

# 2025-2026

## REGISTRATION FORM FOR LITTLE CHERUBS CHRISTIAN PRESCHOOL

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date enrolled \_\_\_\_\_

Session assignmt: \_\_\_\_\_

**Please complete BOTH sides of form**

Please circle class you wish your child enrolled in    3's 9:00-1:00    4's 9:00-2:00

Child's Full Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    \_\_\_\_\_    M    F  
Birth Date                      Nickname                      Sex (circle one)                      (Area Code) Phone

Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address (if different from child's) \_\_\_\_\_ e-mail address \_\_\_\_\_

Mother's Place of Employment/Address \_\_\_\_\_ Position \_\_\_\_\_ (Area Code) Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Address (if different from child's) \_\_\_\_\_ (Area Code) Phone \_\_\_\_\_

Father's Place of Employment/Address \_\_\_\_\_ Position \_\_\_\_\_ (Area Code) Phone \_\_\_\_\_

Sibling Name/Birth Date \_\_\_\_\_ Sibling Name/Birth Date \_\_\_\_\_ Sibling Name/Birth Date \_\_\_\_\_

Child's Previous School/Daycare Experience \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ What is the primary language spoken at home? \_\_\_\_\_

Church Affiliation \_\_\_\_\_

### EMERGENCY INFORMATION

Name of Child's Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Child's Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Allergies / Restrictions / Regular Medications \_\_\_\_\_

Physical / Emotional Needs (Please attach additional pages if more room is needed to explain) \_\_\_\_\_

**REGISTRATION FORM  
EMERGENCY INFORMATION, CONTINUED**

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

List below, in order of priority, people to call when neither parent can be reached:

_____ Name/Address	_____ Phone	_____ Relationship to Child
_____ Name/Address	_____ Phone	_____ Relationship to Child
_____ Name/Address	_____ Phone	_____ Relationship to Child
_____ Name/Address	_____ Phone	_____ Relationship to Child

1. The above mentioned people have my permission to pick up my child any time I am unable to do so.
2. I hereby give permission for my child to receive emergency medical or dental treatment, if necessary. I also give permission for staff members of Little Cherubs Christian Preschool to transport my child by state inspected and registered automobile or arrange for transportation by ambulance. Permission is also given for Red Cross trained staff members to administer First Aid.
3. I will furnish certificates satisfactory to the school from a physician certifying as to the health of the child to be enrolled before my child will be admitted to school.
4. My child meets the age requirements and is toilet trained.
5. I understand that if my child is displaying illness he shall be excluded from school at the discretion of the Head Teacher or other staff member in the teacher's absence. I understand that I will be required to pick up my child or have an authorized person pick him up.
6. I agree to pay the annual tuition fee and registration fee. I also agree to the tuition terms as outlined on the "Tuition Fees" sheet.

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Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TUITION FEES FOR THE 2025 - 2026 SCHOOL YEAR  
FOR  
LITTLE CHERUBS CHRISTIAN PRESCHOOL**

THREE YEAR OLDS: 2 DAYS (Tue, Thurs 9:00 a.m. - 1:00 p.m.) ..... \$3,108

FOUR YEAR OLDS: 3 DAYS (Mon, Wed, Fri 9:00 a.m. - 2:00 p.m.) ..... \$5,460

REGISTRATION FEE: \$ 100.00 (this fee is non-refundable)

\*Families with more than one child enrolled get 50% off each child's registration fee.

**TUITION TERMS:**

1. There is an annual tuition fee that can be paid at the time of registration or divided into ten monthly installments. Tuition installments are due on the first of the month, beginning **August 1** and continuing until **May 1**.
2. No credit is given for time absent due to illness, snow or any other reason. In a case of extended absence due to severe illness or extended hospitalization, please see the Director. Each situation will be given individual consideration and handled according to the discretion of the Director.
3. The **registration fee is to accompany the Registration form** when applying for admission to Little Cherubs Christian Preschool.
4. There will be an automatic late charge in the amount of \$25.00 per month if a payment is seven or more days late. This charge is per payment until the bill is up to date. Two or more late payments will result in your being asked to withdraw from the program.
5. If more than one child is enrolled in the program, the tuition rate is reduced by 5% for the younger child.
6. Children are enrolled for the entire year or the balance of the year. Children enrolled after the beginning of the school year will pay a pro-rated tuition fee.
7. Six weeks' written notice is required before withdrawal. There is no withdrawal after March 1.
8. Little Cherubs Christian Preschool reserves the right to terminate this agreement upon thirty day written notice to the parents or the person with whom the child resides.

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Parent's Signature

Date

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Director's Signature

Date

Little Cherubs

## **EMERGENCY DENTAL PERMISSION FORM**

I hereby give permission for my child to receive emergency dental treatment, if necessary. I also give permission for staff members of Little Cherubs Christian Preschool to transport my child by state inspected and registered automobile or arrange for transportation by ambulance. Permission is also given for Red Cross trained staff members to administer First Aid.

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Parent's signature

Date

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Director's Signature

Date

## **EMERGENCY MEDICAL PERMISSION FORM**

I hereby give permission for my child to receive emergency medical treatment, if necessary. I also give permission for staff members of Little Cherubs Christian Preschool to transport my child by state inspected and registered automobile or arrange for transportation by ambulance. Permission is also given for Red Cross trained staff members to administer First Aid and CPR.

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Parent's signature

Date

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Director's Signature

Date

## **DISCIPLINE POLICY**

Little Cherubs practices a positive behavioral modification approach to dealing with behavior issues. We will expect a child to behave according to the rules set forth by the teachers. The teachers are in agreement with setting clear limits for the children. We expect the children to treat each other with respect, obey the teacher when asked to do something or to stop doing something when asked, using words to solve confrontations instead of using physical violence, and treating the toys and equipment gently.

1. **Positive Guidance:**  
When disputes arise among children, or between a child and staff, the staff will encourage a “Talking Out” process where the goal is to review with the child why the behavior was unacceptable and help the child to acknowledge feelings and find solutions using the children’s ideas wherever possible to find an acceptable answer to the conflict.
2. **Redirection:**  
If the incident happens again the teacher will redirect the child to another area of the classroom away from the child or situation that was the problem. If redirecting does not help, the child will be asked to sit in a time out chair (1 Minute per age). He/she will be losing their time of playing. Staff will continuously supervise the child during the disciplinary actions.
3. The child will be removed from the class if he/she is endangering the other children or himself with his/her behavior, is willfully destroying preschool property or has completely lost self-control. The Director will speak to the child away from the other children but close enough for other staff to hear conversation. The parent will be called and asked to pick the child up. The child will then be brought back into the classroom until the parent arrives to pick up the child. Once again, the child will be supervised by the staff giving him/her a quiet activity to do until the parent arrives. The staff will work closely with the parent to help the child learn appropriate self-control. At no time will a teacher be abusive, neglectful or use corporal, humiliating or frightening punishment under any circumstances. No child will be physically restrained unless it is necessary to protect the safety or health of the child or others, using least restrictive methods, as appropriate.
4. Teachers will use verbal positive reinforcement in all situations to encourage the growth in self-esteem.
5. If a child purposely hits/punches/injures a teacher out of anger, he/she will be sent home. This type of behavior is not tolerated at Little Cherubs.
6. If a child is consistently behaving in an inappropriate way and every attempt has been made to work with parent and child over a course of time, the child will be disenrolled from our school. The Director reserves the right to send any child home for harmful, aggressive, or disobedient behavior at any time or to disenroll any child for repeated poor behavior.

Parent’s signature \_\_\_\_\_ Date \_\_\_\_\_

Director’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**PESTICIDE ACKNOWLEDGMENT**

I acknowledge the fact that CLC may periodically need to treat the church building and grounds with pesticides to extinguish any pest issues that may arise. I understand that all attempts will be made to have any required treatment done while school is not in session.

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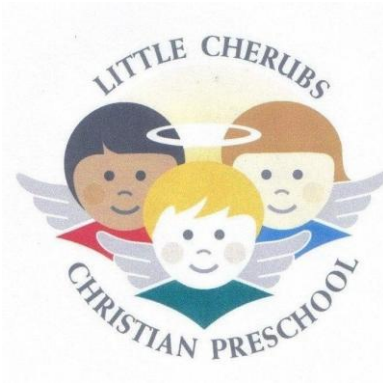
Parent's signature

Date

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Director's Signature

Date



## Permission To Use Pictures

I give Little Cherubs Christian Preschool, of Cheshire Lutheran Church permission to use my child's picture:

\_\_\_ displayed in school/church

\_\_\_ in local newspapers, (no last names will be used)

\_\_\_ on our website/Facebook/Instagram (no names used)

\_\_\_ public events (no names used)

Parent signature: \_\_\_\_\_

Child's name: \_\_\_\_\_

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

Director's signature: \_\_\_\_\_