



Where Children Rejoice and Grow in God's Grace

2026-27 School Year Program Offerings

Program Options & Tuition Fees

To Register:

1. Circle the program schedule of interest in the left column below (2, 3, 4 or 5 days.)
2. Circle the programs you would like to enroll your child in.
3. New students must complete a full **Enrollment Packet** and return to the front office.

programs	8:30 - 9:00	9:00 - 12:00	12:00 - 1:15	1:15 - 2:30
	add Early Drop Off	Minimum Day Schedule	add Lunch Bunch	add Rest and Relaxation
2 days per week Tues/Thurs	+25.00/mo	350.00/mo	80.00/mo	80.00/mo
3 days per week Mon/Wed/Fri	+35.00/mo	485.00/mo	120.00/mo	120.00/mo
4 days per week Tues-Fri	+45.00/mo	595.00/mo	160.00/mo	160.00/mo
5 days per week Mon-Fri	+55.00/mo	690.00/mo	200.00/mo	200.00/mo

Lunch Bunch and Rest & Relaxation Programs

To be eligible for participation in the Lunch Bunch or Rest & Relaxation programs, your child must meet the following requirements:

- Be at least three years old
- Be fully potty trained
- Meet the Late Day behavior guidelines as outlined in the Parent Handbook

Children may be added to these programs once all eligibility requirements are met and as space permits.



Alternative Schedules - If a schedule is needed other than what is listed please contact the Preschool Director for options.

Preschool Program - Sample Schedule

8:30 - 9:00	Early Drop Off	EDO provides an extra 30 minutes of classroom playtime in the morning before the school-day begins.
9:00	School Day begins	Teachers welcome the children to school.
9:00 - 9:15	Early Morning Gathering	Teachers and children gather for morning group activities including: morning prayer and bible time, group learning activities and games, storytime, and more.
9:15 - 10:00	Classroom Center Activities	Intentionally designed learning centers available for free-choice play including: block play, dramatic play, art and crafts, writing center, math and science, sensory tables, library, and more.
10:00 - 10:45	Playground Exploration	Children have 45 minutes of free-choice playground time. Playground area includes: swings, play structure, large-motor area, mud kitchen, dramatic lay house, musical soundscape, children's garden, tricycles, sensory table, and more.
10:45 - 11:00	Snack Time	Children bring a healthy snack from home.
11:00 - 11:45	Classroom Activities	Children enjoy another 45 minutes of classroom center time.
11:45 - 12:00	Late Morning Gathering	Teachers and children gather for second morning group activities.
12:00 - 1:15	Lunch Bunch	Children eat lunch brought from home. Then, enjoy more outdoor play time.
1:15 - 2:30	Rest & Relaxation	Children have time to nap or just rest and relax while listening to soft music. After resting they will have quiet activity options to engage in while any others still napping are undisturbed to continue to nap.



Where Children Rejoice and Grow in God's Grace

Preschool Registration Form 2026-27

PRESCHOOL PHILOSOPHY STATEMENT

God's Children come first at Mount Olive Lutheran Church and Preschool. We provide a nurturing and Christ-centered environment where love, patience, and respect for one another are at the heart of our program. Our developmentally appropriate curriculum is presented through a multitude of activities that foster creative expression and world discovery. This curriculum enhances the child spiritually, emotionally, cognitively, physically, and socially. Mount Olive provides events, programs, and activities to support the whole family and the community.

STUDENT INFORMATION

Child's Name:

last _____ first _____ middle _____

date of birth ____/____/____ place of birth _____ gender M F

Describe previous preschool/group experience

Does this child have any behavioral needs or concerns we should be aware of? If yes, please provide details.

Does this child have any identified medical/physical needs we should be aware of? (i.e. allergies, asthma, seizures, etc.) If yes, please provide details.



For Statistical Purposes:

Child's Race _____

Do you attend church? Y N If yes, where? _____

Denomination? _____ Baptism? Y N

PARENT/FAMILY/GUARDIAN INFORMATION

CHILD RESIDES WITH:

2 parents _____ mother _____ father _____ shared custody _____ other guardian _____

	parent/guardian #1	parent/guardian #2	additional guardian
first & last name			
relation to child			
home address			
email address			
phone number			
occupation			



ENROLLMENT POLICIES

- **Enrollment for the 2026-27 school year is for children ages 2, 3 or 4 years old.**
- **Minimum Age Requirement:** Children must be a minimum age of two years old on or before August 17th, 2026 to enroll in our program. Enrollment for children turning two between August 18th and November 1st, 2026 will be considered once the child has turned two, space permitting.
- **Maximum Age Requirement:** Children enrolling in the preschool program must be no older than four years of age as of September 1, 2026. If your child turns five prior to September 2 and you are interested in the Kinder Prep program, contact the Preschool Director to discuss enrollment options.
- **Class Placement:** Placement decisions are based on multiple factors, including chronological age, developmental readiness, gender balance, individual child needs, and applicable ratio and licensing requirements. Requests for placement with specific teachers or other children cannot be accommodated.
- **Potty Training:** We expect each child to be fully potty-trained by their third birthday. If your child is not fully potty-trained by their third birthday, as defined in our Parent Handbook, a monthly diapering fee will be charged in addition to your tuition fee to be paid on the 15th of each month. The monthly diapering fee schedule is as follows: \$50.00 2-day program, \$75.00 3-day program, \$125.00 5-day program. The diapering fee will be imposed after their 3rd birthday until fully potty-trained.
- **Change in Program/Withdrawal from Program:** Any request for a change in program requires submission of a *Change of Schedule Request Form*. This form needs to be submitted a minimum of two weeks prior to the change. Approval of such requests is not guaranteed and is subject to availability and program capacity.

Discounts:

- Sibling Discount - 25% off the lesser tuition

TUITION FEE SCHEDULE

- Our student calendar is based on a traditional academic calendar which closely follows PUSD
- Tuition is calculated on a yearly rate
- The yearly tuition is divided into 10 equal payments as shown in the "Program Offerings"
- Tuition is non-refundable
- The first non-refundable tuition payment is due July 15
- Families who register after July 15 must submit the first tuition payment and the registration fee immediately in order to officially enroll their child



2026 - 27 Monthly Tuition Due Date Schedule										
Jul 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 15	Feb 15	Mar 15	Apr 15	May 15

REGISTRATION FEE / SUPPLY FEES

A one-time, non-refundable Registration Fee will be charged upon enrollment to hold your child’s class placement. The Registration Fee covers administration costs and includes your first semester Supply Fee.

- Returning/Alumni Families - \$150.00
- New Preschool Family - \$175.00
- Second Semester Supply Fee - Due: January 15th

(2-day program = \$50; 3-day program = \$60; 4-day program= \$70; 5-day program = \$80)

PAYMENT INFORMATION

Tuition must be paid through our electronic funds transfer (EFT) program, VANCO, offered by Thrivent Financial. Complete, sign, and attach a **VOIDED check** or **Direct Deposit Authorization Form** from your bank to the attached form.

- Cash, Check, Debit and Credit Cards cannot be accepted
- Tuition is due on the 15th of the month excluding August
- Tuition will not be adjusted for holidays, vacations, short-term illness, non-student, or minimum days
- Late tuition/returned check fee - \$50.00
- Late pick up fees will be charged \$1.00 per minute
- We reserve the right to terminate enrollment if your payment is over ten business days late



MOUNT OLIVE LUTHERAN PRESCHOOL VANCO EFT FORM

COMPLETE ALL SECTIONS AND PROVIDE A VOIDED CHECK

last name	first name	
mailing address	email address	phone

Payments May Be Taken From:

-checking account _____ -savings account _____

Routing Number _____

Account Number _____

ATTACH VOIDED CHECK HERE



Privacy/Confidentiality: This authorization form is seen by the non-profit Financial Organization - Vanco Services. In addition, participants' name and address may be provided to Thrivent Financial for Lutherans. Participant information will not be shared with any other organizations.

I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw payments from my account provided. I have attached a voided check or electronic funds transfer authorization from my banking institution. This authority will remain in effect until I give reasonable notification to terminate the authorization as stated in the Mount Olive Preschool Parent Handbook.

Authorization Signature: _____

- FOR OFFICE USE ONLY -

Name of Institution Receiving Payment: Mount Olive Lutheran Preschool		Street Address: 14280 Poway Road
City: Poway	State: California	Zip: 92064

Non-Refundable Registration Fee: \$ _____ Date Paid/Scheduled _____

10 Tuition Payments (monthly July 15, 2026 - May 15, 2027 - *excluding August 15*) amount: \$ _____

Second Semester Supply Fee: \$ _____ Date Scheduled _____

Discounts: none _____ Church Member (10%) _____ sibling (25%) _____

Reg. Fee, Monthly Tuition, and 2nd Semester Supply Fee has been scheduled in Vanco Admin Initials _____



NEXT STEPS

Families will be notified of enrollment status within two weeks of submitting an application. If placement is offered, all required enrollment forms must be completed and returned to the preschool office within thirty days. This deadline allows adequate time for processing enrollment documentation. Failure to submit fully completed enrollment forms within the 30-day period will result in forfeiture of the child's placement, and the space will be offered to a child on the waitlist.

PARENT/GUARDIAN SIGNATURE

Upon my child's admission to Mount Olive Lutheran Preschool, I will agree to pay the tuition charges and fees as established by the Preschool Director with guidance from the Board of Education and National Lutheran Schools- Pacific Southwest District for the school year indicated. I pledge to support my child's development by working cooperatively with the preschool staff as well as adhere to the preschool's policies and procedures as set forth in the Parent Handbook.

Parent/Guardian Signature: _____ **Date:** _____

Required Enrollment Policies

Enrollment Packet Requirements

A completed enrollment packet is required to secure your child's space in our program. An up-to-date immunization record must also be submitted.

California State Law requires all children enrolling in preschool to have the required immunizations. No exemptions are permitted.

The Enrollment Packet Includes:

- Preschool Registration Form
- Identification and Emergency Information
- Consent for Emergency Medical Treatment
- Child's Pre-Admission Health History – Parent Report
- Physician's Report (to be completed by your child's pediatrician)
- Personal Rights
- Parents' Rights
- Safe Behavior Policy
- Photo, Video, and Social Media Consent Form

If you have any questions, please contact the preschool office at **858-679-8169** or **director@mtolivepreschool.net**

Thank you for your cooperation,
Mount Olive Preschool Administration

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

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

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

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

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

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

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

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
---	------

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

DATE OF ADMISSION	DATE LEFT
-------------------	-----------

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
()

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
--	------------------------	---

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
--	------

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)	/ /	/ /	/ /	/ /	/ /
(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

PERSONAL RIGHTS
Child Care Centers

See Title 22, Section 101223 of the California Code of Regulations for personal rights applicable to Child Care Centers.

- (a) Each child receiving services from a Child Care Center shall have rights which include the following:
- (1) To be accorded dignity in their personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet their 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 their authorized representative informed, by the licensee of the 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 their choice. Attendance at religious services, either in or outside the facility, shall be voluntary. In Child Care Centers, decisions concerning attendance at religious services shall be made by the child's authorized representative. To the extent that the child's authorized representative has agreed to the child's compulsory attendance at religious services and activities as a condition of admission in the admission agreement, a Child Care Center may require a child's attendance at such religious services and activities.
 - (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 <i>Community Care Licensing Division</i>			
ADDRESS <i>744 P Street S</i>			
CITY <i>Sacramento</i>	CA	ZIP CODE <i>95814</i>	AREA CODE/TELEPHONE NUMBER <i>(916) 651-6040</i>

 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) <i>Mount Olive Lutheran Preschool</i>	(PRINT THE ADDRESS OF THE FACILITY) <i>14280 Poway Rd. Poway Ca 92064</i>
(PRINT THE NAME OF THE CHILD)	

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

FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

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

1. Enter and inspect the family child care home 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 family child care home, 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 family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.
Licensing Office Name: Community Care Licensing Division
Licensing Office Address: 744 P Street Sacramento Ca 95814
Licensing Office Telephone #: (916) 651-6040
8. Be informed by the licensee, upon request, of the name and type of association to the family child care home 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.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME 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 995A (8/08)

(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 "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee, _____
Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the parent/authorized representative.

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



Safe Behavior Policy

At Mount Olive Preschool, the safety and well-being of our students and staff is paramount. We are committed to providing a nurturing, Christ-centered environment where each child is treated with dignity, respect, and compassion. Guided by the fruits of the Spirit—love, patience, kindness, gentleness, and self-control—we support the social and emotional development necessary for children to learn and thrive within a classroom community.

Behavior Expectations

Children are expected to engage in behavior that supports a safe and productive learning environment. Unsafe behavior includes, but is not limited to:

- *Running from supervision or not responding to staff direction*
- *Physical aggression, including biting, scratching, hitting, or pushing*
- *Throwing objects or damaging property*
- *Persistent disruptive behavior or excessive yelling*
- *Actions that may result in harm to themselves or others*

Positive Guidance and Support

Our approach to behavior is proactive, respectful, and developmentally appropriate. Teachers model caring interactions while guiding children toward safe and responsible choices through:

- *Positive reinforcement and encouragement*
- *Redirection to appropriate activities*
- *Instruction in emotional expression and problem-solving*
- *Environmental adjustments to support success*
- *Consistent routines and clear expectations*



Photo, Video, and Media Consent

At Mount Olive Preschool, we cherish the meaningful moments that reflect each child's growth, joy, and discovery. From classroom learning to special events, photographs and videos help us celebrate our community and share the story of God's work in our school.

Images may be used for school-related purposes such as parent communications, newsletters, our website, promotional materials, and official social media channels. All media will be presented thoughtfully and in a manner that reflects the values and mission of our Christian preschool. Children's names will never be published without additional parent permission.

Please indicate your preference below:

Full Permission

I grant Mount Olive Preschool permission to photograph and/or video my child for both internal and external school use, including publications and official social media.

Internal Use Only

I grant permission for my child's image to be used within the school community only (classroom displays, newsletters, and parent communications). My child's image will not appear on public platforms.

Decline Permission

I do not grant permission for my child to be photographed or recorded. I understand the school will make reasonable efforts to honor this request, though my child may occasionally appear in group settings.

This consent will remain in effect for the duration of your child's enrollment unless revoked in writing.

Child's Name: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____