

Brady Lane Church
LAFAYETTE



Good Shepherd Learning Center

2701 Brady Lane, Lafayette, IN 47909-3819, (765) 474-1633

2009-2010
Enrollment Pack

Dear Parents:

Thank you for your interest in our pre-school. Included in this pack you will find:

- An application and registration form.
- A parental agreement.
- A physical examination form.

Please complete the application form, the registration form, and the parental agreement and return these forms along with the \$40.00 registration fee to:

Good Shepherd Learning Center
2701 Brady Lane
Lafayette IN 47909

Upon receipt of the completed forms and registration fee, your child's name will be placed on our enrollment list. If you have further questions, please do not hesitate to call.

A complete Good Shepherd Learning Center handbook is available and will be given to you upon completed enrollment or is available online www.goodshepherdpreschool.org. You are welcome to come by the Learning Center and visit any time; however, we are closed for the summer months. Please feel free to contact us and we will make arrangements to meet with you.

Our preschool is open during the morning hours, 9:00 AM to 11:30 AM (see page four for a schedule). Placement will be made on a 'first come—first served" basis. Early enrollment will ensure your child's placement. Excess enrollment may result in an afternoon session. In that event, you will be advised of session availability for your child. You will also be advised should your child be placed on a waiting list.

Once again we want to thank you for your support and for allowing us to meet and work with your child.

Sincerely,

**Good Shepherd Learning Center
Enrollment Committee**



Times

We offer a class for potty trained 3-year-olds on Tuesday and Thursday from 9:00 - 11:30 am. To qualify for the fall semester, your child must be 3 by August 1. To qualify for the spring semester, your child must be 3 by January 1.

We offer 4 - 5 year old classes on Monday, Wednesday, and Friday at 9:00 - 11:30 am. To qualify for this class, your child must be 4 by August 1.

Costs

The cost for 3-year-olds is \$60.00 per month.

The cost for 4 & 5-year-olds is \$75.00 per month.

A non-refundable enrollment fee of \$40.00 is charged for each child, payable at the time of application. This fee includes a yearly fee for secondary accidental insurance.

Fees are payable monthly and due the first week of the month. A full month tuition is due regardless of attendance. No refunds will be made when students are absent due to illness, vacation or inclement weather.

Our Philosophy

The Good Shepherd Learning Center is based on the assumption that each child is unique and lovable, a precious gift from God. Our educational program is designed to meet the following developmental needs of the young child:

1. **Spiritual**
2. **Intellectual**
3. **Emotional**
4. **Social**
5. **Physical**
6. **Creative**

We believe these developmental needs can be met through a structured play environment. Play is an essential medium for learning. Play is a way for the young child to internalize the center's curriculum. Through play, children learn to understand their world, deal with new experiences, and gain a greater sense of their own thoughts and feelings.

Our Program

We offer a half-day pre-school program for children ages 3, 4, and 5. Our program creates an environment designed to develop your child's potential. We focus on self-esteem, social relationships, motor development and creativity. Christian values are introduced and reinforced. Your child will participate in enrichment units as well as units that develop number concepts and reading readiness. Our staff is both qualified and interested in the well-being of your child. Our staff has been carefully selected for their educational background, teaching experience, and for their sensitivity to the individual needs of the young child. The teacher to child ratio will be 1:10 for the 3-year-old classes and 1:12 for the 4 -5 year old classes.



**GOOD SHEPHERD LEARNING CENTER
APPLICATION AND REGISTRATION FORM**

(This information will be kept confidential.)

CHILD'S INFORMATION

Child's full name _____ Sex: M _____ F _____

Name your child prefers to be called by _____

Birth date _____ Age of child as of August 1st. _____

Home Phone _____

Address _____

_____ Zip _____

FAMILY INFORMATION

Mother's name _____

Address, if other than above _____

_____ Zip _____

Employment _____ Phone _____ Hours _____

Father's name _____

Address, if other than above _____

_____ Zip _____

Employment _____ Phone _____ Hours _____

AUTHORIZATION NAMES

Persons authorized to pick up child - other than the parent:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

(over)

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

**(Under no circumstances will child be released to anyone not known to the school
without authorization from parents or guardian.)**

If parents are separated or divorced, with whom does the child live? _____

Names of brothers or sisters:

Ages:

EMERGENCY INFORMATION

(Be sure to include someone who will usually know your whereabouts.)

Name _____ Relationship to child _____

Address _____ Phone _____

Name _____ Relationship to child _____

Address _____ Phone _____

Name _____ Relationship to child _____

Address _____ Phone _____

Name _____ Relationship to child _____

Address _____ Phone _____

Child's Physician _____ Phone _____

Emergency hospital preference _____

SPECIAL NEEDS

Allergies _____

Type of treatment _____

Nose bleeds? _____ Has your child had Chicken Pox _____

Scarlet Fever _____ Tonsillectomy _____

Unusual fears/problems _____

Presently taking medicine? (explain) _____

Does your child have any other illness we should be aware of? (explain) _____

EXPERIENCES

Does your child have temper tantrums? _____

Does your child have a speech problem? _____

Is your child right- or left-handed? _____

What are your child's favorite activities? _____

Church affiliation: _____

Church attendance: regular ____ seldom ____ never ____

How did you find out about Good Shepherd Learning Center?

Church sign Newspaper TV Friends Flyers Phone Book

Other (Please specify.)

PARENTAL AGREEMENT

EMERGENCY MEDICAL CARE

In case of sickness or accident, I hereby consent that the Good Shepherd Learning Center provide first aid treatment and/or emergency care through a hospital or doctor.

Name of Physician _____

Address _____ Phone _____

Hospital _____ Phone _____

Date _____ Signature _____

I authorize Good Shepherd Learning Center to administer Neosporin for minor cuts/scrapes.

Yes

No

DISCIPLINE

I hereby consent that the Good Shepherd Learning Center enforces its standards of discipline and obedience on my child. I understand that the school has full discretion in the discipline of my child. (NOTE: Corporeal punishment is not practiced at Good Shepherd Learning Center.)

Date _____ Signature _____

RELIGIOUS INSTRUCTION

Throughout the course of the year, our teachers will provide basic Christian instruction dealing with prayer, the birth and resurrection of Jesus, the fact that God loves them, etc. I understand and give my consent to the Good Shepherd Learning Center to teach my child in this manner.

Date _____ Signature _____

Photography Release

Children enjoy seeing themselves in pictures. We like to feature student pictures in our monthly newsletter, our web site, and other published materials. I hereby give my consent to the Good Shepherd Learning Center for release of _____ (Child's name) photo and necessary information for publication purposes.

Date _____ Signature _____



Good Shepherd Learning Center
2701 Brady Lane
Lafayette IN 47909
Phone 765-474-1633 Fax 765-477-1443

PHYSICAL EXAMINATION
 (To be completed by Medical Professional)

Return within 30 days of starting school.

I have examined _____, whose date of birth is _____, who will be enrolled in the Good Shepherd Learning Center Pre-school.

Does this child have any physical condition that we should be aware of? _____

Does this child require special attention, medication, or routine that may have to be taken into consideration in planning for his/her time at school? _____

In your opinion, is this child physically and emotionally able to participate in a pre-school program like the one described above? _____

Every child attending Good Shepherd Learning Center must be fully immunized. Exceptions may be made for the child who either (a) has begun his/her immunizations and has provided a schedule for completion of them, or (b) has provided certification that immunizations are medically contraindicated.

IMMUNIZATION HISTORY

VACCINE	DATE OF 1ST DOSE	DATE OF 2ND DOSE	DATE OF 3RD DOSE	DATE OF 4TH DOSE
DPT				
Hib				
Polio				(optional)
Rubella				
Rubeola				
Mumps				

 (Physician's Signature)

 (Date)