



Enrollment Application

Today's Date: _____

Child's Full Name: _____ Gender: _____

Preferred Name: _____ Date of Birth: ____/____/____

Mailing Address: _____

Mother's Name: _____ Cell Phone: _____

Email: _____

Employer: _____ Work Phone: _____

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

Father's Name: _____ Cell Phone: _____

Email: _____

Employer: _____ Work Phone: _____

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

Home Church: _____ Religious Preference: _____

Is Child Baptized? Y N Child's t-shirt size: _____

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

Preferred Hospital: _____

Emergency Contact #1 Name: _____ Cell: _____

Relationship to child: _____ Pickup Allowed: Y N

Emergency Contact #2 Name: _____ Cell: _____

Relationship to child: _____ Pickup Allowed: Y N

Emergency Contact #3 Name: _____ Cell: _____

Relationship to child: _____ Pickup Allowed: Y N

Other than parents or emergency contacts already listed, please list any additional individuals who may be allowed to pick up your child (photo ID will be required):

Is your child toilet trained? Y N Has your child attended preschool previously? Y N

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

Special concerns regarding child's growth and development (delays or diagnosis):

Other information critical to my child's physical, emotional or spiritual well-being (including divorce, death, deployment, etc.):

Whom may we thank for referring you? _____

I understand that recording cameras are present in the classrooms & surrounding areas and may be reviewed by authorities for the protection and safety of the children and staff.

Parent Initials: _____

I give permission for Good Shepherd Lutheran Preschool to seek medical attention for my child in the event of an emergency.

Parent Initials: _____

I (**DO, DO NOT**) give permission for photos or video taken by Good Shepherd Lutheran Preschool to be used for publicity including, but not limited to Facebook, Instagram and the school website.

Parent Initials: _____

A non-refundable registration fee of \$100 is due upon enrollment. Please include a check made out to Good Shepherd Lutheran Preschool.

I, _____, certify that I have read and understand all of the above statements and have answered them completely and truthfully to the best of my knowledge.

Parent Signature/Date _____

Revised 5/2022