

For Office Use Only

Reg. Fee _____	N.A.P. _____	Health Form _____	Rmrk _____	3AM2d	3PM2d	3 PM3d
Sept Tuition _____	Med _____	Envelopes _____	Sib in _____			
Last Mo. Tuition _____	F.T. _____	TB _____	Conf rec't of _____	4/5AM3d4	4/5AM5d	4/5PM3d 4/5PM5d
B.C. date verified _____	Policies _____	Language Letter _____	app _____			
BC prev _____	B.C. st & # _____		Acct _____	5AM5d		



Good Shepherd United Methodist Preschool

2009-2010

Application for Admission

Today's Date _____ This child's birth date: month _____ day _____ YEAR _____

I prefer: morning _____ afternoon _____ 2/day _____ 3/day _____ 4/day _____ 5/day _____.

(PLEASE PRINT)

Child's Name _____
First Middle Last

Name you prefer we call your child _____ male _____ female _____
(This will be on nametags, floor tags, etc.)

Child's Address _____
Street City Zip

Subdivision or development _____

E-mail address (only if you use email) _____

Mother's Name/Guardian _____ Home Phone _____

Mother's Occupation and Place of Employment _____

Mother's Work Phone _____ Cell Phone _____ Pager _____

Father's Name/Guardian _____ Home Phone _____

Father's Occupation and Place of Employment _____

Father's Work Phone _____ Cell Phone _____ Pager _____

Does child live with: Parents(together) Mother Father Other (explain) _____

Who is this child's primary caregiver during school hours? _____

Relationship to child _____

In case of emergency and parents cannot be reached, call _____ Phone _____
(You will be provided with a more complete emergency information card to fill out at the beginning of school.)

Church (or other religious) Affiliation: _____

Names and ages of siblings (brothers & sisters) _____

Members of your family who previously attended our school and their current ages _____

[More On Back]

My child has been out of the United States for 5 consecutive months at anytime during his/her life. Yes No

Is this child a twin/triplet? _____ If yes, do you prefer they be placed together or in separate classes? _____

What language(s) is (are) spoken in your home? _____

What do you expect your child to gain from his/her preschool experience? _____

Is there any additional information about your child that will be helpful to his/her teacher? (Habits, anxieties, special issues, fears, special attachments, parental separation/divorce) _____

Where will your child probably attend kindergarten? _____

Known allergies or disabilities: _____

Health or medical problems: _____

Child's Physician: _____ Phone: _____

In compliance with state regulations you must report schools or childcare centers along with their addresses that your child has previously attended.

Names and addresses of schools that this child attended prior to Good Shepherd United Methodist Preschool:

1. _____
2. _____
3. _____

If no school was previously attended, please check here.

Is there anything else you would like us to know about your child? _____

I give permission for our names, address, and phone number (class lists) to be shared with other Good Shepherd Preschool families for the purpose of planning school events and arranging car pools. _____
(signature)

I give permission for group photos, which include my child, to be used on the preschool or church website, brochure, newsletter, bulletin board or other media. _____
(signature)

My child has permission to participate in planned class trips with his/her preschool class. _____
(signature)

I have read, I understand, and I intend to comply with the Policies for the preschool. _____
(signature)

I understand that I am expected to pay 1 month of tuition on or before May 10 of this year. _____
(signature)

REMARKS: