

**Due to COVID-19 there will be no in-person gatherings
in the classroom until further notice.**

Wednesday 2020-2021 SPROUT Calendar *calendar is subject to change*

- Sep 09 FIRST DAY OF SCHOOL
- Oct 8 & 9 PICTURE DAY
- Oct 28 HALLOWEEN PARTY AND OSLC TRICK OR TRUNK
- Nov 18 THANKSGIVING FEAST
- Nov 25 THANKSGIVING BREAK (No school)
- Dec 16 CHRISTMAS PARTY
- Dec 23 & Dec 30 CHRISTMAS BREAK (No school)
- Jan 06 SPROUT RESUMES
- Feb 10 VALENTINE PARTY
- Apr 07 SPRING BREAK (No school)
- May 05 MOTHER'S/FATHER'S DAY CELEBRATION
- May 26 LAST DAY OF SPROUT (GRADUATION)

Thursday 2020-2021 SPROUT Calendar *calendar is subject to change*

- Sep 10 FIRST DAY OF SCHOOL
- Oct 8 & 9 PICTURE DAY
- Oct 29 HALLOWEEN PARTY AND (OSLC TRICK OR TRUNK ON 10/28)
- Nov 19 THANKSGIVING FEAST
- Nov 26 THANKSGIVING BREAK (No school)
- Dec 17 CHRISTMAS PARTY
- Dec 24 & Dec 31 CHRISTMAS BREAK (No school)
- Jan 07 SPROUT RESUMES
- Feb 11 VALENTINE PARTY
- Apr 08 SPRING BREAK (No school)
- May 06 MOTHER'S/FATHER'S DAY CELEBRATION
- May 27 LAST DAY OF SPROUT (GRADUATION)

**OUR SAVIOR'S LUTHERAN CHURCH
SPROUT PROGRAM 2020
STARTING SEPTEMBER 9, 2020
WEDNESDAY OR THURSDAY CLASS
8:45AM - 12:00PM**

A FIRST EDUCATIONAL EXPERIENCE FOR 2 - 3 YEAR OLDS



Fun



Play



Creative

Your child's day will be full of scheduled routines,
playful interactions, stimulating environments
and establishing classroom habits!

\$120 Monthly + a one time non refundable \$50 Registration Fee

Stop by or call the church office at:
200 Avenida San Pablo
San Clemente, CA 92672

CALL (949) 492-6164

Register online at www.oursaviorsonline.net

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SPROUT Fall Program 2020/2021 Registration Form (one form per child)

(Please fill out all forms)

Children ages 2 to 3 years (do not need to be potty trained)

A child may attend one day only. Wednesday or Thursday

Wed. class begins September 9 | Thurs. class begins September 10 | 8:45am to 12:00pm

\$120.00 per month*, per child + a one-time non-refundable \$50.00 registration fee.

Tuition payment options: (You may also pay tuition in full)

- You may pay by: Check, Cash or you may pay online. When paying by check make your check payable to: Our Savior's Lutheran Church and memo: SPROUT/child's name.
- Venmo us at "@OurSaviorsSanClemente" (memo SPROUT)

To pay online by Credit Card, Debit or Check use the following link: <https://tinyurl.com/h3ugp9f>

Today's Date: _____ Male: _____ Female: _____

1. My Child will attend Wednesday Class _____ My Child will attend Thursday Class _____
2. Child's First Name: _____ Child's Last Name: _____
3. Child's Preferred Name to be used: _____
4. Date of Birth: _____ Child's Age: _____
5. Address: _____
6. City: _____ State _____ Zip: _____
7. Phone #: _____ Cell Phone #: _____
8. Parent e-mail: _____
9. Mother's First & Last Name: _____
10. Father's First & Last Name: _____
11. Does your child have any allergies? _____
12. Does your child have any medical problems? _____
13. Does your child have any fears or behavioral problems? _____

Our Savior's Lutheran Church
200 Avenida San Pablo
San Clemente, CA 92672
(949) 492-6164
oslsec@sbcglobal.net

For office use only: Dep Amt _____ Date Pd _____ Ck # _____ CC _____ Cash _____ Venmo _____ Tuition Amt _____ Date Pd _____ Ck # _____ CC _____ Cash _____ Venmo _____ Constant Contact _____ Start Date _____ Drop Date _____ Copy to Miss Cindy _____

Photo Consent Form

I, _____ grant to the Church (known as Our Savior’s Lutheran Church) and its representatives and employees the right to take photographs of my child in connection with the SPROUT Program. I authorize the Church, its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Church may use such photographs of my child with or without his/her name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

Parent/Guardian Signature: _____

Date: _____

Consent for Pick up

Child/Children’s name(s) _____

I (parent’s name) _____

give my permission for the following person(s) to pick up my/our child/children from Our Savior’s Lutheran Church SPROUT program located at:
200 Avenida San Pablo
San Clemente, CA 92672.

1. _____
2. _____
3. _____
4. _____
5. _____

Parent/Guardian Signature: _____

Policies and Procedures Agreement

I have received, read and understand the SPROUT Program Parent Handbook.

I agree to adhere to the policies and follow the procedures of the SPROUT Program, for the benefit of my child and all the children enrolled in the program.

Mother's (or Guardian's) signature

Date

Father's (or Guardian's) signature

Date