

WELCOME

Children are a wonderful gift from our Creator God— Father, Son, and Holy Spirit. They are not only a great gift from God, but they are also a great responsibility. The fact that you are enrolling your child in a Christ-centered preschool demonstrates that you are aware of this and that you wish to provide only the best for your child.

Jesus Christ once said, *"Let the little children come to Me, and do not forbid them, for of such is the kingdom of God"* (Mark 10:14 NKJV).

These words of Jesus underscore what we believe and confess here at Angels of Hope. We believe that children need the nourishment of Christ's love as it comes to us in His Word. We believe that the love of Christ and His Word is an important part of raising children to their fullest potential. Angels of Hope Preschool, a ministry of Hope Lutheran Church, is therefore dedicated to helping your child grow in all areas of life- physically, emotionally, academically, socially, and spiritually under the Lordship of Jesus Christ.

We want to partner with you to provide a nurturing, stimulating, quality educational experience as we share the love of Jesus Christ. We're looking forward to it and we hope you are too.

God bless you and your child,
Pastor Matt

Our Staff

Gail Thiel (532-6432)..... Teacher
Kim Thompson (337-9826).....Aide

SCHEDULE OF OPERATION

The preschool will operate 5 mornings per week September through May. The 3 year old class will meet Tuesday and Thursday mornings from 9:00 until 11:00. The 4 year old class will meet Monday, Wednesday and Friday 9:00 until 11:30. Children should arrive no earlier than ten minutes before class begins and should be picked up no later than ten minutes after school is dismissed. A child will not be dismissed with anyone except a parent or someone designated by the parents to take the child home. The designated people should be written in on the parent information form which is on file at school. Parents are asked to wait in the church narthex when picking up their child. In the event that it is necessary for someone other than the parents to pick up the child, a written note or phone call to the teacher is necessary. The preschool holiday and vacation dates will follow the schedule in our handbook.

When the De Pere School District cancels school due to stormy weather, we will also be closed. You can listen to the local TV and radio stations for the announcement. There will be no preschool if the De Pere School District experiences a 2-hour delay.

Pre-school Focus

The focus of the Pre-school is to create a caring environment that fosters faith formation and educational excellence.

The Goals of Angels of Hope Preschool

- 1. To acquaint your child with Jesus and His love for him or her.*
- 2. To help your child develop a positive and healthy self-concept.*
- 3. To help your child establish himself or herself "away from home."*
- 4. To help your child get along with others.*
- 5. To broaden your child's growth experiences spiritually, mentally, physically, emotionally, and socially.*
- 6. To form a close home-school relationship.*
- 7. To provide a positive attitude for later and more formal education.*

LICENSING

Our preschool is licensed by the State of Wisconsin. A state representative serves as a consultant to our preschool – making suggestions regarding program, equipment, staff and health standards. The main responsibility of the department is to see that all licensing requirements are met. Our preschool follows all the regulations which they require of us. Many records are kept on file such as emergency forms, health forms, a record of children's allergies, who the child can and cannot be released to, and other pertinent information. Preschool rules, license and reports by the state are posted on the bulletin board located in the preschool entrance. Parental notices will be posted on the above referred to bulletin board, as well as, copied and distributed in each child's backpack.

OUR STAFF

Our staff consists of the Program Director and a teacher's aide. In accordance with the Department of Health and Family Services of the State of Wisconsin, the program director has undergone criminal clearance by the Wisconsin State Police. The teacher-student ration, as required by law, will be 1 adult for every 10 children.

We also have a Preschool Board which will consist of a minimum of 4 people. In turn they are accountable to the Church Council of Hope Lutheran Church.

In addition, our teacher's aide and any scheduled volunteer parents will fill out and sign a statement concerning any criminal background they have with specific notation of a conviction in criminal court of adult or child abuse. Again, this is required by the State of Wisconsin.

ADMISSION AND WITHDRAWAL OF CHILDREN

Angels of Hope Preschool believes that educational opportunities should be open to boys and girls on an equal basis. Class size will be limited to eighteen children. A child must be three years old by September 1st in order to attend the three year old class, and a child must be four years old by September 1st in order to attend the four year old class. All children enrolled in the preschool must be potty trained. A medical examination is required to assure that the child has no communicable disease. A child will be considered enrolled only when his enrollment form and a \$50.00 non-refundable registration fee have been received. All other forms must be completed and returned by the 1st week of school. If a class is filled, your child will be put on a waiting list.

The Preschool Board reserves the right to remove from the program, any child whose behavior creates too great a disruption. A conference will be scheduled with the teacher, the board, and the parents to determine the best course of action for all those involved.

Our preschool admits students of any race, color, national and ethnic origin, or religion, or one with special needs to all rights, privileges, programs, and activities generally accorded or made available to students at the school.

THINGS CHILDREN LEARN TO DO IN PRESCHOOL

They learn more about themselves, God, their families, and community.

They learn about & celebrate Christian holidays.

They learn about Jesus' love.

They develop a sense of trust.

They learn to follow simple directions.

They memorize simple rhymes and songs.

They explore with different art media.

They learn to use scissors, pencils, and crayons properly.

They increase their use and understanding of language.

They learn to get along with adults and other children.

They increase their self-confidence.

They develop food health habits.

They develop an understanding of their five senses.

They learn to recognize and name the basic shapes.

They learn to use good manners.

They learn to recognize and later on write their own names.

They learn to recognize numbers and letters.

They develop an interest in books and telling stories.

FEE POLICY

A \$50.00 registration fee will be paid at the time of registration and is non-refundable. This fee secures your child's enrollment. The first month's tuition is due on the night of orientation.

Tuition may be paid monthly, bi-annually, or annually. Monthly tuition is due the night of orientation, and on the first day of school of each month thereafter. Your last payment will be the first school day in May. The monthly payment is the same regardless of the number of days in each month. Semi-annual tuition is due the night of orientation and the first week of January. Annual tuition is due the night of orientation.

Payment should be made by cash, check or money order. Checks should be made payable to "Angels of Hope Preschool". You can mail your checks to the preschool if you wish. If you bring your payment to school, you may turn it in with the office volunteer, or place it in the designated "preschool payments" drawer. All tuition records are maintained by the preschool treasurer.

An assessment of \$5.00 may be added to late payments made after the 10th of the month.

The Preschool Board shall have the right to remove any child from class whose tuition is overdue 30 days, until such time as payment is made. Special arrangements may be made by contacting the treasurer if a problem arises in paying tuition on time.

Withdrawal of Child – A 30 day written notice is required prior to withdrawing a child from our program or tuition will be expected. Exceptions to this rule will be considered by the board.

Family discount – If more than one child from a family is enrolled during a year, a discount of \$10.00 per month on total tuition will be granted. Registration fees for such families will be \$35.00 per child.

- *\$5.00 discount per month is given to Hope Lutheran Church members.*

SCHOOL SUPPLIES

(Required for each student)

(parents will be asked to replenish supplies throughout the year)

School bag/Backpack

Elmers Glue sticks(3 large- .77oz.)

One Bottle of Elmers School Glue (8oz.)

Crayola Crayons - 16 count box

Crayola Markers Washable – 8 count box

Watercolor Paint set

Paint smock (may be an old t-shirt)

a weather appropriate change of clothing

facial tissue (1tall box)- 4 year old class only

Napkins (pkg. of 100)- 3 year old class only

100 paper plates (white)- 4 year old class only

5oz. cups (1 box)- 3 year old class only

(in January we will be asking the three year olds to bring 100 paper plates and the four year olds to bring a 5oz. package of cups)

(We have specified Elmers glue and Crayola crayons and markers because these specific brands have provided the quality we need in that they are true to their color, and they wash off of our tables easily.)

VOLUNTEER POLICY

The following policy involves volunteers in our preschool classroom.

The parent/volunteer and teacher (or other staff member) will have agreed to a specific time and day when he or she will volunteer in the classroom.

At no time will the parent/volunteer be left alone with the children. A staff member will always be present.

The parent/volunteer will be informed how we discipline and that the discipline will be done by the staff and not by the volunteer.

Only one person will be allowed to volunteer at a time unless the teacher feels more help is needed for a special project.

HEALTH CARE POLICY

HEALTH AND SAFETY OF YOUR CHILD

We are concerned that each child in our program arrives in good health for his/her own comfort and the welfare of the other students. Listed below are some guidelines on when to keep your child home.

Please keep your child home if he or she:

- *Has a fever or cold which is full blown.*
- *Has a heavy nasal discharge.*
- *Has an open cold sore.*

- *Has a constant cough.*
- *Is fussy, cranky, and generally not him or herself.*
- *Is overtired, rest at such times may prevent serious illness.*
- *Has congested or runny eyes.*
- *Have symptoms of possible communicable disease.*

Please report to the school at once if your child has communicable diseases such as impetigo, etc. Please note that all children entering preschool should have the chicken pox vaccine.

If you wish to call the school to inform us that your child will not be attending due to illness, that would be fine. However, it is not necessary. If a child will be missing several sessions, please call to let us know how your child is feeling.

EMERGENCY PROCEDURES IN THE EVENT OF ILLNESS OR INJURY

If your child becomes ill at school or is seriously hurt, the following procedure is followed:

1. *The mother, father, or person listed on the emergency form will be contacted.*
2. *The child's doctor listed on the information form will be contacted if the above people cannot be reached and if the child is very sick.*
3. *If the child is seriously injured at school and the above people cannot be reached, the child will be taken to the hospital listed on information form.*
4. *A written report will be made and a copy will be given to the parents if a child needs to be treated for either an injury or a serious illness.*
5. *The preschool and staff will not dispense medication.*

FIRE & EMERGENCY EVACUATION

We routinely practice fire drills. We go over the procedure with the children the second week of school. We tell them how important the drill is, but at the same time we tell them it is nothing they should worry about. We inform them that a practice drill will take place on that day, so they are not anxious about it. When the drill is over, we praise the children on what a great job they have done.

DISCIPLINE POLICY

Our staff shall use positive methods of discipline which encourage self-control, self-esteem, self-direction, and cooperation. The main purpose of the disciplinary procedure during school would be to insure the comfort and safety of each child, and respect for all property, and to discourage the disruption of class, in order to provide a positive Christian learning experience for each child. When verbal correction and redirection do not work, the child will be removed from the group and placed in a time-out chair for a short time.

In an extreme case, where disruptive behavior cannot be controlled, the parent will be requested to take their child home for the remainder of the day. No physical punishment will be used. If consultation about a child is required, it will be done in a private setting. Our objective is always to provide a positive Christian learning experience.

Food Policy

*Each parent will be required to provide a **nutritious** snack and beverage on a rotating basis. A schedule of assigned dates will be provided. These snacks may be dropped off at the time you bring your child to preschool that day. If a special party is planned or a specific snack is requested by the teacher, you will be notified.*

*If the scheduled parent fails to provide a snack on the day they are scheduled, the preschool will provide it for the day. The parent may be asked to replenish the preschool supply. If you have a conflict the day you are to provide snacks, please try to switch with someone and then inform the teacher whom you switched with. Please send in food that does not require preparation. **If a student with a nut allergy is enrolled, parents will be informed that products with nuts will not be allowed.** (Many times it is at the bottom of the list on the box.)*

Suggested Nutritious Snacks

Cheese & crackers

Carrots & cauliflower with dip

Grapes cut in half

Apples cut up

Mini blueberry or apple muffins

Pretzel & Chex mix, mini bags (check label for nuts)

Pudding or Jell-O

String cheese

Ham, turkey, or egg salad sandwiches, quartered

Popcorn

Rice Krispie bars

Individual pizza snacks

Drinks: milk

Individual juice boxes

Juicy juice

Chocolate milk

Hi-C

We discourage bringing pop or Kool-Aid for the children. We also ask that you save sugary snacks such as mini cupcakes or cookies for birthday celebrations or special holiday parties. Again, we request that you do not bring a cake or regular sized cupcakes. The majority of the food ends up on the floor and the children's clothing.

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**Application for Enrollment of New Children
2004-2005**

**Angels of Hope Preschool
700 S. Superior St.
De Pere, WI 54115
www.hopedepere.org**

Please complete this form and return it to the church or early childhood office. Registration fee must accompany your application and is non-refundable.

See reverse side for fee information.

Check your choice for the 2004/2005 school year:

Three-year-old Preschool – Tuesday and Thursday mornings

Four-year-old Preschool – Monday, Wednesday, and Friday mornings

CHILD INFORMATION

(Also include a copy of your child's birth certificate and immunization records.)

Name of child: _____ Date of birth: _____

M/F

Address: _____ Phone: _____

Baptism date: _____ Church where baptized: _____

Social security # : _____

PARENT INFORMATION

Mother: _____ Father:

Occupation: _____ Occupation:

Employer: _____ Employer:

Work phone: _____ Work phone:

Address if different than child's: Address if different than child's:

Marital status: (Mar/Sep/Div/Wid/Single) Marital status:

(Mar/Sep/Div/Wid/Single)

Church name/location: _____ Church name/location:

Pastor: _____ Pastor:

Member: ___ Yes ___ No Member: ___ Yes ___ No

I have read the Angels of Hope Preschool policy manual and agree to follow the policies and support the ministry of the early childhood program.

Mother: _____ Father:

Date: _____

Date: _____

For Office Use

Date received: _____ Letter sent: _____ Birth cert:

Reg. Fee paid: _____ Check #: _____ Waiting list:

In His Hands, The Department of Child Ministry, Lutheran Church —
Missouri Synod, © 2000 A.D. (5B p 129)

Student Information Form Angels of Hope Preschool

CHILD INFORMATION

Child's full name: _____ Social security

#: _____

Name child goes by: _____

Date of birth: _____ Sex: M / F

Date of Baptism (month & year): _____

Child's home address:

Child's home phone number: _____

PARENT OR GUARDIAN INFORMATION

Father's name: _____ Phone:

Father's address:

Father's occupation and place of employment:

Work Phone: _____

Mother's name: _____

Phone: _____

Mother's address (if different than father's address):

Mother's occupation and place of employment:

Work Phone: _____

TIMES AND DAYS OF THE WEEK

___ Three-year-old Preschool – Tuesday and Thursday mornings

___ Four-year-old Preschool – Monday, Wednesday, and Friday mornings

PICK-UP OF CHILD

Persons authorized to pick up child:

Persons who may NOT pick up child:

PERSONAL HISTORY

Is your child right-handed or left-handed?

Has your child had a previous group interaction or preschool experience? Y / N

If so, where and when?

Does your child have any allergies? Y / N Please explain:

Are there any medical problems of which we should be aware? Y /

N

Please explain:

What words does your child use for toileting?

Does your child have any bowel or bladder irregularities?

List special food or eating instructions:

What is your child's concept of God?

Add additional information related to discipline, child's communication, comforting, habits:

Child's Health Record
Angels of Hope Preschool

*(This report is to be filled out by a licensed physician, physician's assistant
or nurse practitioner who has seen the child within the last 12 months.)*

Child's Name _____ Sex _____ Birth date _____

Address _____

Past illnesses *(Check those the child has had and give approximate dates.)*

___ Chicken pox ___ Rubeola ___ Rubella ___ Rheumatic fever

___ Asthma ___ Hay fever ___ Diabetes ___ Whooping cough

___ Poliomyelitis ___ Epilepsy ___ Mumps ___

Other _____

This child ___ is ___ is not physically or emotionally able to participate in the early childhood program named above.

Comments: _____

Surgery/accidents/illness/chronic or handicapping problems:

Describe any physical condition requiring special attention by ECP staff: _____

Medication(s) prescribed:

Allergies that staff should be aware of:

Prescribed routine:

Dental:

No visible decay Decay present Exam
recommended

Child's Dentist: _____

Address: _____

Phone number: _____

Tuberculin test given: Yes No Date: _____

Result: _____

Vision screening: _____ Hearing screening:

Date of my most recent examination of child:

Signature of licensed physician, physician's assistant or nurse
practitioner Date

Please print physician's name & address

(Adapted from *The Ultimate Guide to Forms for Early Childhood Programs.*)

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Missouri Synod, © 2000 A.D. (5F p 135)

Medical Emergency Authorization Card
Angels of Hope Preschool

Child's Name _____ Birth date _____

Address _____ City/State/ZIP _____

Home phone _____ Social security # _____

Mother's Name _____ Father's Name _____

Employer _____ Employer _____

Work phone _____ Work phone _____

Name of relative/friend _____

Home phone _____ Work phone _____

Out of state contact (in case of natural disaster)

Name _____ Relationship _____ Phone (____) _____

Child's physician _____

Address _____ Phone _____

Child's dentist _____

Address _____ Phone _____

Special instructions if child is injured or ill

Medical Release : I authorize Angels of Hope Preschool to seek emergency medical treatment for my child. I give permission to the emergency physician to secure proper emergency treatment and to order injection, anesthesia, or other emergency treatment if I (we) cannot be contacted. It is understood that a conscientious effort will be made to locate me or my spouse before action is taken. But if it is not possible to locate us, I accept the expense. In the event of life-threatening emergency, I understand that “911” will be called to take my child to my preferred hospital if possible, or to the closest available facility.

Parent/guardian’s signature

Date

(Adapted from *The Ultimate Guide to Forms for Early Childhood Programs.*)

In His Hands, The Department of Child Ministry, Lutheran Church — Missouri Synod, ©2000 A.D. (5G p 136)

Accident Report Form

Use this form for accidents requiring a doctor or an ambulance. Complete the Accident Report in triplicate. Give one copy to parents, file one copy in office files, and keep one copy in reserve if it is needed for an insurance company.

Name of Child: _____

Date of Accident: _____ Time of Accident: _____

Child's Social Security #: _____

Child's Phone Number: _____

Child's Address: _____

Nature of Injury (describe in detail, including how it happened):

Who was supervising the child at the time?

Emergency care administered and the time of care:

Administered by: _____ Time:

Physician notified (if any): _____ Time:

Ambulance called (if any): _____ Time:

Which parent/guardian was notified: _____ Time:

Director/Teacher Signature

Date/Time

Parent Signature

Date/Time



**ANGELS OF HOPE PRESCHOOL
EARLY CHILDHOOD MINISTRY CONTRACT
Congregations of The Lutheran Church — Missouri
Synod**

In the name of the Father, the Son, and the Holy Spirit. Amen.

By the authority with which the Lord our God has vested His church on earth,
Hope Lutheran Congregation of De Pere, WI, offers this contract to

_____ as a teacher in its preschool for the term beginning _____ and ending _____ with the understanding that the contract may be renewed or altered by mutual agreement.

By signing this contract, the teacher obligates herself/himself to perform faithfully the services specified in the accompanying document which is to be considered a part of the contract. These services are to be performed according to the Word of God and the confessional standards of the Evangelical Lutheran Church as drawn from the Sacred Scriptures and found in the Book of Concord, particularly in Dr. Martin Luther's Small Catechism. The teacher also expresses the determination to work toward greater competence in Christian teaching; to maintain Christian discipline in love; to work in Christian harmony with director, teachers, pastor and board of education; and to set a Christian example.

By signing this contract, the congregation through its officers pledges the teacher its prayerful cooperation and support, its respect for the teacher's office, and its intention to deal with the teacher in Christian love. Hope Lutheran Congregation also agrees to pay a salary of _____ on a bi-monthly basis for nine months beginning on _____.

We pray God, the Father of our Lord Jesus Christ, to bless the teacher's service in our church and preschool to the glory of God's holy name, the building of His church, the temporal and eternal welfare of many people, and the teacher's own great joy and blessing.

This contract becomes effective for the designated school term when signed by both parties.

Signed this ____ day of _____, _____ A.D. on behalf of Hope Lutheran Congregation by

Signature of teacher _____
Date _____

(Adapted from *Teachers Contract for Teachers in Congregations of The Lutheran Church — Missouri Synod*,
Concordia Publishing House. *In His Hands*, The Department of Child Ministry,
Lutheran Church — Missouri Synod, ©2000 A.D. (7C #2 p. 155)

Personnel Record – Angels of Hope Preschool

To be filled out by the employee:

1. Personal

Name _____ Phone _____

(Last – first – middle)

Birth Date _____ Social Security # _____

Address _____

Number of Children ____ Last TB test date _____ Last physical
exam date _____

2. Previous Employment

Name/Address of Employer	Job title/work description	Dates from/to
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3. Education

Last elementary school attended & location:

Last high school attended & location:

Names of universities, colleges, Diploma business school/location	Date	Major subject Completed	Year	Units Or Certificate
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Related education courses completed:

Course title: _____ School/Location:

of Units Completed _____ Date Completed: _____

Related education courses currently enrolled:

Course title: _____ School/Location:

of Units: _____ Remarks:

4. Professional & Technical Qualifications

List licenses or certificates of competence held:

Names of professional associations of which you are a member:

5. References

List names of three persons not related to you who can give information about your background:

Name/Title	Business Phone	Business
Address	Nature of Acquaintance	
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6. Additional Information

Have you been convicted of a felony within the last 7 years?

Yes ___ No ___

If yes, explain and give dates:

Are you prevented from lawfully becoming employed in the U.S.A. because of visa or immigration status? Yes _____ No_____

Name and location of church in which you are an active member:

I promise that the above statements are true and give my permission for verification. I understand that any falsification, misrepresentation or omission of facts will be sufficient cause for elimination of any consideration for employment or cause for dismissal.

Signature

Date