision on all dress standards as to whether or not an article of clothing is in accordance with the school dress code.

PERSONAL ITEMS

Personal items such as toys, jewelry, special stuffed animals, and other "treasures" should remain at home. We encourage children to participate in Sharing time on their designated day, but these items should not be of extreme monetary or personal value and should remain in the Sharing Basket. "Lovies" used for sleeping may be sent to school, but will remain in the child's backpack except during naptime.

DISCIPLINE

At Windsor Christian Academy Preschool, we want to encourage and enhance learning both in and out of the classroom. We believe in positive discipline and will work with the children to develop appropriate behaviors. Redirection of a child's activity along with reinforcement of positive behavior is effective in controlling potential problems. If a child's behavior is continually unacceptable, the child will be asked to come to the office until he/she chooses to rejoin the group and use appropriate behavior. There is no corporal punishment in the preschool.

We use the following rules of behavior:

- use an inside voice in the building
- walk with quiet feet (except for teaching activities)
- no hitting or fighting
- use all equipment the correct way
- listening ears when the teacher is talking
- respect the people and property of the school
- use appropriate language - no profanity or obscenity of word or action

Consequences of unacceptable behavior:

1. The staff will correct improper behavior by redirecting the child and reinforce positive behavior.
2. In instances where improper behavior is repeated, or the safety of other children is at risk, the behavior will be noted in the child's file and the parents notified.
3. If, after involving the parents, the behavior continues, the child may be disenrolled from the school. The Director retains the right to determine if a child is compatible with and/or benefiting from the school.

FORMS AND FILES

- The forms in the packet given to you must be filled out and returned to the preschool before the first day of school.
- Immunization Records are required before a child can attend school.
- Physician's Report must be completed and returned within 30 days of a child's start date.
- Take-home files are for the teacher's use only. If you have items (invitations, notes, literature) that you would like us to consider distributing on your behalf, please speak to someone in the office.

PERSONAL ITEMS, CUBBIES, LUNCHES AND BACKPACKS

- The school will make every effort to safeguard the personal possessions of a child, but will not be responsible for lost, stolen or broken items.
- We supply a cubby for each child. Coats, hats and sweaters are to be kept in the child's cubby.
- For children who stay for lunch, please label all items or containers that need to be warmed. Please no foil or glass. Silverware and beverages (milk or water) are provided by the school. Please use an icepack when sending perishable items to school for lunch. We recommend that you do not send fruit snacks or fruit roll-ups but choose at least three "growing foods" from the 4 basic food groups (protein, dairy, fruit/vegetable, grain).
- Please, no candy, gum or soda.
- For children that nap, please provide a crib-sized sheet and a blanket in a zippered backpack for individual storage. This pack also serves as a laundry bag. Please take home your bedding every Friday for laundering. If you forget your bedding on Monday, the school will loan you bedding for a \$2.00 laundry fee.

SPECIAL DAYS AND ACTIVITIES

- Children have an opportunity to celebrate their birthday during morning snack time. You will receive a note from your child's teacher giving you the opportunity to provide snack. Children with a summer birthday will have a "un-birthday" during the year.

- We take a lot of photographs throughout the year. Your child's image (not his/her name) may be used in advertising or publications. If you wish to exclude your child from the school's photographs, please submit a letter stating your wishes.

REPORTING

- The Director or other staff members shall report to Child Protective Services, or the Police Department, any suspicion of child abuse (sexual or otherwise) neglect or endangerment as required by State Penal Code Section 11166.

DISENROLLMENT OF CHILD

This agreement shall cease if any one or more of the following occur:

1. Serious illness of the child, preventing school attendance.
2. The parents or guardians allow their account to become delinquent.
3. The parents or guardians fail to meet the requirements in this agreement, or in any of the rules or regulations of the handbook provided by the school.
4. Please submit a written LETTER OF INTENT with a two-week notification if you need to withdraw your child from school.
5. The school determines it is unable to meet the needs of the child and it is not in the best interest of the school or the other children.

SCHOOL FEES

Tuition will be handled by the Preschool office. Payments are due once a month on the 1st for the upcoming month and are late after the 10th. The late charge is \$25.

The Family Tuition is a contracted, monthly amount. Illnesses, vacations, and school holidays do not affect the Family Tuition payment amount. The Preschool Agreement/Contract can be changed on the first of the month to allow for adjustments in a child's schedule.

If the academic school year continues into the first week of June, and your child is not enrolled for the summer session, families will be charged a daily rate for this week.

Summer Session is billed at a weekly rate determined by the number of hours per week the child attends.

There is a \$25 returned check fee. All accounts over 30 days delinquent will result in the suspension of the student until the account is paid, unless special arrangements have been made with the Preschool Director. The school will send a statement through email with amount owed. A \$25 late fee will be assessed on the 11th of each month for all delinquent accounts.

Children who are at the preschool past 12:00 noon, and do not have a lunch, will be provided a lunch.

Children who are at the preschool past 1:00pm will be asked to lie down for nap. If a child does not have a crib sheet or blanket, the school will provide these items for a \$2.00 charge. Parents will receive a note regarding this fee and it must be paid, in cash, directly to the office.

DISCOUNTS

There is a 15% sibling discount for a 2nd preschool child's tuition. If your child is enrolled in Windsor Christian Academy, and a second child is enrolled for 15 hours or more in the preschool, you are eligible for the multiple child discounts outlined below. Discounts are applied August-May and distributed evenly among children.

2 nd child	\$30.00/mo off per child
3 rd child	\$70.00/mo off per child
4 th child	\$152.00/mo off per child

If a family has two or more children in the preschool, and children in the Academy, they can choose to take either the 15% sibling discount or the multiple child discount outlined above. Sibling discounts and multiple child discounts cannot be combined. A 3% discount will be given if the whole year is paid in advance.

We appreciate your referrals. There is a \$100.00 per family Referral Credit. This amount is pro-rated over a 10 month period.

We also offer a Kindergarten Incentive Credit for families who enroll their child in WCA Kindergarten. This credit is calculated based on annual tuition paid to Windsor Christian Preschool the year prior to Kindergarten.

LATE FEES

Promptness in picking up your child is imperative.

Pick-up times are:

11:45 a.m. if not staying for lunch

12:45 p.m. if not staying for rest time

Before 5:30pm

There is a \$10 fee for the first 10 minutes beginning at noon and 1:00 p.m. and then \$5 for each minute after that. Advance arrangements must be made if your child will be staying for lunch and/or rest time, otherwise the overtime rate will apply.

There is a \$20 Late Pick Up Fee beginning at 5:31 p.m. then \$5 late fee for each minute after that. Three late pick-ups (after 6:00 p.m.) may result in your child being disenrolled from the school.

SCHOOL CLOSURE

Parents will be notified through Brightwheel, Facebook, and local radio stations (KZST, KSRO).

If for some reason, the school must be closed for natural disasters then the WCA School Board, WCA Principle, and WCAP Director will decide if a credit will be given to families.

SCHOOL EMERGENCY

Temporary Location Sites:

1. Windsor Christian Church—We will be on the ball field or Auditorium

2. Los Robles Park—10860 Rio Ruso Dr. We would walk to this site, if the school is unsafe.

GREAT INFORMATION TO HAVE

School Phone Number: 707-838-3084

School email: domalley@windsorchristianacademy.org

ADMINISTRATION

Windsor Christian Academy Preschool is an integral and inseparable part of the ministry of Windsor Christian Church. It is not a parentcontrolled school. The policies and decisions of this school are approved by the School Board. The Administration Staff consists of:

Dawn O'Malley, Preschool Director

Jamie Greene, Elementary School Principal

Lance Wallace, Pastor of Windsor Christian Church

We hope that this Parent Handbook will be of help to you in understanding the policies and procedures of the school. If we can be of any further assistance to you, please do not hesitate to contact the Director.