

**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)

4-Year-Old Preschool (Monday, Wednesday, Friday 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?

---

---