

GOOD SHEPHERD EARLY CHILDHOOD CENTER

STUDENT ENROLLMENT/ INFORMATION SHEET

(A non-refundable \$30.00 registration fee is due upon receipt of this form)

Class requested (Circle All That Apply):

3-Year-Old Preschool (Tuesday & Thursday 9:00-11:45)

3-Year- Old Enrichment Class (Monday 9:00-11:45)

3-Year- Old Enrichment Class (Wednesday 9:00-11:45)

4-Year-Old Preschool (Monday, Wednesday, Friday 9:00-11:45)

4-Year-Old Enrichment Class (Tuesday 9:00-11:45)

4-Year-Old Enrichment Class (Thursday 9:00-11:45)

Full-Time Preschool (Monday – Friday 9:00-11:45)

Child's Name: _____ (Circle One): Male/ Female

Nickname _____

Date of birth _____ Place of Birth _____

Address: _____

City and zip code _____ Home Phone _____

E-mail Address _____

Parent: _____ Cell Phone _____

Employer _____ Business Address _____

Work Phone _____ Occupation _____

Parent: _____ Cell Phone _____

Employer _____ Business Address _____

Work Phone _____ Occupation _____

Marital Status (Circle One): Married/ Separated/ Divorced/ Widowed/ Living together

Remarks, custody/visitation arrangements that we need to be aware of:

Child lives with (Circle All that Apply): Mother/Father/Stepmother/Stepfather/Guardian/

Grandparent(s)/Brother/Sister/Other (Please Explain): _____

Names of people in household with child _____

Family pets (names) _____

Are you a member of a church? (List name) _____

Has your child been baptized? (Circle One) Yes No Where & when? _____

Emergency Contacts authorized to pick up your child:

Name _____

Address _____

Phone _____ Cell phone _____

Relationship _____

Name _____

Address _____

Phone _____ Cell phone _____

Relationship _____

Name _____

Address _____

Phone _____ Cell phone _____

Relationship _____

**If you need to list additional contacts please use back of form and make us aware of this.*

PERMISSION IS GRANTED FOR THE ABOVE MENTIONED INDIVIDUALS TO PICK UP MY CHILD.

Date _____ Parent's Signature _____

PERMISSION IS GRANTED TO GOOD SHEPHERD EARLY CHILDHOOD CENTER AND STAFF TO MEET THE NEEDS OF MY CHILD IN CASE OF AN EMERGENCY.

Date _____

Parent's Signature _____

Pertinent Information/Behavioral

Does your child have any behavior problems? _____

Has your child attended preschool or daycare previously?

Where and for how long?

Does your child have any bathroom problems?

What does your child enjoy doing?

Does your child have any special fears that we should be aware of?

Is your child's speech easy to understand (Circle One)? Yes No

What method of behavior control is used in your home?

What is your child's reaction to discipline? _____

Is your child (Circle One): Easily Managed/ Fairly Easily Managed/ Difficult to Manage?

How would you describe your child's personality? _____

Does your child have any dietary restrictions/food allergies?

List any allergies, handicaps or problems we should be aware of:

Health History:

Pediatrician _____ Phone: _____

Address: _____

Has your child had *chicken pox*? (Circle One) Yes No At what age? _____

Has your child ever been diagnosed with *asthma*? (Circle One) Yes No

Does your child have *frequent colds*? (Circle One) Yes No *Ear infections*? Yes No

Nose bleeds? (Circle One) Yes No *Stomach aches*? Yes No *Strep Throat*? Yes No

Does your child run *high fevers* frequently? (Circle One) Yes No

Has your child had any *serious accidents*? (Circle One) Yes No

Explain:

How would you describe your child's general health?

Is there anything else about your child that we should be aware of?

What are your reasons for choosing us as your child's school?

How did you hear of our program?
