Reset Form

Print Form

Good Shepherd Lutheran Church Preschool

7000 Creedmoor Road
Raleigh, NC 27613
(919)846-5060 or preschool@gslchurch.org
www.gslchurch.org/preschool

Application for Enrollment 2010 – 2011 School Year

Please mark first (#1) and second (#2) choices

			Monthly Tuition
☐	**1 Yr. Old**	**Fridays (9:30am – 12:30pm)**	**$ 85**
☐	**2 Yr. Old**	**Monday/Wednesday**	**$185**
☐	**2 Yr. Old**	**Tuesday/Thursday**	**$185**
☐	**3 Yr. Old**	**Tuesday/Thursday**	**$185**
☐	**3 Yr. Old**	**Monday/Wednesday/Friday**	**$225**
☐	**3 Yr. Old**	**Monday-Friday**	**$295**
☐	**4 Yr. Old**	**Monday/Wednesday/Friday**	**$225**
☐	**4 Yr. Old**	**Monday/Tuesday/Thursday/Friday**	**$265**
☐	**4 Yr. Old**	**Monday-Friday**	**$295**
☐	**Trans-Kdg**	**Monday-Friday**	**$310 + $20 One Time Supply Fee (due at Registration)**

Child's Name _____

Gender: _____ male _____ female

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age as of 8-31-10 _____

Primary Email address _____

Sibling(s) – Name(s) & Age(s) _____ _____ _____

☐ Current Enrolled Student or Sibling of Student

☐ Good Shepherd Member

☐ General Public

☐ Other Church Member / Denomination _____

Mother's Information	Father's Information
Name	Name
Employer	Employer
Work Phone Home Phone	Work Phone Home Phone
Cell Phone	Cell Phone

Does your child have previous day care experience? _____ Yes _____No
If yes, provide when, where and for how long _____

MEDICAL INFORMATION:

Existing Health Problems _____No _____Yes (please describe)
_____

Previous Serious Illness / Injury _____No _____Yes (please describe)
_____

Allergies _____No _____Yes (please describe)
_____

Is your child fully toilet trained? _____No _____Yes
(Note: Child must be trained to enter the 3-year old program)

Has your child been evaluated by the CDSA, Project Enlightenment, or another agency?
_____No _____Yes (please explain)
_____

Does your child have any special needs or any other information that our staff needs to be aware of? _____No _____Yes (please explain)
_____

MEDICAL INFORMATION (cont'd):

Doctor's Name / Practice: _____
Phone: _____

Dentist's Name / Practice: _____
Phone: _____

Insurance Company: _____
Group #: _____
Policy #: _____

Hospital Preference _____

EMERGENCY CONTACT INFORMATION:

CONTACT #1	CONTACT #2
Name	Name
Relationship	Relationship
Work Phone Home Phone	Work Phone Home Phone
Cell Phone	Cell Phone

ALTERNATE PICK-UP INFORMATION:

PICK-UP ALTERNATE #1	PICK-UP ALTERNATE #2
Name	Name
Phone	Phone