Good Shepherd Lutheran Preschool
2004 Pass Road
Biloxi, MS 39531
228-388-4720 gslps1956@live.com
www.goodshepherdlutheranpreschool.com

Application for Enrollment 2021-2022 School Year

Please complete every blank on back & front. **(Write N/A if not applicable)**

Child's Full Name:_____ Name Child Goes By:_____

Date of Birth:_____/_____/_____ Gender: _____ Is Child Baptized? Y N

Address:_____
Street City State Zip

Family Religious Preference:_____ Home Church: _____

Mother's Name:_____ Employer:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Mother E-mail Address:_____

Father's Name:_____ Employer:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Father E-mail Address:_____

If Military, Please give: rank_____ Squadron/Unit:_____

Doctor's Name:_____ Doctor's Phone:_____

Dentist's Name:_____ Dentist's Phone:_____

Emergency Contact Name:_____ Relationship:_____

Pickup Allowed

Emergency Contact Phone #1:_____ Phone #2:_____ Y N

Emergency Contact Name:_____ Relationship:_____

Pickup Allowed

Emergency Contact Phone #1:_____ Phone #2:_____ Y N

Please list any additional **(OTHER THAN PARENTS OR EMERGENCY CONTACTS ALREADY LISTED)** individuals who are allowed to pick up your child from the facility. (ID's will be required)

_____ _____ _____

_____ _____ _____

Is your child toilet trained? YES NO Has your child attended preschool previously? YES NO

Allergies or any other pertinent medical history of which we should be aware of:

_____

Special information concerning child's growth and development (including delays or diagnosis):

_____

Any information critical to my child's well-being (including divorce, death, deployment, etc.):

_____

Whom may we thank for referring you? _____

I (DO, DO NOT) give permission for my child to be photographed and/or videotaped at Good Shepherd Lutheran Preschool. I understand that any photos taken may be used to publicize Good Shepherd Lutheran Preschool. I understand that recording cameras are present in the classrooms & surrounding areas for the protection of my child. These recordings are not an option upon enrollment. **Parent Initials: _____**

I (DO, DO NOT) give permission for Good Shepherd Lutheran Preschool to seek medical attention for my child in the event of an emergency and parents, guardians, or emergency contacts cannot be reached. **Parent Initials: _____**

I (DO, DO NOT) give permission for my child to participate in field trips and special activities at Good Shepherd Lutheran Preschool. I understand I will receive additional information before each individual trip/activity and I will make arrangements for my child's care that day if I do not wish for my child to participate. **Parent Initials: _____**

I, _____, certify that all of the statements made on this application for enrollment are complete and true to the best of my knowledge. I have read and understand all the above statements.

_____ _____

Parent Signature **Date**

Application Rec'd by:_____ Date:_____

Registration fee: Amount pd:_____ Date: _____ Method: _____

Form 121 ☐ HA ☐ TA ☐ PK4 ☐ MMO5 ☐ MMO3 ☐ MMO2 ☐

Withdrawn Date:_____ Reason:_____