

**GOOD SHEPHERD PRESCHOOL REGISTRATION  
2015-2016 School Year**

Child's Name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Name you prefer child to be called \_\_\_\_\_ Birthday \_\_\_\_\_

Age child will be on September 10, 2015 \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

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

Father's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of employment \_\_\_\_\_

Home phone # \_\_\_\_\_ Business phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent's email address \_\_\_\_\_

**PLEASE LET US KNOW IF YOUR PHONE NUMBERS OR ADDRESS CHANGES!**

Brothers and Sisters:

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Day Care Provider: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Names and phone numbers of two relatives or friends to be notified in case of illness or emergency at school

(Parents will be called first).

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Serious accidents and illnesses to date \_\_\_\_\_

Allergies or food child cannot eat \_\_\_\_\_

Special problems or fears:-

\_\_\_\_\_

\_\_\_\_\_

(Complete backside of registration form)

Please use this space to provide any additional information which might prove helpful in working with your child.

How did you hear about us? \_\_\_\_\_

Schools previously attended \_\_\_\_\_

Child's Doctor \_\_\_\_\_

Address and phone number \_\_\_\_\_

Hospital preferred in case of emergency \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Address and phone number \_\_\_\_\_

**Check your choice for the school year:**

\_\_\_\_\_ **My child will attend 3 days (Monday, Wednesday, Friday morning; 8:45-11:15) \$125/ month**

\_\_\_\_\_ **My child will attend 3 days (Tuesday, Wednesday, Thursday afternoon; 12:30-3:00) \$125/ month**

\_\_\_\_\_ **My child will attend 2 days (Tuesday, Thursday morning; 8:45-11:15) \$100/ month**

**Please fill out and return along with the \$45 registration fee. September's tuition is due by August 10, 2015. This will guarantee your child will be enrolled in Good Shepherd Preschool for the 2015-2016 school year. We will send you a confirmation of enrollment. Space is limited. THANK YOU!**

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*For Office Use:*

Date received \_\_\_\_\_ Immunization sent \_\_\_\_\_ Card Sent \_\_\_\_\_

Registration fee pd. \_\_\_\_\_ Check # \_\_\_\_\_ Waiting List \_\_\_\_\_

September tuition paid \_\_\_\_\_ Check # \_\_\_\_\_