



# Little Einsteins

Academy of Experiential Learning

Dear Parents,

Thank you for your interest in Little Einsteins, New Braunfels' premier preschool academy featuring a fully integrated bilingual curriculum. Little Einsteins provides a unique educational experience for children in a safe, loving environment. Our highly qualified staff of degreed, certified teachers, each trained in a variety of learning theories, ensures that every child will excel to his or her full potential.

Enclosed is an information packet that provides an overview of Little Einsteins. Please feel free to call us if you have any questions. Thank you again for your interest in Little Einsteins.

Sincerely,

Veronica Aleman & Rose Lozano

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2797 IH 35 South, New Braunfels, TX 78130 Phone (830)620-5453

# Little Einsteins

Academy of Experiential Learning

## **Mission Statement:**

**Little Einsteins Believes that all children are ready to learn and eager to apply a world of knowledge.....**

It is the mission of Little Einsteins to unlock this potential by providing the right learning environment, meeting the many learning styles of each unique child. Through the application of a variety of proven learning theories, Little Einsteins is committed to providing the highest quality preschool experience available in the New Braunfels area.

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## **Who We Are:**

### **Directors of Little Einsteins**

The directors of *Little Einsteins*, Veronica Aleman and Rose Lozano, are passionate educators with more than 20 years of teaching experience. Both are highly trained in the implementation of integrated curriculum and bring a wealth of knowledge, dedication, and care to the classroom. Under their leadership, *Little Einsteins* has proudly earned recognition as a Four-Star Texas Rising Star School since 2019. Their commitment to excellence and love for teaching continue to inspire children, families, and staff every day.

**The principal owners of Little Einsteins** are Ruth N. Saldana and Julie D. Ford. Both hold Bachelor of Science degrees in elementary education, Ruth from Texas Woman's University and Julie from Southwest Texas State University. Professionals trained in the implementation of integrated curriculum, they bring a wealth of experience to the classroom as professional teachers. Both are certified in interdisciplinary studies at the elementary level. Ruth Saldana is also bilingual/ESL certified and has extensive training in science and math. Julie Ford is ESL certified and a language arts specialist with extensive training on the use of technology in the classroom.

**What We Do:**

Little Einsteins employs highly experienced and talented teachers responsible for creating lesson plans, creating the learning environment, and guiding the children through the learning process. By using proven teaching techniques, the teachers will move the children from concrete (hands on) learning. This will be accomplished through structured classroom settings in which common themes are integrated throughout the various classrooms with integrated curriculum. For example, using a common theme of dinosaurs, an integrated lesson would consist of:

**Reading:** Read and discuss the book "Digging UP Dinosaurs"

**Math/ Science:** Make a dinosaur egg fossil, estimate and measure the size of dinosaur eggs

**Art:** Create a dinosaur mask

**Music:** Make dinosaur sounds and rhythms, pretend to be a dinosaur, Sing Dinosaur songs

**Technology:** Design a dinosaur's track map



# Little Einsteins

## Academy of Experiential Learning

### Hours of Operation:

\*Monday through Friday: 7:30 am to 3:30 pm  
After School Care 3:30 to 5:30 pm

\*2025- 2026 School Year: August 19<sup>th</sup> to May 30<sup>th</sup>

Holiday and breaks will coincide with NBISD with the exception of the December Holiday break and no Spring Break Closures. Our Holiday Break will be from December 22<sup>nd</sup> through January 2<sup>nd</sup>.

School will resume on January 3, 2026

\*Summer program starts June 1, 2026.

### Fees and Tuition:

#### Fee:

\*Registration Fee, Annual Supply Fee, Apparatus Fees \$225 Non-Refundable and Due upon enrollment. Summer Only \$75.

#### Tuition:

**Infant Tuition** 6 weeks to 17 months: \$920 / month

**Toddler Tuition** 18 months to 35 Months \$860/month M-F 7:30-5:30  
\$770 /month M-F 7:30-3:30

**Preschool Tuition** 36 months to 5 years:

\*Full Time: M - F: 7:30 am to 5:30 pm- \$815.00/month 7:30-3:30 \$725/month

\*After School Care Kinder through 12 years- \$475.00/month

\*Hourly rate beginning at 3:30 pm-\$22.00 per hour

\*Daily Drop in Rate \$85/day

**Part Time Preschool Tuition 36 months to 5 years:**

M-W-F: 7:30-5:30 \$715.00/mo

M-W-F 7:30-3:30 \$625.00/mo

T-Th 7:30-5:30 \$615.00/mo

T-TH 7:30-3:30 \$525.00/mo

\*Monthly tuition is due on or before the 1<sup>st</sup> day of the month. A \$40 late plus \$1.00 per day until paid in full. Fee will be applied after the 5<sup>th</sup> of each month.



## Admission Information

Use this form to collect all required information about a child enrolling in day care.

**Directions:** The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information			
Operation's Name:		Director's Name:	
Child's Full Name:		Child's Date of Birth:	Child Lives With? <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian
Child's Home Address:		Date of Admission:	Date of Withdrawal:
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian (if different from the child's):	
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? <input type="radio"/> Yes <input type="radio"/> No
<b>In case of an emergency, call:</b>			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
I authorize the child care operation <b>to release</b> my child to leave the child care operation <b>ONLY</b> with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	

Consent Information	
<b>1. Transportation:</b>	
I give consent for my child to be transported and supervised by the operation's employees (Check all that apply). <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school	
<b>2. Field Trips:</b>	
<input type="radio"/> I give consent for my child to participate in field trips. <input type="radio"/> I do not give consent for my child to participate in field trips.	
Comments:	
<div></div>	

### 3. Water Activities:

I give consent for my child to participate in the following water activities (Check all that apply).

☐ water table play   ☐ sprinkler play   ☐ splashing or wading pools   ☐ swimming pools   ☐ aquatic playgrounds

Is your child able to swim without assistance?

☐ Yes   ☐ No

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?

☐ Yes   ☐ No

Do you want your child to wear a life jacket while in or near a swimming pool?

☐ Yes   ☐ No

### 4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

- |  |  |
|--|--|
| <input type="checkbox"/> Discipline and guidance   | <input type="checkbox"/> Procedures for release of children  |
| <input type="checkbox"/> Suspension and expulsion  | <input type="checkbox"/> Illness and exclusion criteria  |
| <input type="checkbox"/> Emergency plans   | <input type="checkbox"/> Procedures for dispensing medications   |
| <input type="checkbox"/> Procedures for conducting health checks   | <input type="checkbox"/> Immunization requirements for children  |
| <input type="checkbox"/> Safe sleep  | <input type="checkbox"/> Meals and food service practices  |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director  | <input type="checkbox"/> Procedures to visit the center without securing prior approval  |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services  |
| <input type="checkbox"/> Procedures for parents to participate in operation activities                                       | <input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website |

### 5. Meals:

I understand that the following meals will be served to my child while in care (Check all that apply):

☐ None   ☐ Breakfast   ☐ Morning snack   ☐ Lunch   ☐ Afternoon snack   ☐ Supper   ☐ Evening snack

### 6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### 7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

**8. Child's Special Care Needs (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Environmental allergies                                 | <input type="checkbox"/> Limitations or restrictions on child's activities        |
| <input type="checkbox"/> Food intolerances                                       | <input type="checkbox"/> Reasonable accommodations or modifications               |
| <input type="checkbox"/> Existing illness  | <input type="checkbox"/> Adaptive equipment ( <i>include instructions below</i> ) |
| <input type="checkbox"/> Previous serious illness                                | <input type="checkbox"/> Symptoms or indications of complications                 |
| <input type="checkbox"/> Injuries and hospitalizations ( <i>past 12 months</i> ) | <input type="checkbox"/> Medications prescribed for continuous long-term use      |
| <input type="checkbox"/> Other: _____  |   |

Explain any needs selected above:

Does your child have diagnosed food allergies? ☐ Yes ☐ No Food Allergy Emergency Plan Submitted Date: \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature — Parent or Legal Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_

**9. School Age Children**

My child attends the following school:

School Area Code and Phone No.: \_\_\_\_\_

My child has permission to (*check all that apply*):

- ☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of his or her sibling under 18 years old

Authorized pick up or drop off locations other than the child's address:

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

**Authorization For Emergency Medical Attention**

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone No.
Name of Emergency Care Facility	Address	Phone No.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature — Parent or Legal Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_

### Requirements for Exclusion from Compliance

- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

### Vision Exam Results

Right Eye 20/      Left Eye 20/      ☐ Pass      ☐ Fail

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission. *(Select only one option.)*

- ☐ Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.
- ☐ A signed and dated copy of a health care professional's statement is attached.
- ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name of Health Care Professional, if selected \_\_\_\_\_

Address of Health Care Professional, if selected \_\_\_\_\_

Signature — Health Care Professional \_\_\_\_\_

Date Signed \_\_\_\_\_

Signature — Parent or Legal Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_

### Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	



### Varicella (Chickenpox)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about [date] and does not need varicella vaccine.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### Additional Information Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

### TB Test (If required)

☐ Positive ☐ Negative Date: \_\_\_\_\_

### Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

### Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

### Signatures

Child's Parent or Legal Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_

Center Designee \_\_\_\_\_

Date Signed \_\_\_\_\_

### Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

## Little Einsteins Preschool Health Statement

**\* This form must be completed and returned to Little Einsteins on or before the first day of enrollment.**

Date: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Name of Patient/Student: \_\_\_\_\_

To Whom It May Concern:

\_\_\_\_\_ was examined by me and is able to participate in all activities.

Sincerely,

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date



\* Secret Code Word \_\_\_\_\_

\* Please provide a secret code word for us to ask you in the case of an extreme emergency such as the person(s) listed below forgetting their identification. This code word will be asked to you so that we may release your child to the appropriate people. If you are unable to provide us with this word your child will not be released.

## **Little Einsteins Preschool Custody Release Form**

\_\_\_\_\_ gives permission for  
(Parent or Guardian's Name)

Little Einsteins to release my child \_\_\_\_\_  
(Child's Name)

into the custody of the following person(s):

**Name:**

**Relationship**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one of the above listed individuals to pick up my child (such as in the event of a divorce or custody issue).

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Little Einsteins Tuition Payment Agreement

I, \_\_\_\_\_, agree to make all tuition and fee  
(Print Name)  
payments to Little Einsteins according to the following payment schedule:  
(please initial payment plan desired)

\_\_\_\_\_ Monthly (Tuition is due on or before the 1<sup>st</sup> day of each month. A \$30 late fee plus \$1.00 per day will be applied to your account for payments received after the 5<sup>th</sup> of the month )

-----  
\_\_\_\_\_ Attached is a check in the amount of my child's last month's Tuition (equal to one month's tuition) . The amount is \$\_\_\_\_\_. I understand that this check will be held and is considered my child's last month's tuition.

I understand that I must give Little Einsteins a one month (30 day) notice if my child will no longer be attending school. I understand that I am responsible for all tuition and fees owed. Fees may include registration fee, supply fees, apparatus fees, late fees, and NSF fees.

\_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

# New Parent Orientation

I, \_\_\_\_\_, have read the Little Einsteins **on-line handbook or hard copy located at the main entrance of main building** and understand all of the information and rules. I agree to abide by these rules and information to ensure the health and happiness of all.

During my school orientation and review of the school handbook I was informed of the following:

- Tour of facility
- Introduction to teaching staff
- Parent visit with the classroom teacher
- Overview of the Parent Handbook
- Policy for arrival and late arrival
- Opportunity for an extended visit for parent and child
- Explanation of Texas Rising Star Accreditation
- Child Care Services Information
- Overview of family support and resources in the community
- Child development and developmental milestones
- Importance of arrival times
- Importance of routine in preparing students for the transition to kindergarten
- Limit use of cell phones or other electronic devices
- The role and influence of the family and school community

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Parent Signature

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Date

# Participation Agreement

Participation Agreement to email and publish my child's work,  
photographs or videos via HiMama



**To: Parent / Legal Guardian,**

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior. In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "Program"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein. Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission. To learn more about the Program, please visit [www.himama.com](http://www.himama.com). Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions. I hereby acknowledge that I wish to voluntarily participate in the Program:

CHILD'S NAME

PARENT/GUARDIAN NAME

EMAIL

PARENT/GUARDIAN SIGNATURE

DATE



himama

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## **Little Einsteins Holiday Schedule 2025-2026**

**September 1st-Labor Day**

**September 26th- Comal County Fair Day**

**October 13th Indigenous Peoples' Day (Teacher In Service)**

**November 26th- Early Release at 12:30**

**November 27th and 28th-Thanksgiving Holiday**

**December 23rd- January 1<sup>st</sup> Holiday Break**

**April 3- Good Friday**

**May 25th-Memorial Day**

**July 3<sup>rd</sup>- Early Release 3:30**

**July 4th-Independence Day**

**August 14<sup>h</sup> - Teacher Training Early Release at 12:00pm**

Should emergency situations occur, such as severe weather, we will follow decisions made by NBISD. An announcement will be released from the office of Little Einsteins through the Lilio / Hi Mama App. Classes will either be delayed 2 hours or canceled based on the situation.

# Little Einsteins

Academy of Experiential Learning

Dear Parents,

Please use this checklist as a guide for turning in your required enrollment information. All items must accompany your child's enrollment packet in order for your child to begin school. Please check off each item and return the enrollment packet prior to your child's first day.

Thank you,

Little Einsteins Preschool, LLC

\_\_\_\_\_ Enrollment Form

\_\_\_\_\_ Immunization Records

\_\_\_\_\_ Preschool Health Statement

\_\_\_\_\_ Custody Release Form

\_\_\_\_\_ Tuition Agreement

\_\_\_\_\_ Last Month's Check

\_\_\_\_\_ Discipline and Guidance Policy

\_\_\_\_\_ New Parent Orientation and Handbook Acknowledgement

\_\_\_\_\_ Internet / Hi Mama Authorization Form

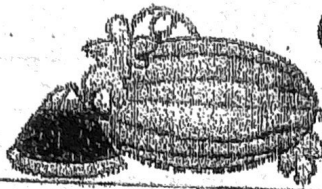
\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

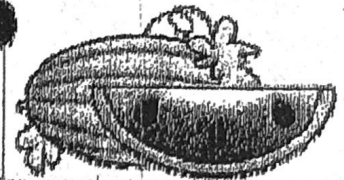
2797 IH 35 South, New Braunfels, TX 78130 Phone (830)620-5453

## SCOPE AND SEQUENCE

<b>AUGUST/SEPTEMBER</b> <b>"All About Me"</b> <ul style="list-style-type: none"> <li>Letters of the Month: D, F, M, A</li> <li>Shape of the Month: Star</li> <li>Science: Baby animals and life processes</li> <li>Math: Number concepts (counting and identifying numbers)</li> </ul>	<b>OCTOBER</b> <b>"Nocturnal Animals and Falling Into Autumn"</b> <ul style="list-style-type: none"> <li>Letters of the Month: B, R, H, N</li> <li>Shape of the Month: Circle</li> <li>Science: Deciduous and Evergreen Trees</li> <li>Math: Counting, sorting and comparing patterns</li> </ul>	<b>NOVEMBER</b> <b>"Healthy Foods, Pilgrim and Native American Cultures"</b> <ul style="list-style-type: none"> <li>Letters of the Month: P, G, C, I</li> <li>Colors of the Month: Orange, Yellow, Brown, Red, Green</li> <li>Science: How Plants Grow</li> <li>Math: Most and least, AB patterns</li> </ul>	<b>DECEMBER</b> <b>"Winter Holidays"</b> <ul style="list-style-type: none"> <li>Letters of the Month: X, E, W, S</li> <li>Shape of the Month: Square</li> <li>Science: Winter weather</li> <li>Social Studies: Winter holidays</li> <li>Dance: Ballet movements</li> <li>Music: Holiday music from around the world</li> </ul>
<b>JANUARY</b> <b>"Winter Hibernation and Migration"</b> <ul style="list-style-type: none"> <li>Letters of the Month: J, W, I, Y</li> <li>Shape of the Month: Ellipse (oval)</li> <li>Science: Animal adaptation</li> <li>Social Studies: Winter clothing</li> <li>Colors of the Month: White and grey</li> </ul>	<b>FEBRUARY</b> <b>"Shadows &amp; Light, Friendship, Presidents, Dental Health"</b> <ul style="list-style-type: none"> <li>Letters of the Month: L, V, T, K</li> <li>Shape of the Month: Heart</li> <li>Science: Shadows &amp; light, dental health</li> <li>Social Studies: Presidents</li> </ul>	<b>MARCH</b> <b>"Happy Birthday Dr. Seuss &amp; Spring"</b> <ul style="list-style-type: none"> <li>Letters of the Month: Q, O, Z</li> <li>Shape of the Month: Diamond</li> <li>Science: Life cycle of insects &amp; exploring March winds</li> <li>Language: Rhymes and nonsensical</li> <li>Color of the Month: Green</li> </ul>	<b>APRIL</b> <b>"Insects, Plants &amp; Water, Color Spectrum"</b> <ul style="list-style-type: none"> <li>Letters of the Month: F, U, N</li> <li>Science: Parts of a plant, insect characteristics, Texas wildflowers</li> <li>Math: Measurement</li> <li>Color of the Month: R-O-Y-G-B-I-V</li> </ul>
<b>May</b> <b>"Healthy Habits, Oceans, Wacky Silly Week!"</b> <ul style="list-style-type: none"> <li>Letters of the Month: A-Z Review</li> <li>Science: Ocean Animals and Habitats</li> <li>Math: Polygons and Quadrilaterals</li> </ul>	<b>June and July</b> <b>"Summer Fun!"</b> <b>It's A Jungle in Here</b> <b>Let's Make Summer Treats</b> <b>Grocery Store</b> <b>Proud To Be An American</b> <b>Out Of This World Space</b> <b>Dinosaurs</b> <b>Let's Pretend</b>	<b>Family Involvement:</b> We believe in the importance of family involvement in a child's preschool education and welcome our families to participate in monthly activities. We offer many opportunities throughout the year to celebrate our families and school. Little Einsteins will send notices and have sign-up sheets for these fun events. For example, bi-monthly family breakfasts or afternoon treats with lemonade are enjoyed. We celebrate a fruitful Thanksgiving feast together and a hopping good time at our Easter Egg hunt and picnic. Family projects and homework are fun ways to participate in school activities. These opportunities unite the school and home community. Some examples include: family trees, "I am special" posters, Halloween party and carnival, hot chocolate, Christmas caroling, Valentine's Day box decorating, and our Tiger graduation ceremony is a school favorite.	



# Healthy Lunch Ideas



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1	Sandwich Fingers Cut your kid's favorite Sandwich into 4 sticks	Pack Breakfast for Lunch!	Combine hummus, tuna and Veggies - Spoon into a mini whole wheat Pita.	Tortellini Cherry tomatoes and Mozzarella balls	Turkey String Cheese Fruit Crackers	
Week 2	Avocado, Cheese tomato, Turkey on a toasted English Muffin	Toasted whole wheat bagel thins with Veggie Cream cheese with Cucumber	Spread Pesto on toasted sour dough bread. Top with mozzarella, bacon, lett. and tomato.	Corn muffin w/ Deli Ham lettuce and Cheese	Sandwich Sliced Strawberries and bananas between 2 pieces of white bread Covered w/ nutella	
Week 3	2 Blueberry bagel thins with Cream Cheese, turkey and Avocado	Tostito Wrap: Cheese, Black Beans, Avocado, Chicken Strips	PB and Banana Smores. Stack Graham Crackers with Peanut Butter & banana Slices	Toss together Shredded Chicken Carrots & Crunchy Asian Noodles. Spoon into a mini w/ Pita	Italian Sub: Salsami, Provolone Cheese Red Peppers	
Week 4	BLT Wrap: Bacon, Lett. Tom Ranch dressing on a Spinach tortilla	Pin wheels Deli chicken Cheese, pesto on a tortilla - roll and cut in circles	Flatbread w/ Hummus, Spinach Cheese or Avocado Cranberry Sauce and Cream Cheese on Cinnamon bread	Tea Sandwich Cranberry Sauce and Cream Cheese on Cinnamon Bread	Pita filled with turkey, Strawberry Cream Cheese & baby Spinach	
	Drink: Milk or Water	Balance Your Lunch: Fruits, vegetables, whole grains, dairy, healthy fats; olive oil, nuts, Avocado				





# Snack Menu

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
* AM Snack -8:30	Cereal	Pancakes	Breakfast Bar	Tortillas	Cereal
# PM Snack -2:45	Graham Crackers/Apple	Popcorn	Fritos/Salsa	Granola Bar	Veggie Straws
# Late PM -4:30	Fruit or Veg in Season	Fruit or Veg in Season	Fruit or Veg. in Season	Fruit or Veg in Season	Fruit or Veg in Season
Week 2					
* AM Snack -8:30	Tortilla	Cereal & Fruit	Breakfast Bar	Bagles & Cr. Cheese	Cereal & Fruit
# PM Snack -2:45	Carrots and Ranch	Chips and Salsa	Veggie Straws	Pretzels	Oatmeal Cookie
# Late PM -4:30	Fruit or Veg in Season	Fruit or Veg in Season	Fruit or Veg in Season	Fruit or Veg in Season	Fruit or Veg in Season
Week 3					
* AM Snack -8:30	Cereal & Fruit	Tortilla	Cereal & Fruit	Breakfast Bar	Pancakes
# PM Snack -2:45	Pudding	Goldfish	Graham Crackers	Veggie Straws	Pretzels
# Late PM -4:30	Fruit or Veg in Season	Fruit or Veg in Season	Fruit or Veg in Season	Fruit or Veg in Season	Fruit or Veg in Season
Week 4					
* AM Snack -8:30	Breakfast Bar	Cereal and Fruit	Yogurt/Granola	Cereal & Fruit	Tortilla
# PM Snack -2:45	Goldfish	Bugles	Chips & Salsa	Cheese and Crackers	Vanilla Waffers
# Late PM -4:30	Fruit or Veg in Season	Fruit or Veg in Season	Fruit or Veg in Season	Fruit or Veg in Season	Fruit or Veg in Season
*All AM Snacks are Served with 2% Milk and Whole Milk for Infants and Toddlers					
# All PM Snacks are Served with Fresh Water					
The Center will Notify of Any Substitutions					
The Center does not provide lunch. Parents are responsible for packing a healthy, nutritious lunch. Please provide ice pack to ensure the safety of food brought from home.					
We will substitute raisens for infants and toddlers on days that we are serving popcorn, carrots					