

**Little Shepherd Preschool**  
**Class Offerings for 2024-2025**

**Check One:**

\_\_\_\_ Preschool Class (3-year-olds and 4-year-olds not going to Kindergarten in the Fall of 2024)

\_\_\_\_ Pre-Kindergarten Class (4- and 5-year-olds going into Kindergarten in the Fall of 2024)

- 4 years old by September 1, 2023

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Rank your choices (1<sup>st</sup>, 2<sup>nd</sup>) below:

**Preschool (3's) Offerings**

- \_\_\_\_\_ Monday, Wednesday, Friday            9:15 – 11:45
- \_\_\_\_\_ Tuesday, Thursday                    9:15 – 11:45

**Pre-Kindergarten (4's) Offerings**

- \_\_\_\_\_ Monday, Wednesday, Friday            9:15 – 11:45
  - Add Thursday Enrichment Class for a 4<sup>th</sup> day, 9:15 – 11:45
- \_\_\_\_\_ Monday, Wednesday, Friday            12:45 – 3:15
  - Add Thursday Enrichment Class for a 4<sup>th</sup> day, 9:15 – 11:45

**Non-Refundable** registration (\$50) and supply (\$50) fee are due at the time of registration.

Tuition is divided into 9 equal payments from August through April or September through May, depending on your enrollment date. Monthly tuition fees are as follows: \$175 for 2 days per week, \$225 for 3 days per week, and \$275 for 4 days per week.

School begins on Monday, August 26, 2024 and ends Friday, May 16, 2025

**How did you hear about Little Shepherd Preschool?** \_\_\_\_\_

ENROLLMENT APPLICATION

2024-2025 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: \_\_/\_\_/\_\_\_\_ Birthplace (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: Married \_\_ Living Together \_\_ Separated \_\_ Divorced \_\_

If divorced, please describe custody and visitation agreement for the child: \_\_\_\_\_

\_\_\_\_\_

Other children in the home:                      Name                      Age                      School/Grade

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Others in the home: (please include names, ages and relationship to child) \_\_\_\_\_

\_\_\_\_\_

Name of regular day care provider \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Child's Doctor \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Are your child's bowel and bladder functions regular and under control? \_\_\_\_\_

Is your child taking any regular medications? \_\_\_\_\_ If so, describe: \_\_\_\_\_

\_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ If so, please describe each allergy, symptoms, and treatments: \_\_\_\_\_

Does your child have any dietary restrictions? If so, describe: \_\_\_\_\_

\_\_\_\_\_

Describe your child's overall health: \_\_\_\_\_

Describe your child's favorite play activities: \_\_\_\_\_

\_\_\_\_\_

Would you describe your child as easy or difficult to manage? \_\_\_\_\_

What methods of discipline have you found most effective? \_\_\_\_\_

\_\_\_\_\_

What hopes and expectations do you have for your child from our program? \_\_\_\_\_

\_\_\_\_\_

Please give any additional information you think might be important for us to have:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*Please read before completing these forms: Be sure to fill out the forms completely. Each section 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 authorization for these persons listed below to pick-up my child, \_\_\_\_\_, from Little Shepherd Preschool on school days during the 2024-2025 school year.

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

## Emergency Contact Form

In the event of an emergency and \_\_\_\_\_  
needs to be picked up from Little Shepherd Preschool on a school day during the  
2024-2025 school year; after attempting to notify mother/father/guardian at the  
phone numbers listed below and contact cannot be reached, these persons have  
permission to pick-up my child:

Name:                      Address:                      Phone Number:                      Relationship:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Phone Numbers:

(cell): \_\_\_\_\_ (home): \_\_\_\_\_ (work): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone Numbers:

(cell): \_\_\_\_\_ (home): \_\_\_\_\_ (work): \_\_\_\_\_

CONSENT STATEMENTS:

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.
4. Medication will not 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

Little Shepherd Preschool

## 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 \_\_\_\_\_

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.

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Signature

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Date



### Permission for Field Trips and Photographs

I give permission for my child to accompany his/her class and staff persons on field 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

I have read and understand the information contained in the Little Shepherd Preschool Handbook for the 2024-2025 school year. The handbook is available at [www.goodshepherdoswego.org](http://www.goodshepherdoswego.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 represents that he or she is the parent or guardian of \_\_\_\_\_ (Child's full name) and agree to the following:

I understand and agree to a full and complete waiver and release of any and all liability ("Liability Release") on the part of Little Shepherd Preschool, as well as its staff, in connection with my Child's attendance at the Preschool and participation in all Preschool activities, including, but not limited to, illness, gross motor room activities, classroom activities and field trips taken in connection with the Preschool. I understand and agree that the Liability Release will apply to the entire duration of my Child's attendance at the Preschool and participation in all Preschool activities.

I acknowledge that I have carefully read the Liability Release and understand its contents.

Please Print Name of Parent or Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

Date \_\_\_\_\_

## **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 individual needs, demonstrates inability to benefit from the type of care offered by the preschool, or whose presence is detrimental to the group, AND has been put on a guidance and discipline plan, shall be transitioned from the preschool.

**I have read and understand the preschool's guidance and discipline policy**

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**Signature of Parent/Guardian**

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**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.

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Signature of Parent/Guardian Date

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Print Name of Parent/Guardian Name of Child