

**APPLICATION FOR ADMISSION
TO GOOD SHEPHERD DAY
SCHOOL**

**TO BE COMPLETED BY PARENT (S)
OR GUARDIAN OF APPLICANT**
PLEASE PRINT OR TYPE ALL INFORMATION

SECTION 1

Name of Child*

_____ Nickname _____ Male _____ Female _____
Last First Middle

Application for grade _____ Birthday _____ Age _____ (as of September 1) _____

Entrance date _____ Present School _____
(Month, Day & Year)

Number of years in present school _____ Primary Days of Care ___M___T___W___R___F
(Preschool Children Only)

Daily Schedule: From: _____ a.m. To: _____ p.m. (Both School Age and Preschool Children)

Name(s) of Parent(s) with whom child resides _____

Home address _____ City _____ Zip _____ Phone _____

Father: _____ Business _____

Business Address _____ e-mail address _____ Phone _____

Mother: _____ Business _____

Business Address _____ e-mail address _____ Phone _____

If neither parent can be reached in the case of an emergency, do you authorize the school to seek medical treatment for your child?
(Please check one) Yes _____ No _____

In case of a medical emergency do you authorize the school to transport your child by EMT squad? Yes _____ No _____

Allergies _____

May the school administer **ACETAMINOPHEN** or **IBUPROFEN** upon this written consent? Please circle one OR, indicate: NO
(Tylenol) (Advil)

Name of Physician _____ Phone _____ Hospital of choice _____

Name of Dentist _____ Phone _____

Do you give permission for your child to go for walks in the neighborhood? _____ Participate in field trips? _____

Emergency Contacts

Name _____ Work Phone _____ Home Phone _____
Authorized to remove child from school? _____ Yes _____ No _____

Name _____ Work Phone _____ Home Phone _____
Authorized to remove child from school? _____ Yes _____ No _____

Name _____ Work Phone _____ Home Phone _____
Authorized to remove child from school? _____ Yes _____ No _____

If divorced, what are the custody arrangements _____

Any unusual legal arrangements concerning the applicant should accompany this document and be notarized.

List age where applicable: Glasses since age _____ Stuttering _____ Nail biting _____

Temper displays (describe) _____

Convulsions or seizures (give age and circumstance) _____

Motor coordination difficulties, such as confusions with right/left handedness, frequent falling, awkwardness in throwing a ball, etc. (Describe) _____

Accidents _____ Fractures _____

Episodes of unconsciousness _____ Regular medication (explain) _____

Other) _____

ACTIVITIES: Please list child's outside activities (scouting, skating, etc.) _____

Please list your child's favorite games, sports, toys, and hobbies _____

Favorite kinds of books _____

Average time spent in recreational reading Weekday _____ Weekend _____

Average time spent in watching T.V. Weekday _____ Weekend _____

Briefly describe the types of home discipline most frequently used _____

Are there any medical or educational concerns for your child in areas such as tutoring, testing, allergy, diet, mental health, physical handicap, or specified learning disability? If so, please explain: _____

Name & address / zip of professionals working with your child: _____

Phone _____

What are the first five or ten words that come to mind when describing your child (characteristics, traits, personality, maturity, etc.)? _____

Signature of **BOTH** Parents or Guardians

Date

**** A completed enrollment form must be on file for each child enrolled in the school.***

GOOD SHEPHERDS- SCHOOL POLICIES

DROP OFF AND PICK-UP POLICY:

All children at the Lower School Level must be brought into the building and be left in the care of a teacher. When picking up a child, let the teacher know you are leaving with the child. All persons authorized to pick up children must be 18 years of age.

LATE PICK-UP POLICY:

There is a late pick-up charge of \$1.00 per minute after 5:30 p.m., paid to the staff in charge of the child. Parents with more than one child need to plan accordingly so BOTH children are picked up before 5:30 p.m. Three late pick-ups in any six month period, without just cause, may result in dismissal of your child.

NEIGHBORHOOD WALKS AND FIELD TRIPS:

I give permission for my child to go on walking field trips throughout the school year, when planned as a regular part of the childrens program. I also give permission for my child to go on field trips. I understand that parents will be notified of all field trips off campus. These trips will require a signed permission slip from the parent.

TUITION POLICY:

I have signed the Schools Tuition Contract. I understand my child will be dismissed if tuition is two weeks overdue and I will be charged \$15.00 for all late payments and returned checks.

ILLNESS POLICY:

I have received a copy of the Schools Health Policy and agree to abide by this policy. When my child is sick, he or she may not attend school until all symptoms have been gone for 24 hours.

PARENT HANDBOOK:

I have received and read a copy of Good Shepherds Parent Handbook and agree to abide by the policies stated in the handbook. I have received a written copy of the schools disciplinary policy & “Know Your Child Care Facility” brochure.

FORMER SCHOOLS:

I give Good Shepherd permission to contact previous schools my child has attended and request information regarding my child's grades, test results, and financial statement of my account.

PHOTO & VIDEO PERMISSION:

I give permission for my child to be photographed and/or video taped for purposes of family enrichment, public relations and/or classroom learning.

TESTING AND SCREENING PERMISSION:

I give permission for my child to take standardized achievement tests and be developmentally screened by Good Shepherds staff.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Directors- Signature

Date