



**Good Shepherd Lutheran Preschool**  
 2004 Pass Road  
 Biloxi, MS 39531  
 228-388-4720      [gslps1956@live.com](mailto:gslps1956@live.com)  
[www.goodshepherdlutheranpreschool.com](http://www.goodshepherdlutheranpreschool.com)

### Application for Enrollment

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: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father E-mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother 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: \_\_\_\_\_

Emergency Contact Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Pickup Allowed  
Y    N

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Pickup Allowed  
Y    N

Please list any additional 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:

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Special information concerning child's growth and development:

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Any other information critical to the child's well-being (including special family circumstances):

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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. **Parent Initials:** \_\_\_\_\_

I (DO, DO NOT) give permission for my child's pictures to be posted on the private Facebook Group for Good Shepherd Lutheran Preschool. I understand that any pictures posed will be accessible only to members of this group. The members of this group are limited to the current Preschool Staff and parents of students currently enrolled at Good Shepherd Lutheran Preschool. **Parent Initials:** \_\_\_\_\_

I (DO, DO NOT) request to be a member of the above mentioned private Facebook Group for Good Shepherd Lutheran Preschool. My Facebook name is: \_\_\_\_\_  
**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.

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**Parent Signature**

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**Date**

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Application Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_

Registration fee: Amount pd: \_\_\_\_\_ Date: \_\_\_\_\_ Method: \_\_\_\_\_

Form 121: \_\_\_\_\_ Handbook Reviewed: \_\_\_\_\_ Class Assignment: \_\_\_\_\_

Withdrawn Date: \_\_\_\_\_ Reason: \_\_\_\_\_