

**Good Shepherd Lutheran School & Childcare
Registration Form**

Year: _____

___ Childcare M-F 6:30am-6:00pm ___ 3's TTH 9:00-11:30am ___ 4's MWF 9:00am-12:00pm ___ Grade School (grade entering _____)
Date of Registration _____ Method of payment (registration fee is non-refundable) _____

CHILD INFORMATION: Please circle one: Male or Female Are you a member of Good Shepherd Lutheran Church? _____
___ Toilet trained (pk only) Ethnic Background _____ Date of child's Baptism: _____

Name: (last, first, middle initial)	Address: (home, street, city)	Phone Number: (home & cell)	Date of Birth:	First Day of Attendance:
-------------------------------------	-------------------------------	-----------------------------	----------------	--------------------------

PARENT/ GUARDIAN --- All parents/guardians are permitted to visit during school hours and are allowed to pick up the child unless access is prohibited or restricted by a court order

Relationship to child:	Full Name:	Address: If same as above write "same"	Home / Cell Phone:	Place of Employment:	Phone Number:
Mother					
Father					

Marital Status: ___ married ___ divorced ___ unmarried ___ guardian ___ widow(er)

EMERGENCY CONTACT ---- (Person to be notified in an emergency when a parent cannot be reached) This person is also authorized to pick up the child

Relationship to child:	Name:	Address:	Home/cell phone:	Place of Employment:	Phone Number:

ADDITIONAL PERSONS (other than parents/guardians or emergency contact person) WHO ARE AUTHORIZED TO PICK UP CHILD:

Relationship to child:	Name:	Address:	Home/cell phone:	Place of employment:	Phone Number:

PHYSICIAN OR MEDICAL FACILITY:

Name:	Address:	Phone Number:
-------	----------	---------------

___ AUTHORIZATION: I give Good Shepherd permission to call 9-1-1 in an emergency. I authorize emergency medical treatment to be given to my child.

HOSPITAL PREFERENCE:

Name:	Address:	Phone Number:
-------	----------	---------------

CHILD ILLNESS & EMERGENCY INFORMATION:

List any health concerns/allergies your child may have: _____

ADDITIONAL FAMILY INFORMATION:

Church Denomination/Church Now Attending:	Father:	Mother:
--	---------	---------

SIBLINGS: (please list name in the spaces below)

--	--	--	--

Where did you hear/learn about Good Shepherd:

Friend or neighbor or relative
 Other child previously enrolled
 Yellow pages
 Sign
 Web site www.goodshepherdluth.org
 Other _____

Parental Pledge of Support:

We, the parents (primary care givers), pledge our full support and cooperation to the faculty of Good Shepherd Lutheran School with regard to the work and conduct required of our child. We further pledge our support of Christian education in our home through our example and by worshipping regularly with our child. We agree to make tuition payments on time and to promptly meet other financial obligations as they arise. We will pray regularly for the ministry of Good Shepherd Lutheran School.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Email Address: _____

Do you anticipate needing childcare on a regular basis? _____ If so, on which days of the week and hours needed?
Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays _____

_____ I give permission for Good Shepherd to take pictures of my child while they are in school/childcare. The pictures will be used for school related purposes only including but not limited to, class projects, bulletin boards, school promotion, etc. (initial)

_____ I give permission for Good Shepherd to include my name, address, phone number, and email address in the school directory. (initial)

*Please note there is a multiple child discount for all programs. Ask for more information if this applies to your family.

Thank you for considering Good Shepherd. We look forward to working with you as a team. Please contact the teachers or principal if there are any questions or concerns. God bless your family as we work together to provide the foundation and nurture needed by our children.