

Student Name \_\_\_\_\_



2024-2025 Preschool Class Preference

	Preschool with Daycare	5 Days \$985.00	5 Half Days \$890.00	4 Days \$890.00	3 Days \$695.00	2 Days \$510.00
	Preschool Only	M-W-F \$380 Early Arrival \$420 With Lunch \$530		Tues-Thurs \$345 Early Arrival \$370 With Lunch \$435		

My child is enrolling in kindergarten

**1st Choice** **Every effort will be made to accommodate your first choice**

- 3/4 Class
- Pre-K Class

**Select Program:**

- Preschool and Day Care 7:00 am - 6:00 pm
  - 5 Days     4 Days     3 Days     2 Days
- Morning Preschool Session 9:00 am to 11:30 am
  - 3 Days, M-W-F     2 Days, Tues. & Thurs.     Early Arrival     With Lunch
- Afternoon Preschool Session 12:30 pm to 2:45 - **Pre K Only**
  - 3 Days, M-W-F     2 Days, Tues. & Thurs. (when offered)

**2nd Choice** **If Choice #1 is full**

- 3/4 Class
- Pre-K Class

**Select Program:**

- Preschool and Day Care 7:00 am - 6:00 pm
  - 5 Days     4 Days     3 Days     2 Days
- Morning Preschool Session 9:00 am to 11:30 am
  - 3 Days, M-W-F     2 Days, Tues. & Thurs.     Early Arrival     With Lunch
- Afternoon Preschool Session 12:30 pm to 2:45 - **Pre K Only**
  - 3 Days, M-W-F     2 Days, Tues. & Thurs. (when offered)

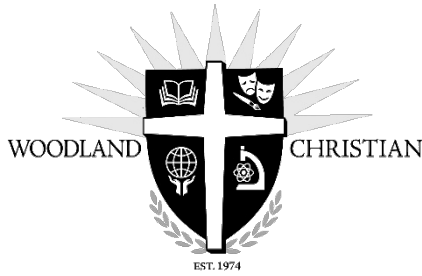
**3rd Choice** **If Choice #1 & 2 are full**

- 3/4 Class
- Pre-K Class

**Select Program:**

- Preschool and Day Care 7:00 am - 6:00 pm
  - 5 Days     4 Days     3 Days     2 Days
- Morning Preschool Session 9:00 am to 11:30 am
  - 3 Days, M-W-F     2 Days, Tues. & Thurs.     Early Arrival     With Lunch
- Afternoon Preschool Session 12:30 pm to 2:45 - **Pre K Only**
  - 3 Days, M-W-F     2 Days, Tues. & Thurs. (when offered)

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**Woodland Christian Preschool and Day Care Center**

**1787 Matmor Road • Woodland, CA 95776**

**530.662.0994**

License #574500528

**2024-2025 RE-ADMISSION AGREEMENT**

**BASIC SERVICES**

The Center shall provide the following basic services for

\_\_\_\_\_  
Child's Name: First                  Middle                                  Last    (Date of Birth)                  (Date Enrolled)

Whose parent or guardian is:

\_\_\_\_\_  
First    Last    (Relationship)

\_\_\_\_\_  
(Program enrolled in)

1. The child shall be furnished a mid-morning snack. A snack shall be furnished mid-afternoon for children who are at school after 3:00 p.m. A balanced lunch will be served at 11:30 a.m. to all Day Care children.
2. Children must be three years of age by December 2 of the year they are enrolled and must not be over the age of six. They must be able to take care of themselves in the bathroom. We do not accept non-ambulatory students. The child shall be involved in a program of play and preschool learning experiences which are appropriate to the age of the children enrolled in the school.
3. The school shall assume responsibility for the child after the child has passed the legally required morning health inspection and has been signed in by a parent, guardian, or designated representative of the child's parent or guardian. The school shall retain responsibility until the child is signed out by a parent, guardian, or designated representative of the child's parent or guardian.
4. The child shall be administered medication only upon the written request of the child's parent or guardian. The school shall have no responsibility of any kind whatsoever for failure to provide the requested medications nor for any adverse reactions which are caused by the administration of such medication.
5. The school shall give appropriate first aid to an injured child, and the parent or guardian shall be contacted immediately if it is the judgment of the school staff that immediate medical or dental attention is necessary. If it is further the judgment of the school staff that the injury is of sufficient emergency, paramedics shall be called to the school and a parent or guardian notified. It is the responsibility of the parent or guardian to maintain emergency plans and emergency phone numbers with the school's office at all times.
6. It is also the responsibility of the parent or guardian that, should a child become ill at school and the parent or guardian be notified that the child needs to be picked up, the child will be picked up immediately.

7. The school shall notify the child's parents or guardian of a suspected exposure to a communicable disease.
8. The Director or any other staff members shall report to Children's Protective Services or the Police Department as required by the California Penal Code any suspicion of child abuse, sexual or otherwise, neglect, or endangerment of which they may become aware.
9. A school calendar listing events and holidays for the school year will be given to each family with a child enrolled.
10. Parent Service Hours - Each WCS family is required to serve annual parent hours as follows: Full Time - 15 hours; M-W-F - 9 hours; T-Th - 6 hours. In lieu of service hours, you may pay \$15.00 per service hour. You may combine hours served and dollars paid.

## **PAYMENT PROVISIONS**

In accordance with the statement of fees in the parent's handbook:

1. A non-refundable registration fee of \$155.00 shall be paid upon enrollment.
2. This fee is due yearly for students who plan to continue in our program. It shall be applied to summer enrollment as well.
3. Tuition payments are paid monthly, with the first payment due the first day of September, as outlined in the Tuition Agreement. Services shall be denied if payment is not received by the end of the month.
4. Tuition paid monthly is due by the tenth of each month. Tuition is based on the school year. Credit shall not be given for days the school is officially closed, nor for days when the child is absent.
5. A completed and signed tuition agreement by the person or persons accepting financial responsibility for charges must be on file.
6. Students who are attending in August or June of the current school year who are utilizing All Day, Early Arrival, or Lunch Services will be billed accordingly:  
All Day (\$45 p/day), Early Arrival (\$6 p/day), Lunch (\$6 p/day)

## **TUITION PRICE GUIDE**

Day Care	5 Days \$985.00	5 Half Days \$890.00	4 Days \$890.00	3 Days \$695.00	2 Days \$510.00
Preschool	M-W-F \$380.00	Tues-Thurs \$345.00			

Financially Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **OBLIGATIONS OF PARENTS OR GUARDIANS**

1. All paperwork must be completed before the child may start school. The parent or guardian shall furnish all medical information required for enrollment.
2. Upon arrival at school, the parent, guardian, or designated representative of the child's parent or guardian shall bring the child to the teacher with the class roll, wait for a health inspection by the receiving teacher, and then sign in on the appropriate register using both the child's and the adult's first and last name and the time of arrival.
3. A parent, guardian, or designated representative of the child's parent or guardian shall sign the child out on the appropriate register using both the child's and adult's first and last names and time of departure before taking the child from the premises.
4. A parent, guardian, or designated person shall pick up the child from the Center promptly at the end of each class session. Morning preschool at 11:30 a.m. and afternoon preschool at 2:45 p.m. Our Center closes at 6:00 p.m. Monday through Friday, and all day care children must be picked up prior to that time. Late pickups will be charged \$6.00 for the first 5 minutes and \$12.00 per 5 minute interval after that.
5. The parent or guardian shall notify the school when someone other than those named on the emergency information form will be coming for the child.
6. The parent or guardian shall notify the school of the child's possible exposure to a communicable disease.
7. The parent or guardian shall notify the school when the child is absent.
8. The parent or guardian shall give 30 days notice or forfeit one month's tuition, in case of withdrawal from the program.
9. The parent or guardian shall come to school for conferences when asked to do so by a member of the school staff.

## **TERMINATION OF THE AGREEMENT**

This agreement shall be terminated if any one of the following occurs:

1. The school year has come to an end.
2. Serious and/or prolonged illness has prevented the child from attending.
3. The agreed-upon tuition has not been paid.
4. Failure of the parent or guardian to honor the obligations listed in this Agreement or in any rules, regulations, or manuals provided by the school, after the school has given written notice.
5. Children with physical or emotional impairment may require special consideration before they can be admitted into any of our programs. We are not staffed for a child who requires one on one teacher supervision, nor can we accommodate children in wheelchairs.
6. A child will be dismissed from the program for continuous misconduct, incompatibility with group activities, or interference with the educational opportunities of the other children, if a satisfactory resolution of the problem cannot be achieved upon consultation with parents or guardians. Reimbursement for tuition paid will be determined by the date of withdrawal.

## **RIGHTS OF THE LICENSING AGENCY**

The Department of Social Services licensing department has the authority to inspect as specified in the Health and Safety Code Sections 1596.852, 1596.853, and 1596.8535. They have the right to interview children attending preschool or staff without prior consent. This authority includes the right to inspect, audit, or copy the child's records upon demand during normal business hours.

## **SIGNATURES TO AGREEMENT**

I agree to cooperate with the policies of the Center, to perform the obligations of parent or guardian set forth in this Agreement, and to abide by the rules, regulations, and manuals provided by the Center. I further indicate that I have had this material explained to my satisfaction and that all of my questions have been satisfactorily answered.

I further agree to pay the non-refundable registration fee of \$155.00 upon enrollment of my child.

For services listed in Agreement, and in accordance with the terms of this agreement, I agree to pay Woodland Christian Preschool and Day Care Center the monthly sum of:

Tuition: \$ \_\_\_\_\_

You will be given at least 30 days notice before any changes are made to this agreement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent or Guardian Name

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Signature of Parent or Guardian



# Woodland Christian Preschool 2024-2025 Tuition Agreement

*Please read and sign.*

FOR OFFICE USE ONLY

\_\_\_\_\_ Annual Amount  
\_\_\_\_\_ Monthly Amount

FOR OFFICE USE ONLY

\_\_\_\_\_ Excel \_\_\_\_\_ Invoice  
\_\_\_\_\_ Mem \_\_\_\_\_ Reg

**Financial Responsibility:** This agreement must be completed and signed by the person(s) accepting responsibility for charges incurred by the student(s) listed on the Enrollment Application or Re-Enrollment Form.

Married spouses or parents sharing financial responsibility must provide information and signatures for both individuals. Each signatory is jointly and severally obligated to pay all charges as billed regardless of marital status. Woodland Christian School may enforce its rights under the Tuition Agreement against each signatory individually or jointly, meaning each signatory may be required to pay ALL charges owed regardless of any sharing agreement or arrangement between the signatories. Woodland Christian School may release or waive enforcement of this Tuition Agreement with respect to one signatory, and such a waiver or release will not extend to or extinguish the liability of the other signatory.

In the case of students with multiple sets of parents sharing financial responsibility, both parents must sign the Tuition Agreement and contact the bookkeeper at WCS to make payment-plan arrangements. Each parent is jointly and severally obligated to pay all charges as billed as described above. By signing the Tuition Agreement, each parent authorizes Woodland Christian School to disclose to the other responsible party any payment delinquency in excess of 30 days that may jeopardize the student's enrollment.

**Tuition Agreement:** *This Tuition Agreement must be completed and signed by the person(s) accepting responsibility for charges incurred by the student(s) listed below. Married couples must provide signatures from both spouses. Addresses must be provided for Person(s) responsible for financial obligations.*

I agree to be responsible for the financial charges for the student(s) listed below and on the Re-Enrollment Form and will abide by the conditions of the Financial Information and Tuition Agreement.

**Delinquent Accounts:** Students whose accounts become 30 days delinquent may not be allowed to attend class until the account is paid in full or arrangements have been made with the bookkeeper.

All accounts must be paid in full prior to readmission. Three or more late payments during the school year will make it necessary to pay first and last months tuition prior to readmission for the following year.

**Early Withdrawals:** If a family withdraws their student(s) during the school year, the family is responsible for tuition through the end of the month (K-12). For preschool students only, the parent or guardian shall give 30 days notice or forfeit one month's tuition, in case of withdrawal from the program.

## FINANCIAL RESPONSIBILITY INFORMATION

PRINT FULL NAME(S):	1.	2.
TELEPHONE #(S):	1.	2.
HOME ADDRESS(S):	1.	2.
MAILING ADDRESS(S):	1.	2.
E-mail Address(s):	1.	2.

### TUITION PLAN:

I (we) choose the following tuition schedule: (please check one)

- Plan A:** 9 monthly payments by check or cash due on the first of each month. (September 1, 2024 to May 1, 2025)
- Plan B:** 9 monthly ACH Direct Debit payments. (September 5, 2024 to May 5, 2025) *(complete attached form, side "C")*
- Plan C:** 9 monthly Credit/Debit Card Automatic Debit payments. (September 5, 2024 to May 5, 2025) *(complete attached form, side "D")*

**PLEASE NOTE:** A \$25.00 late fee will be added if payment is not received by the 10<sup>th</sup> of the month. There will be a \$25.00 charge on any returned item (check or ACH). Accounts with multiple returned checks/debits may be required to make all payments with a Cashier's Check or Cash.

SIGNATURE(S)	1.	2.
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**Return this signed agreement along with your registration fees.**



# Woodland Christian School



**PRESCHOOL**  
 1787 Matmor Road  
 Woodland, CA 95776  
 Phone: 530.662.0994  
 Fax: 530.406.0900  
 License #573615861

**ELEMENTARY SCHOOL**  
 1787 Matmor Road  
 Woodland, CA 95776  
 Phone: 530.666.6615  
 Fax: 530.406.0900

**MIDDLE SCHOOL**  
 1787 Matmor Road  
 Woodland, CA 95776  
 Phone: 530.406.8800  
 Fax: 530.406.0900

**HIGH SCHOOL**  
 1787 Matmor Road  
 Woodland, CA 95776  
 Phone: 530.406.8800  
 Fax: 530.406.0900

## ACH Debit Authorization Agreement

PLEASE CHECK ONE:       Enroll                       Withdraw                       Change Bank Account

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **Woodland Christian School** (herein referred to as "WCS")

Address: **1787 Matmor Road, Woodland, CA 95776**

I (We) hereby authorize WCS to initiate debit entries to my (our):

Checking Account

Savings Account

Please debit my (our) account for our monthly tuition payment in the amount of \$ \_\_\_\_\_ on the fifth day of each month with the **last payment being May 2025**, indicated at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my(our)account must comply with the provisions of US law. *If the fifth day of the month should fall on a weekend or holiday, the ACH Debit Transaction will take place on the next business day.*

Depository/Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until WCS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCS and DEPOSITORY a reasonable opportunity to act on it.

Account Title  
 (as it appears on your bank account): \_\_\_\_\_

Print Name \_\_\_\_\_ Joint Tenant Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

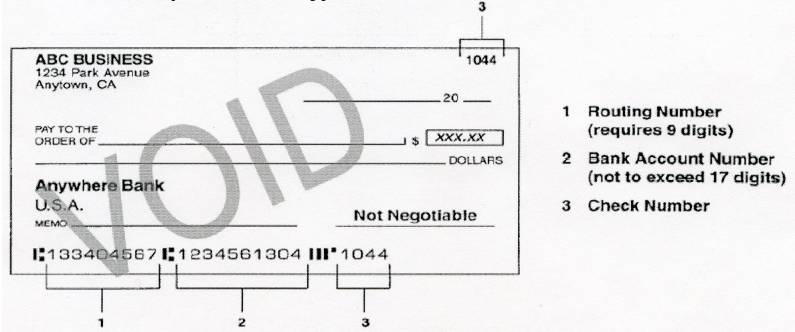
Student Information

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

**Account holder is required to verify bank account data and attach a voided check here.**

-Attach voided check here-



**I(we) would like ALL charges (athletic, extended care, emergency lunches, etc.) to be debited from my account as they occur.**                      Initials \_\_\_\_\_

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**HIGH SCHOOL**  
1787 Matmor Road  
Woodland, CA 95776  
Phone: 530.406.8800  
Fax: 530.406.0900

## Credit-Card Debit Authorization Agreement

PLEASE CHECK ONE:       Enroll       Withdraw       Change Bank Account

AUTHORIZATION AGREEMENT FOR DIRECT CREDIT CARD PAYMENTS

Company Name: **Woodland Christian School** (herein referred to as "WCS")

Address: **1787 Matmor Road, Woodland, CA 95776**

Please debit my (our) account for our monthly tuition payment in the amount of \$ \_\_\_\_\_ on the fifth day of each month **with the last payment being May 2025**, indicated at the depository credit financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of Auto Debit transactions to my (our) account must comply with the provisions of US law.

**Payment/Authorization Information:**

Accepted Payment Methods: MasterCard, Visa, Discover

Card Number \_\_\_\_\_ (enter number without spaces)

Expiration Date (MM / YY) \_\_\_\_\_ Security Code # \_\_\_\_\_ (3-digit code on back of card)

Amount Each Month: \$ \_\_\_\_\_

**Customer Billing Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

This authorization is to remain in full force and effect until WCS has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WCS and DEPOSITORY a reasonable opportunity to act on it.

Print Name _____	Joint Tenant Name _____
Signature _____	Signature _____
Date _____	Date _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**Student Information**

Name _____	Grade _____	Name _____	Grade _____
Name _____	Grade _____	Name _____	Grade _____

**I(we) would like ALL charges (athletic, extended care, emergency lunches, etc.) to be debited from my account as they occur.**      Initials \_\_\_\_\_

# 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					BIRTHDATE
LAST					MIDDLE
FIRST					BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PARENT/AUTHORIZED REPRESENTATIVE NAME					HOME TELEPHONE ( )
LAST					MIDDLE
FIRST					BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD					HOME TELEPHONE ( )
LAST NAME					MIDDLE
FIRST					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
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## TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	LAST DATE OF ENROLLMENT
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Dear Parent/Guardian

Pursuant to Health and Safety Code 1596.7996 all Child Care Centers are required to provide parents and guardians of children enrolling or reenrolling in our care with written information on the risks and effects of lead exposure, blood lead testing requirements and recommendations, and options for locations of affordable blood lead test as specified.

The attached flyer Lead Poisoning Facts is provided to you courtesy of the California Department of Public Health.

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Lead Poisoning Facts

I \_\_\_\_\_  
the parent/guardian of \_\_\_\_\_ have  
received and copy of and read the attached flyer Lead Poisoning Facts as provided by  
Woodland Christian Preschool and Day Care Center.

---

Signature

Date

## 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](http://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.
- 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](http://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>.

