

For Office Use Only						
Reg. Fee _____	N.A.P. _____	Health Form _____	Rmrk _____	3AM2d	3PM3d	
Sept Tuition _____	Med _____	Envelopes _____	Sib in _____			
Last Mo. Tuition _____	F.T. _____	TB _____	Conf rec't of _____	4AM3d	4AM5d	4PM3d
B.C. date verified _____	Policies _____	Language Letter _____	app _____			
BC prev _____	B.C. st & # _____		Acct _____	5AM5d	4/5PM4d	rev 4.09



## Good Shepherd United Methodist Preschool

2010-2011

### 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)

**REMARKS:**