Little Shepherd Preschool

Class Offerings for 2025-2026

Check One:	
Preschool Class (3-year-olds and 4-year-o	lds not going to Kindergarten in the Fall of 2026)
Pre-Kindergarten Class (4- and 5-year-o	olds going into Kindergarten in the Fall of 2026)
- 4 years old by September 1, 2024	
Child's Name	Birthdate
Parent/Guardian Signature	
Rank your choices (1st, 2nd) below:	
Preschool (3's) Offerings	
 Monday, Wednesday, Friday Tuesday, Thursday	9:15 - 11:45 9:15 - 11:45
Pre-Kindergarten (4's) Offerings	
 Monday, Wednesday, Friday Add Thursday Enrichment Class Monday, Wednesday, Friday Add Thursday Enrichment Class 	for a 4 th day, 9:15 – 11:45 12:45 – 3:15
Non-Refundable registration (\$50) and supply (\$50)	fee are due at the time of registration.
Tuition is divided into 9 equal payments from Augus depending on your enrollment date. Monthly tuitio \$230 for 3 days per week, and \$280 for 4 days per w	on fees are as follows: \$180 for 2 days per week,
School begins on Monday, August 25, 2025 and	ends Friday, May 15, 2026
How did you hear about Little Shenherd Presch	nool?

ENROLLMENT APPLICATION

2025-2026 SCHOOL YEAR

Little Shepherd Preschool P.O. Box 695 5 West Washington Street Oswego, IL 60543

Child's Full Name:	Gender: M_F_ Handed: R_L_
Birth Date:/ Birthpla	ace (city, state, county):
Mailing Address:	
House # and Street	city/state/zip code
Primary Email Address:	
Additional Email Address:	
Child resides with Parent Guardian	_
Name of Mother/Guardian :	
Home Address:	
House # and Street	city/state/zip code
Home Phone: Cell:	Work:
Occupation:	Employer:
Employer's Address:	
Name of Father/Guardian:	
Home Address:	
House # and Street	city/state/zip code
Home Phone: Cell:	Work:
Occupation:	Employer:
Employer's Address:	
Marital Status: MarriedLiving Together_	Separated Divorced
If divorced, please describe custody and visit	ation agreement for the child:

Other children in the home:	Name	Age	School/Grade
1			
2			
Others in the home: (please incl	ude names, age	es and relation	nship to child)
Name of regular day care provid	or		Phone:
Child's Doctor			Phone:
Are your child's bowel and blade	der functions re	egular and und	der control?
Is you child taking any regular m	edications?	If so,	describe:
Does your child have allergies? _ treatments:			
Does your child have any dietary	restrictions?	If so. describe	:
, , , , , , , , , , , , , , , , , , , ,			
Describe your child's overall hea	lth:		
Describe your child's favorite pla	av activities:		
,			
Would you describe your child a	s easy or difficu	ult to manage	?
What methods of discipline have			
what methods of discipline have	e you round me	ost effective:	
What hopes and expectations do	you have for	your child fro	m our program?
·			
Please give any additional inform	nation you thin	k might he im	inortant for us to have:
i icase give any additional illioni	nation you tilli	K HIIGHT DE III	iportant for us to have.

Please read before completing these forms: Be sure to fill out the forms completely. <u>Each section</u> needs to be filled out legible with full names, addresses, and phone numbers. The Authorization for Pick-Up will be on our sign-out clipboard and the Emergency Contact Form will be take with us anytime we leave the classroom or school building with your child. Please include 3 Emergency contacts if possible.

Authorization for Pick-Up

I give au	thorization	for these	persons	listed bel	ow to pic	k-up my child
				from Little	Shepherd	Preschool or
school day	s during the	2025-2026	school ye	ear.		
<u>Nam</u>	<u>1e</u>	<u>Address</u>		Phone Nur	<u>mber</u>	Relationship
1						
2						
3						
4.						
_ 5.						

Emergency Contact Form

needs to be picked 2025-2026 school	ed up from Little Sh Il year; after attemp isted below and co	oting to notify mother	a school day during the /father/guardian at the ed, these persons have
Name:	Address:	Phone Number:	Relationship:
1			
2			
3			
Mother's Name:			
Phone Numbers:			
(cell):	(home):	(wor	k):
Father's Name:			
Phone Numbers:			
(cell):	(home):	(worl	s):

CONSENT STATEMENTS:

Date

- 1. In case of illness or accident, the school will provide first aid according to the guidelines of the American Red Cross as suggested by the DCFS, and the direction of EMS.
- 2. If parents are not readily available, emergency care will be provided by local paramedics and/or hospital personnel.
- 3. The child will take part in field trips/school events planned off the school premises when previous notification is given to parents.
- Medication will <u>not</u> be administered to the child. Since the program is 2 ½ hours or less, medication should be given before the child comes to school or the child should not attend.
- 5. Photographs of the child may be released for use in special books, class displays, advertisement and other appropriate applications.
- 6. Other material about the child will be released only when written notice is given from the parents.
- 7. In regards to social media, I will use acute discretion which respects to privacy of the children, families, and staff of LSP when posting photos and other information pertaining to LSP, its events, etc.

As parents/guardians, we agree to this statement and will cooperate with the school policies

and participate in the program for one school term.

and participate in the program for one t		
 Date	Parent/Guardian Signature	

Parent/Guardian Signature

Late Pick-Up Policy

I understand that my child must be signed out each day by an Authorized Pick-up person no more than 10 minutes after the dismissal of his/her class or a late fee of \$10.00 will be charged. An additional \$10.00 will be charged every 5 minutes thereafter that he/she is not picked up. After 30 minutes past dismissal time, if the parents and persons authorized to pick up my child have not been reached, the Oswego police will be contacted.

Should any contact information change, for parents/guardians and/or other emergency contact persons, I will be sure to notify the preschool in writing. It is most important that staff have current contact information at all times.

I understand that preschool staff will care for my child until the parent, an authorized pick-up person, or the authorities arrive. Staff shall not hold the child responsible for the situation. Discussion of this issue will only be with the parent/guardian and not with the child.

Child's Name	 	
Parent/Guardian Signature		
rareing darraian signature	 	
Data		
Date		

Pesticide Notification

Little Shepherd Preschool practices Integrated Pest Management, a program that
combines preventative techniques, non-chemical pest control methods, and the
appropriate use of pesticides. "Pesticides" includes insecticides, herbicides,
rodenticides, and fungicides.

When possible, you will be notified before the use of pesticides at the school. If there is an immediate threat to health or property that requires treatment before notification can be sent out, you will receive notification as soon as possible.

Please sign below that you have been notified of our pesticide policy.

Signature	Date

Permission for Field Trips and Photographs

I give permission for my child to accompany his/her class and staff persons on filed trips planned and authorized by the preschool. These may be neighborhood walks or walking trips to the park.

I give permission for my child to be included in evaluations and photos connected with school programs. Photos may be used for school promotional purposes.

Date	Signature
Name of Child:	
	Handbook Notification
Preschool Handbook for the	the information contained in the Little Shepherd 2025-2026 school year. The handbook is available at
www.goodshepherdoswego	o.org, paper copy available upon request.
Date	Signature
	Car Pool Form (optional)
	has my permission to be transported to and
from school by	, parent of
	·
Date	Signature

Little Shepherd Preschool

WAIVER AND REALEASE OF LIABILITY AGREEMENT

The undersigned hereby repr	esents that he	e or she is the parent or guardian of
	(C	child's full name) and agree to the
following:		
liability ("Liability Release") of staff, in connection with my of in all Preschool activities, included activities, classroom activities. Preschool. I understand and	on the part of I Child's attenda luding, but no s and field trip agree that the	ete waiver and release of any and all Little Shepherd Preschool, as well as its ance at the Preschool and participation t limited to, illness, gross motor room as taken in connection with the e Liability Release will apply to the t the Preschool and participation in all
I acknowledge that I have car contents.	efully read the	e Liability Release and understand its
Please Print Name of Parent	or Guardian	
Steet Address		
City	Zip	Phone
E-mail Address		
Signature of Parent or Guardi	ian	
Data		

Discipline Policy for Little Shepherd Preschool

Discipline is an on-going process of helping children to develop control so that they can manage their own behavior in socially approved and acceptable ways.

How Discipline will be Implemented by the Staff:

Approved discipline techniques include:

- * Avoid problems by offering an organized, stimulating environment
- * Reinforcement of positive behavior
- * Modeling
- * Redirection to a more acceptable behavior
- * Setting clear limits
- * Offering choices
- * Ignoring negative behavior (when appropriate)
- * Acknowledgement of good behavior
- * Removal of child from the area for short periods of time, not to exceed one minute per year of age of child
- * Including the child in the resolution of the conflict

How Parents will be Involved in the Guidance Process:

- A director or lead teacher will verbally notify the child's parent if a pattern of unacceptable behavior is noted.
- * As needed, the teacher will discuss with the parent the child's behavior. If unacceptable behavior occurs during the day or a behavior is uncharacteristic of the child, a behavior report will be completed by the teacher, signed by the parent, and a copy will be retained in the child's file.
- * The director may request a formal conference with the parents.
- * If deemed necessary, the parent may be asked to pick up the child from the school and/or remove the child for the next class session.

How Children will be Involved in the Process:

- * Children will be aware of the classroom guidelines. They will be reminded of the guidelines throughout the day.
- * Children will have reasonable opportunity to resolve their own conflict.

Transition from the Program:

Any child who, after attempts have been made to meet the child's individuals needs, demonstrates inability to benefit from the type of care offered by the preschool, or whose n. shall

presence is detrimental to the group, AND has be transitioned from the preschool.	' ' '
I have read and understand the preschool's	guidance and discipline policy
Signature of Parent/Guardian	Date

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Little Shepherd Preschool has put in place protective measures to reduce the spread of COVID-19; however, Little Shepherd Preschool cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending activities at Little Shepherd Preschool could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending activities at Little Shepherd Preschool and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while at Little Shepherd Preschool may result from the actions, omissions, or negligence of myself or others, including, but not limited to, Little Shepherd Preschool employees, volunteers, program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance in activities or participation at Little Shepherd Preschool. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Little Shepherd Preschool, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Little Shepherd Preschool, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Little Shepherd Preschool activity.

The safety of our employees, students and families remains Little Shepherd Preschool's priority. To prevent the spread of COVID-19 and reduce the potential risk of exposure to all parties, you agree to keep your child(ren) home, notify Little Shepherd Preschool of symptoms, and seek medical care if your child(ren) develops the following symptoms: fever, chills, cough, sore throat, respiratory illness, difficulty breathing, or loss of taste or smell.

Signature of Parent/Guardian	Date
Print Name of Parent/Guardian	Name of Child