



**Windsor
Christian**
—Preschool—

New Student Enrollment Packet

**10285 Starr Rd
POBOX 1880
Windsor, Ca. 95492**



We are now accepting applications for the 2025-2026 school year. We will fill classes on a first come first serve 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 Form 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.

Please download the Brightwheel app. Once the child is accepted, we will begin doing all the communication through the app.

Sincerely,

Dawn O'Malley

2025-2026 PRESCHOOL AGREEMENT



Student Information

Mother's Name: _____
Child's Name: _____ Father's Name: _____
Child's Birth Date & Birth Place: _____ Address: _____

City: _____ Zip Code: _____
Mom's Cell Phone: _____ Dad's Cell Phone: _____
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: PS (2-5 days) PK (3-5 days) TK (4-5 days)

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

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

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.

Assignment of Responsibility

(please initial)

_____ I have read completely the terms of this agreement.

_____ I have read the rules, regulations and handbook provided by the school. 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.

_____ 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 JT Stadum 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

Pick-up Times:

Promptness in picking up your child is imperative.

Pick-up times are:

- 11:45am (if not staying for lunch)
- 12:45pm (if not staying for rest time)
- 3:15pm
- BEFORE 5:30pm

Late Fees:

There is a \$10 Late Pick-Up Fee for the first 10 minutes beginning at noon, 1:00pm, 3:30pm, 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: _____



Tuition Schedule

2025-2026

Begins August 11, 2025

Preschool Classes 2-4 year olds

Hours	2 Day	3 Day	4 Day	5 Day
8:45-11:45am	\$345	\$510	\$680	\$840
8:45-12:45pm	\$365	\$540	\$725	\$900
8:45-3:15pm	\$430	\$640	\$845	\$1050
8am-5pm	\$500	\$735	\$960	\$1200
7:30-5:30pm	\$510	\$750	\$1000	\$1230

Pre-Kindergarten Classes 4 years old by September 1

Hours	3 Day	4 Day	5 Day
8:45-11:45am	\$510	\$680	\$840
8:45-12:45pm	\$540	\$725	\$900
8:45-3:15pm	\$640	\$845	\$1050
8am-5pm	\$735	\$960	\$1200
7:30-5:30pm	\$750	\$1000	\$1230

Transitional Kindergarten Classes 4.7 years old by September 1

Hours	4 Day	5 Day
8:45-11:45am	\$680	\$840
8:45-12:45pm	\$725	\$900
8:45-3:15pm	\$845	\$1050
8am-5pm	\$960	\$1200
7:30-5:30pm	\$1000	\$1230

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. Refer a family and receive a

\$100 Referral Credit

Please refer to the Windsor Christian Academy Preschool Handbook for further details.

Lic#493004498

Emergency Contact Information

Family Information

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

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Information

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

	Name	Phone Number	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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)

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
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BIRTHDATE	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
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
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

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

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

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

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

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

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: _____

Licensing Office Address: _____

Licensing Office Telephone #: _____

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

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

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

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

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

_____. THIS CARE MAY BE GIVEN UNDER
NAME

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
()

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

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

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)
_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)
a.m./p.m. to _____ a.m./p.m. , _____ days a week.

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

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

(TODAY'S DATE)

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

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____
Vision: _____ Insect stings: _____
Developmental: _____ Food: _____
Language/Speech: _____ Asthma: _____
Dental: _____
Other (Include behavioral concerns): _____
Comments/Explanations: _____

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

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

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

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/contact.htm>.

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/clpppb, 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.
- 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 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>.



Statement of Faith

Windsor Christian Academy is, above all else, a Christian school, not simply a private school. We believe school is just one element of a child's Christian upbringing. We desire to unite the Christian home, church and school. Below is our Statement of Faith. If you have any questions or disagreements with these statements, we encourage you to meet privately with our administrator or any Pastor of Windsor Christian Church.

- 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 God-breathed. (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).

Statement of Faith (cont.)

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).

c. We believe men and women are equal in the sight of God with complementary roles in the church and at home. (Genesis 1:26-27; Ephesians 5:22-33; I Timothy 2:9-3:16)

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).

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