# A close up of a logo Description automatically generated

FOR OFFICE USE ONLY:

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

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DHS Forms received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shot Records: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergy Alert:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enrollment Fee:\_\_\_\_\_\_\_\_\_\_\_\_ CK#\_\_\_\_\_\_**

# 2021-2022 SCHOOL YEAR

A $100.00 ENROLLMENT FEE IS REQUIRED WITH EACH SUBMISSION

## Student’s Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Birth Date: |  |
|  | Last | First | M.I. |  |  |
| Gender: | M  F | Church Affiliation.: |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone #: |  | Did anyone refer you? |  |

## Class Schedule for Mighty Warriors (Age 4 by Sept 1, 2021)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Monday - Thursday  9-11:45 a.m. $275 per month |  | Monday - Thursday  9-3:00 p.m. $425 per month |

## Father’s Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |
| --- | --- |
| Phone #: | Email: |
| Company Name & Title: | Work #: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Allowed to pick up child |  | Emergency Contact |

|  |  |  |
| --- | --- | --- |
| Married  Divorced  Widowed  Single |  |  |

## Mother’s Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |
| --- | --- |
| Phone #: | Email: |
| Company Name & Title: | Work #: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Allowed to pick up child |  | Emergency Contact |

|  |  |  |
| --- | --- | --- |
| Married  Divorced  Widowed  Single |  |  |

## Emergency Contacts (Other than Parents)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact Name: |  | | | Relation: |  |
| Home #: | | Business #: | Mobile #: | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact Name: |  | | | Relation: |  |
| Home #: | | Business #: | Mobile #: | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact Name: |  | | | Relation: |  |
| Home #: | | Business #: | Mobile #: | | |

## Pickup Information (Other than Parents)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact Name: |  | | | Relation: |  |
| Home #: | | Business #: | Mobile #: | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact Name: |  | | | Relation: |  |
| Home #: | | Business #: | Mobile #: | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact Name: |  | | | Relation: |  |
| Home #: | | Business #: | Mobile #: | | |

## Medical Information

|  |  |
| --- | --- |
| Has your child had any surgeries? Y  N | If yes, please explain: |

|  |
| --- |
|  |
| Has your child had:  vision screening  hearing screening  speech screening |
| Were there any problems noted during above screenings? |
| If yes, are any therapy services being received & where? |
| Does your child have any physical conditions that would limit participation in school activities? Y  N |
| If yes, please explain: |
| Does your child require special attention, medication or routines that may have to be taken into consideration in planning his/her time at school? Y  N |
| Does your child have food allergies (and other allergies that would need medical intervention) Y  N |
| If yes, describe what causes the allergic reaction and how it manifests itself: |
|  |
| Does your child require emergency medication such as an inhaler or EpiPen? Y  N |
| Please provide documentation from your child’s doctor regarding their allergies. |
| Is your child potty trained? Y  N  What words do you use at home regarding potty time? |
|  |

## Family and Social History

Other siblings:

|  |  |  |
| --- | --- | --- |
| Name: | Age: | At home? |
| Name: | Age: | At home? |
| Name: | Age: | At home? |
| Have any of these siblings attended GSPS? Y  N | | |
| Other members of the household and relation to child(Grandparents/Aunts/Uncles etc.)? | | |
|  | | |
| Has your child been in pre-school, child care, or had group play experience? Y  N | | |
| Does your child have any fears we should know about? | | |
| What method of behavior control is used in your home? | | |
|  | | |

## Tuition Policy

|  |
| --- |
| Your tuition statement is based by semester. September through December is the first semester. January through May is the second semester. The full semester tuition can be paid on September 5th or you can make monthly tuition payments due the 5th of each month. The second semester tuition may be paid in full on January 5th or you can make monthly tuition payments due the 5th of each month.  If tuition has not been received by the 15th of the month, a $25 late fee will be charged to your account. If tuition and late fee are not received by the last school day of the month, your child will be excluded from the program until all fees are up to date unless prior arrangements are made. The monthly fee is required even for those months when school is dismissed for holidays. There is no price reduction for days absent from school. The first semester must be paid in full before the second semester. Second semester if paid monthly, also includes the month of May. Good Shepherd Pre-School is funded by you the parents. We thank you for your prompt payment.  **PLEASE DEPOSIT CHECKS IN THE SPECIAL TUITION BOX LOCATED OUTSIDE THE DIRECTOR’S OFFICE AND MAKE ALL CASH PAYMENTS PERSONALLY TO THE DIRECTOR DURING OFFICE HOURS SO THAT A RECEIPT CAN BE GIVEN. PLEASE DO NOT GIVE MONEY TO THE CHURCH OFFICE UNLESS AFTER PRE-SCHOOL OFFICE HOURS. MAKE CHECKS PAYABLE TO GOOD SHEPHERD PRE-SCHOOL.**  I have read, understood and agree to abide by the tuition policy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT SIGNATURE |

## Fundraiser and PTO Information

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| --- |
| Good Shepherd Pre-School has a PTO Group. This group will contact parents about events and fundraisers.  I understand GSPS has a PTO and does fundraisers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PARENT SIGNATURE  Please check the box if you would like to join PTO. |

## Photo Release

|  |
| --- |
| I give my permission to allow my child’s work (writings, drawings, etc.) and photographs to be published on the internet on the following platforms.    Private Classroom Facebook Page  Public Good Shepherd Pre-School Facebook Page & Website  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PARENT SIGNATURE |