

Cherub Preschool

A Ministry of Calvary Community Church
1200 Roosevelt Road
St. Cloud, MN 56301
Phone: 320-251-4825

Cherub Preschool is a licensed preschool, offering classes for children ages 3-5. Our school year runs from September through mid-May.

The class choices that we offer may be subject to change, depending on enrollment. Those being offered are as follows:

Cherub I is for children who are age 3 by September 1, toilet trained, and do not require assistance in the restroom.

Cherub I A	Tuesday & Thursdays	9:00-11:30 a.m.
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Cherub II is for children who are age 4 or 5 by September 1, and not yet in Kindergarten.

Cherub II A	Tuesday & Thursdays	9:00-11:30 a.m.
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Cherub II B	Tuesday, Thursday, & Fridays	9:00-11:30 a.m.
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To enroll a child in Cherub Preschool:

1. Return a completed registration form (*in full*) along with a \$50 registration fee. *This fee is non-refundable.* Check should be made payable to: *Calvary Community Church.* A spot will not be reserved until both are received.
2. Once your registration form (completed in full) and fee has been received, you will be receiving additional forms to be filled out and returned. These will be a Health Survey, an Immunization Record, a Parental Release Form, and an Emergency Information Card. These forms must be on file in the preschool office *before classes begin.*
3. September tuition is due on August 1st. Checks should be made payable to *Calvary Community Church.*

If you have any questions you may call Cherub Preschool at 251-4825.

Sheryl Spies
Cherub Preschool Director
For Office Use Only

Church Affiliation _____

Child's Physician _____ Phone _____

Address _____
Street City Zip

Allergies _____

Child's Dentist _____ Phone _____

Address _____
Street City Zip

Who is authorized to bring your child to preschool (other than parents)?

Name _____ Phone _____

Name _____ Phone _____

Who is authorized to pick up your child from preschool (other than parents)?

Name _____ Phone _____

Name _____ Phone _____

Persons to be Contacted in Case of Emergency if Parents Cannot be Reached.

(Must have two.)

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____